Allegheny County Department *of* Human Services

RFP Response Form

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

PROPOSER INFORMATION

Proposer Name: Healthy Start, Inc.

Authorized Representative Name & Title: Jada Shirriel, MS, CLC – Chief Executive Officer

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Legal Status: ☐ For-Profit Corp. ☒ Nonprofit Corp. ☐Sole Proprietor ☐Partnership

Date Incorporated: July 1, 1991

Partners and/or Subcontractors included in this Proposal: Jeremiah's Place, United Way of Southwestern PA, Three Rivers Youth, Greater Valley Community Services, POWER, TRAC Family Services, EDV, Inc.

How did you hear about this RFP? *Please be specific.* Through involvement in various community meetings and initiatives including The Pittsburgh Study and Family Support Evolution team.

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Jada Shirriel, MS, CLC	4127231373	jshirriel@hsipgh.org
Contract Processing Contact	Andrea Kimple	4127231357	akimple@hsipgh.org
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** MPER is DHS's provider and contract management system. Please list an administrative contract to update and manage this system for your agency.*

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

BOARD INFORMATION

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REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization. *Please do not use employees of the Allegheny County Department of Human Services as references.*

Elizabeth Miller, MD, PhD
Director, Division of Adolescent and Young Adult Medicine, UPMC Children's Hospital of Pittsburgh - Professor of Pediatrics, University of Pittsburgh School of Medicine / Medical Director Community and Population Health, UPMC Children's Hospital of Pittsburgh
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Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

PROPOSAL INFORMATION

Date Submitted 8/29/2019

Amount Requested: $1,680,804.98

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

☒ I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination, HIPAA and Pennsylvania's Right-to-Know Law.

☒ By submitting this Proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Choose one:

☐ My Proposal contains information that is either a trade secret or confidential proprietary information and I have included a written statement signed by an authorized representative identifying those portions or parts of my Proposal and providing contact information.

OR

☒ My Proposal does not contain information that is either a trade secret or confidential proprietary information.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at http://www.alleghenycounty.us/dhs/solicitations.

- MWDBE documents
- Allegheny County Vendor Creation Form
- 3 years of audited financial reports
- W-9

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

REQUIREMENTS

Please respond to the following. The maximum score a Proposal can receive is 115 points. Your response to this section should not exceed 20 pages.

☒ I understand that in the first year, this Service will be piloted in one to two regions, but my organization is willing to scale up the service to serve the entire County in future years.

Organizational Qualifications & Experience (40 points total)

1. Provide a brief overview of your entire organization; the range of all services you offer, funding sources, and total budget for each service; and the size of your operating budget.

Overview
Healthy Start, Inc. (HS) provides intensive community-based services to mothers, fathers and families of newborns and infants—focused on addressing the social determinants of health, promoting and supporting protective factors, and eliminating perinatal disparities. We blend the expertise of a deep, grass-roots commitment to community with high level multisector partnerships. HS participates in several cross-sector collaborations that advance research and practice in the areas of maternal and child health, birth equity, parenting support, community engagement, father/partner engagement and community health. Since beginning operation in 1991, HS continues to address the significant disparities that exist with regard to infant mortality, incidence of low weight births, preterm delivery, access to early prenatal care and the need for on-going community involvement.

Services Offered
HS employs a multidisciplinary team approach to offer free, voluntary programs and services for pregnant women, mothers and fathers of children 0 to 24 months, and other community members. Our two-pronged approach to direct service delivery focuses on 1) home visiting and 2) community-based education and skill development. HS provides support and education through home visiting and outreach to the most at-risk women and families within Allegheny County. Our extensive outreach and recruitment strategy includes a combination of canvassing, targeted recruitment events, community outreach events, utilization (and development) of trusted community thought leaders and web-based marketing—including social media.

Once a participant is enrolled in our home visiting program prenatally, a Community Health Worker (CHW), as one member of the HS multidisciplinary team, provides education and case management services, along with resource referral and coordination, as the primary in-home intervention. These home visiting supports are offered to mothers and fathers/partners. Currently, this relationship can span up to two and a half years per family. HS's education curriculum includes several topics covering the preconception, prenatal, postpartum, and interconceptional periods. We also utilize the evidence-based educational Nurturing Parenting and 24/7 Dad curricula. In our continuum of relationship and service to our families, we also couple participants with clinical support, as needed, to include nursing visits for medically high risk moms and babies, in-home mental health services for mothers dealing with depression and in-home breastfeeding support. Understanding the dynamics of homelessness and housing

insecurity, whether temporary or long term, our home visiting services are available in the family's preferred community location.

To complement our home visiting program, we offer a 12-week Healthy Start Life Skills group-based program for participants needing additional support and skill building. The Life Skills program pulls together participants into a micro-community that allows the sharing of experiences and knowledge without concern of judgment. Topics covered include parent communication and bonding, relationship building, coping, household maintenance, and meal preparation/planning. Similarly, we have staff trained in the Be Strong Parent Café model, which focuses on sharing lived experiences and community support for the challenges of parenting, using the protective factors as a framework. Our Community Health Advocate program was founded on the community-based approach to health promotion and is proprietary to HS. The Community Health Advocate program leverages the power of women in community to join and strengthen existing efforts to promote reduction in health disparities by supporting leadership and advocacy competencies among women of color, whom, along with their children, are disproportionately represented in systems and underrepresented at decision-making tables that impact them and their families. CHAs are provided paid training over three months, at the end of which they have the opportunity to join a community board that addresses issues pertaining to maternal and child health and health disparities and/or are assisted in seeking formal employment or other formal community leadership roles related to community health.

In executing our focus on fathers, and in collaboration with existing fatherhood groups in Allegheny County, we train providers and staff about how to approach, engage, and serve men and fathers. With ongoing training and support from the National Healthy Start Association Fatherhood Initiative, we ensure that our programs are race- and culturally responsive and are designed to promote impactful engagement and focus on inclusion, involvement, investment, and integration. Most importantly, our programs view each father as a unique and valued member of a family and emphasize his roles and responsibilities across the life-course (before, during, after, and beyond pregnancy).

As an organizational value, HS centers the parents' experience as the key to leveraging positive outcomes for the child. Since its founding, HS has focused exclusively and intensively on the population of new parents—particularly those with significant systemic barriers to self-sufficiency.

HS also manages special projects around breastfeeding support and access and maternal child health research.

Budget

The HS operating budget for the 2018-2019 fiscal year is $1,761,711. HS has a variety of funding streams targeted towards specific programs and initiatives. Funders for the 2018-2019 fiscal year are as follows:

U.S. Department of Health and Human Services, Health Resources and Services Administration
Staunton Farm Foundation
Pitcairn-Crabbe Foundation/McCune
Community Foundation of Westmoreland County

Program to Aid Citizen Enterprise
The Forbes Funds
Gateway Health
Allegheny County Health Department
The Heinz Endowments
Pennsylvania Department of Health/Access Matters
Women's and Girl's Foundation
Highmark Foundation
The Pittsburgh Foundation

Our agency budget is allocated across services as follows:
Home visiting - $1,600,018
Community-based education and skill development - $59,150
Special projects - $37,543
Capacity building - $65,000

2. Describe your experience working with other service or health providers, and child welfare caseworkers. Provide a specific example of collaboration with another provider when you were both were working with the same family/client. Describe the challenges you faced and how you overcame them, and lessons learned from the collaboration.

HS is a public health organization that seeks to impact community well-being through the lens of the social determinants of health. As such, we collaborate with a network of social service and clinical and nonclinical health providers to meet the needs of our families. We have formal linkage agreements for many of these partners. Our existing home visiting program has explicit goals around improving women's health and improving family health; however, this organizational focus extends beyond our federal program. Because of this focus, our collaboration with health care providers is embedded across all of our areas of focus. For example:

- We partner with medical providers to identify at-risk pregnant women and enroll them into the Healthy Start home visiting program.
- We work across sectors and with community members to engage in research, dialog and planning around childhood thriving on projects such as the Pittsburgh Study.
- We collaborate at the intersection of research and practical medicine to examine and address chronic health conditions such as hypertension, obesity and heart disease.
- We provide expert guidance, consultation and education to medical providers on cultural humility, social determinants of health and how community-based services/interventions can help to support clinical outcomes.
- We support clinical education by hosting nursing students from the University of Pittsburgh and Duquesne University Schools of Nursing.

Child abuse and neglect is a public health concern. According to the Centers for Disease Control and Prevention, childhood trauma contributes to depression, problems at school, violence, diabetes, obesity, substance abuse, and suicide. HS has an acute understanding of and high level of competence in public health education, embraces life course theory/perspective, and has

experience implementing prevention-focused evidence-informed models of care in the community setting (public health model).

HS views Community Health Workers as an extension of clinical (both medical and behavioral health) supports in the community and are skilled at leveraging access to an array of partners and networks in order to ensure our families can be connected to resources within their own communities and avoid duplication of services. At various points in the organization's history, HS has provided direct clinical mental health services. This historical knowledge, coupled with our current services, assists us in ensuring our participants have a strong continuum of care. Because we know that lack of health insurance coverage can serve as a significant barrier to wellbeing, we also partner with Consumer Health Coalition to ensure that our families have medical coverage. Their Certified Health Insurance Navigators provide free enrollment assistance for public health insurance programs like Medicaid, Medical Assistance and the Marketplace, and provides these services on a large scale. They have extensive experience with the Health Insurance Marketplace; Medicaid; CHIP; Medical Assistance for Workers with Disabilities; and serving urban, rural and multilingual populations.

Within the past year, we have targeted our clinical focus on perinatal depression and pregnancy/postpartum physical co-morbidities. Within our multidisciplinary team, we staff one licensed social worker, two masters-level social workers, one certified registered nurse practitioner and one medical doctor. Two of our staff hold a Master's in Public Health (one has an evaluation certificate and one has an equity certificate); and several of our staff hold certifications related to postpartum care.

HS community partners provide a wide range of additional services that help to promote healthy outcomes for pregnant women, infants, fathers and children. We have worked closely with Allegheny County Children, Youth, and Families (CYF) caseworkers to ensure that our participants are receiving the support they needed to achieve their goals. This includes the provision of documentation related to services we've provided, supporting our participants' understanding of and compliance with CYF recommendations and directives, providing advocacy support, strategizing with the CYF worker and/or family on goals and goal planning, and attending court hearings and other meetings.

Through our referral relationships we can coordinate care and refer for services in the areas of family support, drug and alcohol services, behavioral health services, child development, insurance and benefits, housing assistance, etc. **On the strength of our relationships with local service providers and community organizations, we have the following partners committed to partnering on our Hello Baby Priority proposal:**

Provider	**Role**
Jeremiah's Place	The following services are an adaptation of Jeremiah's Place's existing model to serve Hello Baby Priority families: scheduling and conducting in-home intake appointments, monetary incentive for completed enrollment, transportation assistance for first visit (bus pass voucher, gas reimbursement, or the use of Uber/Lyft

	services) and expanded respite (one 12-hour "on-demand" visit per month).
Three River's Youth	Will provide drug and alcohol assessment, outpatient treatment and treatment groups for HB families.
United Way of Southwestern PA	Will coordinate with HS on inclusion of appropriate language and protocols to flag potential Priority-eligible families calling 211 for resources. HS and UW will collaborate on 211 staff training.
POWER	Will provide a full range of treatment and recovery support for HB families.
Greater Valley Community Services	Will support HS in successfully connecting to and navigating among resources in the Mon Valley community. Will offer space as needed.
TRAC Family Services	Will serve as a trusted referral source for coordination of therapeutic services including clinical assessment, in-home therapeutic support and outpatient treatment via multiple therapeutic techniques/ modalities.

This is not an exhaustive list of providers that will serve Hello Baby Priority families; but is an example of the supports that we believe are critical at this stage of program development.

Because our families have complex needs, we find ourselves collaborating with other providers for almost every family we serve. One such situation, in which we overcame a challenge is as follows:

A CHW was working with a participant who had an active CYF case. Another home visiting provider was also serving the family. HS and the other provider attempted to hold a series of family meetings in the home with the participant to formulate a plan centered around the participant's mental health and how her depression held her back from some of her parental obligations (i.e. getting kids to school, chronic tardiness, their personal hygiene and providing overall support with academics). The challenges experienced in this situation concerned a lack of process for consistent communication and interim updates between HS and the other provider. It was determined mid-process that there could have been better coordination around checking with one another on the family's goal progress/attainment and lack of communication when workers changed due to turnover. Sometimes the participant did not know who was working with her family. Moving forward, HS CHWs know to have conversations around collaborative communication up front, at the onset of the collaboration with the family. Also, as part of the preparation for a visit where there is interagency work, it is necessary that the collaborating providers update each other. These updates should be recorded as part of the participant record. This approach not only supports participant outcomes, but builds the participant's trust and confidence, and decreases the likelihood that they will have to play "information referee."

This type of situation is not atypical. Other common challenges include:

- duplication in collection of information from families,
- demands on family's time,
- communication between providers and managing "tensions" around potential conflicts in priorities and processes, and

- families' understanding of the respective agencies and their staff

One way to manage these challenges is to invite collaborating agencies to a multidisciplinary team meeting to discuss the family and what measures are taken to move them in a desired direction.

The multidisciplinary team meeting encourages agencies to coordinate to reduce duplication of services and decrease the number of people who are going in and out of the home. This approach also models for the family the level of coordination that we often encourage from them as they are coached around engaging their support systems. Relationship building among providers encourages communication and reduces tension and conflict with differing priorities and processes for the parties involved. It also diminishes unnecessary time spent on duplicated services. This process promotes a shared responsibility among the multidisciplinary team members when the family achieves its goals and accomplishments through collective effort.

HS has participated in many of these meetings and has learned that they, whether big or small, do work and produce positive outcomes for the families and agencies involved.

3. Describe your organization's experience and approach to supporting high need families with infants/toddlers and families.

HS has been serving families with complex needs since its inception using various therapeutic approaches and clinical interventions. For the myriad of needs a family may present HS offers a variety of unified interventions, strategies and resources that align with achievement of the families' desired outcomes. The core of the HS mission is to service and support a population that is at higher need than most others, due to a myriad of factors including trauma, and as evidenced by verifiable data. The criterion for federal funding of our home visiting program has always been demonstration of our ability to engage, serve and improve outcomes for families with the highest needs within our region. The following demographics provide a snapshot of the population currently served by HS:

- *62% have a high school diploma or GED, while 17% have not obtained a diploma or GED.
- *73% identify as Black/African American, 16% identify as White/Caucasian, 3% identify as multi-racial and 8% identify with another race. 99% are non-Hispanic.
- *80% earn under $20,000 annually and 87% have Medicaid insurance.
- *11% indicate that they have no regular place to stay.
- *10% self-report that they have an open case with CYF at the time of screening.
- *Over 40% are diagnosed with asthma, high blood pressure and/or diabetes.
- *36% report a diagnosis of major depressive disorder.
- *11% report using illegal drugs.
- *40% have experienced a miscarriage, stillbirth or tubal pregnancy.
- *9% are age 18 or under.
- 6% of the adults we served were men.

**women screened in 2018; n=938*

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When faced with increased resource constraints, which required us to limit our geographic reach to only certain areas of Allegheny County, we utilized county level maternal and child health disparities data which indicated that the highest need families were in City of Pittsburgh communities, immediately outlying eastern suburbs (such as Penn Hills, Pitcairn, etc.), McKees Rocks and the Mon Valley area. This led to the modified HS federally-funded home visiting program area (applicable to our federally funded home visiting services) which overlaps almost identically with CYF areas of expanded focus, and aligns with our desire to pilot in the east and Mon Valley quadrants of the Hello Baby Priority pilot project area. Note that the limitations of our federal funding, which has been cut drastically for all grantees, only allows us to serve a small proportion of the women who give birth in Allegheny County annually.

During enrollment into the HS home visiting program, a needs assessment is administered to each participating parent to serve as a starting point for collaboration with the family to determine level of service and to inform goal planning. We lean on our understanding of the role that the social determinants of health play in the wellbeing and safety of our families, especially those with highest need, and we address these needs with multiple approaches. Staff assignment is the first level of risk reduction, and is exemplified by our multidisciplinary team approach. In most cases, families are strategically assigned to staff who are best able to meet their needs; this may be staff with specialized skill or training in areas of domestic violence, teen outreach and engagement, mental health and medical risk during pregnancy. As an evidence-informed program we have the flexibility to tailor our tools and interventions to our families' unique needs. This truly allows us to embrace a "do whatever it takes" philosophy. We have the flexibility to tailor frequency, intensity and types of support to the goals and needs of each unique family dynamic—while continuing to focus on public health and prevention strategy.

Our current areas of focus align particularly well with the Camden Coalition's 16 care domains, bulleted below, which is another indicator of our experience serving the target population:

- Addiction – currently screen, educate/counsel and refer for treatment
- Advocacy and activism – education, advocacy and empowerment are critical elements of our programming
- Benefits and entitlements – currently screen, assist with resource navigation and enrollments, and refer for support
- Education and employment connection – currently screen, assist with resource navigation and enrollments, and refer for support
- Family, personal, and peer support – currently provide direct support in this area
- Food and nutrition support – currently screen, educate/counsel and refer for support
- Health maintenance, management, and promotion – currently provide direct support in this area, with a focus on health literacy
- Housing and environment – currently screen, assist with resource navigation and enrollments, and refer for support

- Identification support – currently screen, assist with resource navigation and enrollments, and refer for support
- Legal assistance – currently assist with resource navigation and enrollments, and refer for support
- Medication and medical supplies – currently screen, educate/counsel and refer for support
- Mental health support – currently screen, educate/counsel, provide an intervention and refer for treatment
- Provider relationship building – this is a component of our healthy literacy work
- Reproductive health – this is a fundamental aspect of our mission and services
- Transportation support – currently provide direct support in this area
- Patient-specific wildcard (i.e., patients' unique needs that do not fit neatly into any of the other categories) – currently provide direct support in this area

Some of our correlated efforts include transportation support through our HS vans, reproductive education, food and nutrition support through our HS food pantry and partnership with the Food Bank, education and employment connections and much more. We also work to understand and address the social and systematic inequities and barriers that impact our participants' ability to have optimal outcome for their health and wellbeing.

Our proposed approach to serving Hello Baby Priority families, in working toward authentic healing relationships, would be one of benevolent engagement, with the family directing when and how they are engaged. This means that we will not be focused on traditional thinking around compliance. Being responsive to when and how a family chooses to engage—and gaining that engagement—is an outcome in and of itself. We realize that there will be families with more willingness to fully and actively engage in case management than others; some will opt for more intermittent engagement based on their needs. In striving toward relationship building, our goal is to be available and supportive, and not punitive and compliance-focused. With this population, all levels of engagement serve as engagement—whether once per week or once per month.

We believe that there is an opportunity to maintain connection with Hello Baby Priority families through use of resource kiosks strategically placed throughout the project area. Understanding that some of the HB-Priority families may not be "resource seeking," kiosks will be located in areas where these families may naturally frequent—such as hospital emergency departments, federally qualified health centers, the county assistance office/social security and possibly neighborhood convenience stores. The objective of the kiosk is to offer a real time point of contact for resource or help requests. For example, a HB-Priority family may or may not be in "regular or active contact" with their family engagement/social worker dyad, for whatever reason, but can still request resources such as diapers, food, clothing or a ride to an appointment. All information is centrally captured and tracked, is attributable to the family (via some form of identification validation) and can be used be the family engagement/social worker dyad in the family's plan of care. Interaction with the kiosk can serve as an opportunity to gain other essential information such as "how do you currently feel about parenting," "do you currently have any concerns for your safety," or to conduct brief screenings such as a depression screen. Follow up on this information can serve as a point for the family engagement/social worker dyad

to follow up and pursue deeper engagement with the family. The functionality of the kiosk can also be mirrored on family's mobile devices and accessible on computers and places such as the library and family support centers.

4. Explain your organization's method, experience and results in engaging and gaining trust and support with hard-to-reach families or other populations.

Successful recruitment and retention strategies are integral to the success of any program that serves families—and especially one targeted at high need, hard to engage parents of new babies. Most simply, HS believes that trust is gained through relationship, and relationship is developed as a result of mutual purpose, authenticity and consistency. We also believe that relationships can be developed and strengthened through shared experience. Therefore, our engagement strategy focuses on hiring staff—specifically our CHWs—from the communities we serve and/or who have an acute understanding of the dynamics of the communities we serve and social determinants of health, ongoing staff development, a robust engagement strategy with dedicated resources, creating a continuum that provides our program participants with varying options for engagement and ongoing organizational assessment.

HS's CHWs play a key role in a team approach to serving families and communities. They are frontline public health workers who are trusted members of or have close relationships with the community served. CHWs work to establish and maintain trust with HS participants, and help participants access and connect to health and social services in the community. Our CHWs represent a range of lived experience, education levels and professional competencies, including resource navigation, parent/child/family advocacy, family and parenting education, fatherhood work, outreach work, etc. CHWs are the backbone of the HS MDT and receive ongoing training and professional development on a myriad of topics that support their work with families. Unlike the COACH model, our CHWs do not conduct home visits in teams. Historically, the most critical skill required for staff hired as HS CHWs was passion, lived experience, and desire to do the work. While these are still requirements, today our Community Health Workers typically come into the position with past experience, training, formal education and/or certifications that equip them to support our families in navigating our social service system, assessing risk, dealing with complex physical and mental health needs and working within the scope of evidence-based and evidence-informed models.

Beyond trainings, our CHWs receive documented monthly supervision utilizing The National Association of Social Workers Best Practice Standards in Social Work Supervision framework. Staff also receive reflective supervision (Director of In-Home Services is trained). The most fundamental aspect of serving our families is the trusting relationship, and serves as the basis for families allowing home visits and continuity in our voluntary programming. Tactics for building trusting relationships are an ongoing supervisory matter. Strategies currently used include:

- Ensuring informed consent
- Allowing the participant to define when, where and how they will engage with our program(s)
- Allowing the participant to define the makeup and parameters of their family
- Providing relentless energy toward supporting participants in their goal attainment

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- Investing in developing/supporting advocacy and agency as competencies for our participants
- MDT approach which avails resources and accessibility at all levels of the organization
- High level of community investment and visibility
- Celebration of joint successes
- Providing participants with opportunities to provide organizational and program feedback; and to participate in program design/development processes

HS staff are supported in working within their respective strengths, using insight from the StrengthsFinder assessment as an organization-wide framework. As such, any special assignments and growth/stretch opportunities take these strengths into account. All HS staff receive at least 40 hours of annual training and professional development annually on topics such as:

- Mental health first aid
- Child development and infant mental health
- Bonding and attachment
- Trauma informed care
- Motivational interviewing
- Sexual orientation and gender identity
- Serving diverse populations
- Case management best practices
- Public health and health disparities
- Substance use disorders
- Family systems theory and life course perspective
- Engaging fathers
- Co-parenting and conflict resolution
- Breastfeeding as a public health issue

HS has a dedicated community engagement and outreach staff, as well as a Community Action Network. Members of our team spend at least 20 hours per week in the communities we serve canvassing, facilitating educational groups, tabling at community fairs and building alliance with community members and community based organizations. We partner closely with birthing hospitals/centers, pediatric and family practices, public housing communities, and federally qualified health centers to evaluate trends with our participants and families and co-create strategies to improve outcomes. Our program participants have the opportunity to serve on our Community Action Network, which is a partnership of agencies, community-based organizations, and community members that work together to achieve common goals for community betterment, and to coordinate services to improve health outcomes for all community residents.

Finally, Healthy Start views ongoing organizational assessment as a key element of engagement. This assessment activity provides guidance on our performance toward strategic goals and strategy related to equity and client service and reinforces our organizational culture—which is strengths-based and upholds our participants as experts based on their lived experience.

The following assessment is part of our performance and quality improvement process.

On a scale of 0 to 4, how well/often does our program do the following:
Honors and respects families and youth of diverse cultures.
__ Recognizes the strengths, skills and resiliency of diverse families and youth.
__ Is committed to including persons from diverse communities in all aspects of our work.
__ Is committed to diversity in our Board, Leadership, Staffing and volunteers.
__ Keeps up-to-date on which population groups live in the area we serve and tracks any changes that take place.
__ Collects demographic data on race, ethnicity, language, and national origin of groups we serve.
__ Uses a process to review demographic data and identify groups not being served.
__ Identifies and works with natural networks of support in diverse communities to increase awareness and acceptance of services and supports we offer.
__ Builds relationships with diverse community leaders so that they know about and feel comfortable using the services and supports we offer.
__ Makes sure that diverse families and youth are part of our peer support network.
__ Takes culture and language into account when pairing families with peers.
__ Collects and organizes information about resources that exist within diverse communities.
__ Makes referrals to services and supports that take language and culture into account.
__ Conducts follow-up activities with families to determine their satisfaction with the information and referrals provided.
__ Advocates for systems and services and supports that are culturally and linguistically competent.

Over time, aggregate results vary as staff change and develop, as communities change, and as program priorities shift. As detailed in the staffing section, our proposed model for Hello Baby Priority includes the use of Community Champions.

5. Describe your organization's experience assessing the ongoing needs of individuals and families who are in the greatest need of supports and services and determining which needs to prioritize.

As mentioned previously, during enrolment into HS, needs assessments are administered to help determine appropriate level of service. We assess for physical and mental health history, intimate partner violence, smoking and other substance use during pregnancy that may risk the health of mom and baby, father involvement and other natural supports, food security, mental health, past trauma and current stressors and a many other needs. We also assess for strengths and protective factors. Based on the results of these screenings, needs are prioritized using both a risk stratification framework as well as family feedback and input. Together these prioritization methods are used to generate the needs that will shape the formal "plan of care" and case management approach for the participant and family. Families are rescreened at various intervals and needs of families reconsidered. Plans of care are updated accordingly.

Needs are prioritized based on where the participant and family sees value and has willingness to activate, where adequate support and resources can be garnered to ensure goal progress, and/or where small wins can be achieved. Above all else, physical and mental health emergencies/crises, or situations presenting eminent safety risk are prioritized.

6. Describe your organization's experience documenting program development, program operations and changes, and client data.

HS has extensive experience documenting program development and practices data-driven decision making. As an organization that receives federal funding, we are held accountable for ongoing reporting on evidence of sound program frameworks, progress and outcomes. All major programs and services at HS have a formal operations manual or guide that is used for training and reference purposes. Aside from that, every new project has a stated set of goals and a project plan. This plan serves as a living document that tracks development over time—including objectives, responsible parties and timelines. The HS CEO and leadership team have exemplary skill and talent in the area of program development, and understand that the needs and dynamics of community, families and funders is ever-changing. Change is constant and HS is not a change-averse organization. Therefore, operationally, we stress the importance of adaptability and make it a point to acknowledge that each person on our team may have a different way of dealing with change. However; the expectation is that we rise to meet the business needs of the organization, which ideally reflect the needs of our families.

HS utilizes several web-based platforms to effectively manage data collection and reporting processes across programs, including use of the following systems: Apricot, a system of Social Solutions; Redcap; and Wyman Connect. These customized systems allow for a standardized process of reporting, monitoring, management, and collection of participant information. Data is obtained from various entry points such as HS Helpline, community outreach, HS web site, community partner organizations such as the Home Visiting Portal, and use of assessment and information gathering tools whereby participant information is collected and protected by following the Health Portability guidelines as well as best practice standards for protecting participant information and files.

All staff are provided with laptops to allow for direct data entry during visits in participants' homes or in the community for reporting. To mitigate connectivity problems that may impede the data entry process, staff utilize the hot spot on their assigned cell phone. Paper documentation serves as a backup process. Progress notes must be recorded for each session, whether direct or indirect, within 48 hours of a session unless a critical event or information is disclosed that requires immediate intervention services such as suicide, a mental health crisis, suspected abuse or neglect, violence or a health crisis effecting the health of the mother or baby. Staff are trained to respond to reporting protocols based on the presenting events. Data element standards and quality checks are built into the data entry forms to ensure the quality of information is recorded. Once information is entered into a respective system, it can not be altered thus protecting the information entered that noted by date and time stamped and linked to individual credentials for increased accountability. For clinical programs, only clinicians have access to client records and are kept in electronically locked files.

Apricot, Redcap, and Wyman systems are utilized to generate a series of reports that reflect progress towards required benchmarks for all programs and services. Internally, activities and outcomes are reviewed with staff during supervision on a monthly basis; during team and case review meetings. The CEO and Director of In-Home programs review outcome measures during monthly supervision. Members of the leadership team meet bi-weekly for program monitoring to collectively review agency performance metrics and QI process progress on a quarterly basis. Progress towards strategic goal for all programs and reviewed across all departments semi-annually. Externally, a report to the community is provided on an annual basis.

Data security is an extremely important part of our organization protocols, and is an important part of maintaining community trust. HS maintains a hybrid of electronic and paper records. All electronic devices are password protected using best practice protocol established in conjunction with out IT services vendor. Our vendor also has the capability of restricting device access in the event of loss, theft r s suspected data breach. Staff are not permitted to hold participant files or take them out of the office. We maintain a locked file room and locked file cabinets.

7. Identify one or more geographic areas (North, East, South, Mon Valley) where you propose to initiate this service and explain your organization's rationale for selecting the geographic area(s).

We propose to serve the "East" and "Mon Valley" areas. Healthy Start already has a strong presence in these areas. In fact, 68% of the households we serve are within these geographic boundaries. We are acutely aware of the growing disparities—particularly in the east suburban communities and in the Mon Valley due to the relocation of low-income households into these areas, lack of sufficient public transportation, scarcity of affordable housing and resource deserts. We prioritized these two areas, with the understanding that the remainder of the county will eventually be served.

Our administrative office is located within the east end, and we have a satellite office in Turtle Creek. These offices would serve as physical sites for Hello Baby Priority staff and for some staff-participant interactions. However; because our envisioned strategy seeks to complement and not duplicate existing supports, we are not focused on any extensive development of brick and mortar place-based programming. Our real time help strategy would serve to address resource needs and possibly mitigate crises via electronic information collection—while steering families to family support centers and other existing community programs for place-based supports and programing.

The assumptions used regarding service levels in these two regions of the county are as follows:

- Services offered to **260 families** in two regions – *DHS definition*
- Estimated 54% enrollment rate = ~**140 families** in two regions – *HS assumption*
    - Estimated 46% "regular" engagement = ~**120 families** – *HS assumption*
    - Estimated 14% low intermittent engagement = ~**20 families** – *HS assumption*

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

Staffing Recruitment, Training, and Retention (35 points total)

8. Provide an overview of your organization's experience hiring quality, racially diverse staff.

As a community-based organization, HS is committed to providing the best service to program participants in Allegheny County. Hiring staff indigenous to the neighborhoods we serve is extremely important. Identifying staff who are passionate, committed, professional and a good fit for our organizational culture are also critical.

For staff at all levels, our hiring process includes review of the necessary skills and competencies needed for success in the role and local salary benchmarking (we use the Bayer Center nonprofit wage study). Every position within our organization has a job description which details essential duties and reporting relationships. We advertise our job openings internally—encouraging staff to share among their networks, on nonprofittalent.com, on our social media channels, and directly among our program participant network. For some positions, especially for clinical roles, we may seek recommendations from our colleagues in the sector. Our interview process requires two to three steps, depending on the positions, and we check references. In some cases, we may require writing samples or other evidence of past performance and suitability for the open position.

Recently, for one of our community champion positions, we "thought outside of the box" and conducting a walking interview. The community champion position required a deep knowledge of a particular neighborhood—and that was the core skillset that we desired, along with the ability to engage and mobilize residents. Instead of a traditional office interview, we asked the candidates to guide us on a walking tour of the neighborhood. The candidates each led the tour and the conversation during their respective interviews. Through this process, the best candidate for the role became very clear. This is one example of our flexibility, desire to think and do beyond perceived boundaries, understanding of community and "do whatever it takes" approach. These are the recruitment strategies that we use to ensure high quality candidates who are a good fit for the organization. After being hired, all staff are subject to a 90 day probationary period where they are on-boarded, trained, shadowed, coached and supported for success in their role. All staff are also oriented to the organization's strategic plan. If necessary, we will extend the 90-day probationary period to continue to assess fit for the position.

All staff receive regular supervision and an annual review. The Chief Executive Officer leads a monthly organization-wide staff meeting focused on unifying the team, building rapport and morale, ensuring clear and consistent communication and trainings. Staff in varying roles often present that these meetings as a way to promote shared learning and accountability. Additionally, HS holds 2-3 organization-wide team building activities annually.

It is import that the communities we serve are represented by the staff we employ. HS employs 15 non-Hispanic black women (on bilingual-Spanish), one bilingual (Spanish) Hispanic black woman, six white women; and two black men. Three current staff members are past program participants. While we do not make hiring decisions explicitly based on race, we monitor our staff composition to ensure reflection of our communities.

9. Describe your retention strategy. Include your retention rate for staff and supervisors for the past three years. Please address retention strategy for both the family engagement specialist and social worker.

Employee retention is extremely important to HS. Employees are not only building relationships inside the organization, but are building relationships with the residents of their community. HS uses the Gallup StrengthsFinder assessment as a tool to promote strengths-based thinking, understanding individual motivators and managing team dynamics. Results of the assessment are shared across the organization so that all staff have opportunity to fully understand the dynamics of our team.

Our staff retention strategy is as follows:

- Onboarding and Orientation: This is probably the most critical stage in the retention process. This day begins with employee introductions, tour of the building, history of the organization and work space acclimation. The employee is given the opportunity to interact with team members in a relaxed and welcoming environment. New hire paperwork is completed prior to the first day of work through the payroll system.
- Comfortable Work Environment: HS makes reasonable accommodations to any team member to make their work station comfortable.
- Ongoing Training: HS promotes career advancement through ongoing training, in and outside of the agency.
- Work-Life Balance: HS believes it is extremely important to maintain a healthy work-life balance and offers a generous paid-time off package; opportunity for flexible schedules and a culture that fosters teamwork and fun.
- Team Building: HS supports team building activities throughout the year. Past activities included: Team StrengthsFinder sessions, career coaching, yoga, Zumba, bowling, arts and crafts, pot-luck lunches and friendly competitions between departments. Many of our team activities are focused on self-care and avoiding/overcoming compassion fatigue.
- Generous Benefits Package: HS staff enjoy a matching 403(b) retirement savings plan, paid-time off, 13 holidays; time off for birthday, employer sponsored group health insurance with EAP, health reimbursement plan, short / long-term disability and life insurance.
- Compensation and Opportunities for Advancement: When possible, HS offers an annual cost of living increase; typically 2%. New job openings are posted internally to promote interest from internal candidates who are qualified.

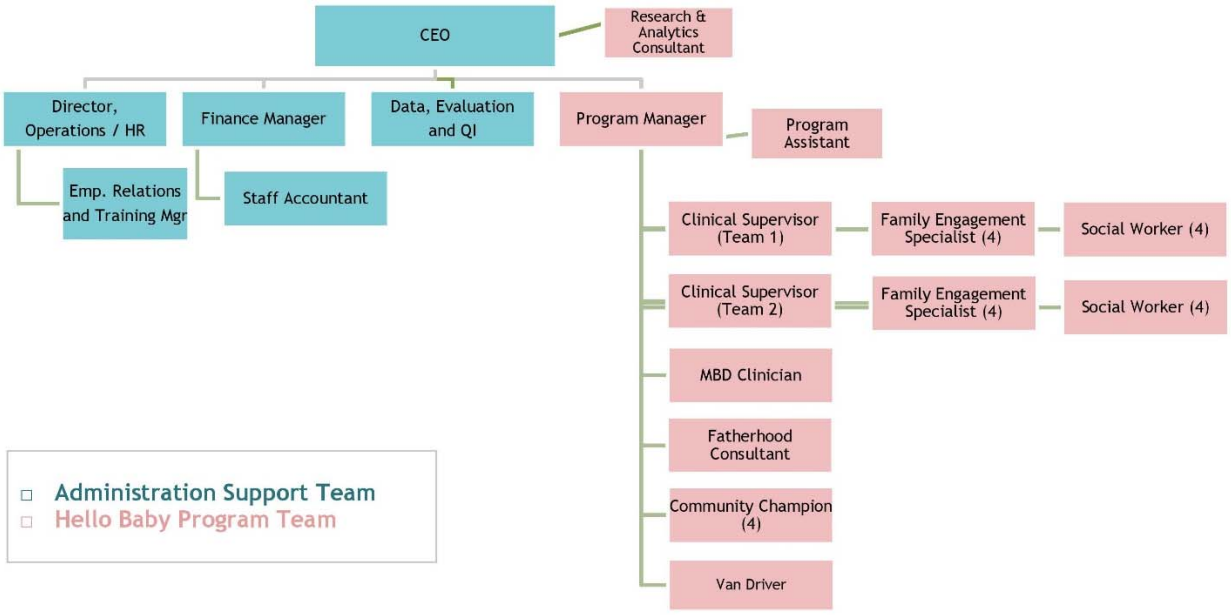
The retention rate for the past 3 years is 78% and the average tenure is 5 years. The retention strategy for the Family Engagement Specialist and Social Worker will be the same.

The Employee Engagement and Training Manager supports the Director of Operations and HR in ensuring staff cohesiveness and positive morale by managing staff development and training activities.

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

10. Describe your plan for staffing the various roles (i.e., family engagement specialist and social worker/navigator). Attach job descriptions for each role (not included in page count). If you plan to subcontract, describe with whom and how it will work.

Our proposed staff composition builds on the multidisciplinary team approach inherent to HS. Based on the Camden Coalition COACH model and the staffing elements required by the County, we propose the following organizational structure:



Staffing Assumptions:

- Each clinical supervisor will manage four FES/SW dyads
- Each FES/SW dyad will manage 15 families with an allowance for an additional 2-3 families classified as intermittently engaged.
- This allows for enrollment of ~140 families in two regions in year one.

Position	Roles and Responsibilities
Administrative Support (CEO, HR/Ops Director, Employee Rel, Finance Mgr, Staff Accountant, QI Coord)	Oversight and support of all Hello Baby and agency activities.
Hello Baby Program Manager	Provides management oversight of all program activities in accordance with the Hello Baby initiative; Serves as the liaison and primary programmatic point of contact between DHS and Healthy Start, Inc.
Program Assistant	Supports the Program Manager in execution of the Hello Baby program, supports engagement strategies and manages kiosk system.
Clinical Supervisor	Manages and supports teams of peer supporters and social workers to ensure delivery of care to participants using the RELATE model.
Family Engagement Specialist (Peer)	Uses the COACH model to engage and enroll eligible families in the Hello Baby Priority program and serves as a member of the home visiting dyad focused on engagement and support.

Social Work Navigator	Uses the COACH model to engage and enroll eligible families in the Hello Baby Priority program and serves as a member of the home visiting dyad focused on connecting families to services and following up with providers.
MBD Clinician	Moving Beyond Depression™ (MBD), is an evidence-based in-home identification and treatment program for mothers experiencing depression. This position will conduct psychosocial assessment and In-Home Cognitive Behavioral Therapy (IH-CBT) to women in their homes.
Van Driver	Responsible for safely driving the HS van for baby item delivery and scheduled participant trips as needed/required.
Community Champion	A supported community member who helps to build deep community-level buy-in and serves as a trusted liaison between for the HS Hello Baby team and community. Assists in understanding "real time" community needs, advises on engagement strategy and helps to facilitate engagement strategies and activities.
Research and Analytics Consultant	Ensures that research projects are sound, ethical, reasonable and equitable; develops and assures adherence to research protocols and best practices
Fatherhood Consultant	Responsible for developing and implementing a comprehensive strategy for serving fathers in Allegheny County according to the tenets of the Healthy Start program.

The attached job descriptions outline each staff member's role on the team and in contributing to success for the families served. Some of these positions may be filled via internal promotion or transfer. Otherwise, we recognize the need to build a solid team during the first few months of the Hello Baby "pre-implementation" or strategizing phase. If identified as the successful proposer, we have an internal plan in place for several in-community recruitment fairs where we will conduct on-the-spot screenings and first round interviews. Our goal would be to be fully staffed by December.

We do not plan to subcontract any staff positions.

11. Describe how your approach to staff training emphasizes cultural competency and ensures that staff are trained in relevant topic areas.

HS has a staff position dedicated to managing the staff training program and an annual training list based on our program priorities. Staff participation in the required trainings is tracked via attendance sheets. Through review of program data (quantitative and qualitative insights), trends in the field and our QI process, we identify additional staff training and development needs. This process is also personalized based on individual staff strengths and development plans, as identified during staff supervision and during the performance review and goal planning process.

We ensure that our staff training emphasizes cultural humility. We have evolved to this concept, which involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others, as opposed to the expectation of becoming an expert in a culture that is not one's own. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values—as opposed to "mastering" them. As such, reflection on culture and identity is a constant at HS through monthly in-house trainings, as a focus of training resources that we seek from other providers. Providing trauma-informed care necessitates cultural humility.

12. Describe how your supervision model ensures staff receive reflective supervision and provide empathetic and client-centered services.

HS's Director of In-Home Services is trained in Reflective Supervision and manages all current home visiting staff and activities. Reflective supervision is conducted with staff individually and through team meetings in accordance with reflective best practice. Individually, supervision is held monthly for no less than 60 minutes with structured sessions whereby opportunities for open communication, coaching, reflection, and feedback are exercised. Staff take advantage of opportunities to provide peer support during weekly case reviews using reflective practice and to encourage the use of reflective skills that allows for ongoing professional growth and transferable skills for direct practice with the target population.

The incorporation of both supervisory and management principles is an integral part of HS's overall strategy to promote professional growth, development, self-care and resilience on behalf of all employees with relationship development and reflective practice as fundamental building blocks for all professional interactions. Supervision being a "formal process of professional support and learning which enables practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety in complex situations" (England Department of Health, 1993); HS employs a comprehensive approach to the supervisory role that includes four components of supervision:

- Administrative or managerial which includes oversight of tasks, logistics, compliance and adherence to policies and procedures.
- Clinical which is case-based and provides for the opportunity to review strategies and solutions.
- Developmental which places the supervisor in the role of a coach and mentor.
- Reflective which is essential to building positive, goal-oriented relationships designed to engage children and families successfully.

Reflective Supervisors incorporate the following guidelines to develop a mutually shared experience:

- Scheduling monthly supervision for no less than 60 minutes.
- Establishing an agenda with regular meeting times and setting boundaries.
- Utilizing a strength-based approach to coaching the supervisee.
- Encouraging the exploration of thoughts and feelings that the supervisee has about the experience of supervision as well as experiences that might influence his/her work with children, youth, and families or choices in developing relationships.
- Listening for the emotional responses that the supervisee is describing when discussing cases to take advantage of opportunities to build empathy and to talk about feelings that arise that challenge values, beliefs or assumptions.

Additional reflective opportunities occur during weekly case reviews to encourage peer reflection; use of an open door policy to respond to unexpected concerns or crisis; and ongoing opportunities for reflection and empowerment through such strategies as journaling or reflecting on the supervision session to prepare for future meetings.

Intensive Engagement and Case Management Service for High Need Families of Children Under Age Three

HS's strength and relationship-based approaches to fostering the engagement of moms, babies, and families is paramount to helping families build self-efficacy and optimization of health outcomes. Upon building a mutually respectful relationship with families whereby trust and safety are established, the ability to utilize reflective practices with families increases the opportunity of successful goal attainment for families.

Mission and Commitment (15 points total)

13. Explain why your agency is the best candidate for this opportunity and how the Hello Baby program fits well within your agency's mission.

The mission of HS is to improve maternal and child health and to reduce poor birth outcomes and infant mortality in Allegheny County. HS currently provides voluntary programs and services, with the core elements of home visiting, use of CHWs, a multidisciplinary team, and focusing on a high risk population. Similarly, Hello Baby is a voluntary program designed to strengthen families, improve children's outcomes and maximize child and family wellbeing, safety and security specifically for parents of new babies. These aims are interconnected as areas of public health focus that are critical to community well-being. Furthermore, our existing project area is in direct alignment with the Hello Baby initiative.

Our home visiting program is based on the CHW model. CHWs are members of the service communities who receive specialized training to provide professional health education and supportive services to others in the community. The CHW model is in line with the Hello Baby description of a Family Engagement Specialist. In fact, the original COACH model utilized CHWs to provide education to patients.

One of the major benefits of the CHW model is its foundation in the community. After 28 years, HS maintains a strong community presence and a strong community reputation. Our community reach, however, expands beyond the CHW model. HS houses multiple programs that secure our place in the community. The Community Action Network is one initiative of the Healthy Start program which aims to improve the health of the members of our target communities through collective impact framework. This alliance includes community partners, health and social service agencies, community residents, previous HS participants, educational institutions, local faith based leaders and elected officials. Partners meet regularly to identify community needs and strategies for addressing those needs.

The Community Health Advocate (CHA) program is another example of HS's unique role in the target communities the Hello Baby program is seeking to serve. The CHA program centers the voices of single mothers as the experts in impacting community health. Community members who already demonstrate an active role in their communities are trained and educated in the basics of public and community health, community organizing and building community capacity, methods of advocacy and peer support all using a health equity approach. Once training is complete, CHAs take an active role in reaching community members and advocating for their health issues. In preparation for this proposal, we were even able to call on the experiences and expertize of the community health advocates from communities in the regions we propose to

serve in strategizing on how we can best approach hard to reach families to engage them in support services.

Parent Café is another program that HS delivers to the greater community that is centered on family. Conversations in the Parent Cafes support parents in developing five key protective factors; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of needs, and social and emotional competence of children. Parent Cafes are physically and emotionally safe spaces where parents, caregivers and family members talk about the challenges and victories of raising a family. Through individual deep self-reflection and peer to peer learning, participants explore their strengths and create strategies from their own wisdom and experiences to help strengthen their families. Not only is this program reflective of our strong footing in the community, being delivered at several community center locations and in collaboration with many community based programs, centers, and event schools. It is also a display of HS's understanding and application of key tenants of the COACH model such as using motivational style interviewing to uncover underlying needs and approaching each participant with unconditional positive regard.

HS is unique because our community-based programs and services extend beyond the care of newborns to include mothers, fathers and families—touching the entire community. Through our Male Initiative Program, we seek to educate fathers and caregivers about their importance in the healthy outcome of their partner's pregnancy and the ongoing health and well-being of their family, regardless of whether or not they reside in the home. We also bring fathers together in discussion groups, through our Men of Standard group education and support sessions, giving them the chance to meet and hear from other fathers on parenting and life challenges. The Nurturing Families curriculum provides education that supports the immediate and extended family unit. We understand that the job of raising a child is a family responsibility and not that of an individual. This program is based in that understanding and knowledge. With this interaction and relationship with moms and families in our local communities, we are set up to understand struggles of program engagement and that families will engage at will. With this knowledge, HS is better able to touch hard to reach families through our genuine connections with them or others within their social network and realm of influence.

Healthy Start Hello Baby Budget - YEAR 1 - Two Regions

Item	Unit Expense	Units	Expense	(x) Y1 start-up only
ADMIN STAFF EXPENSE				
CEO	$ 88,858.00	0.30	$ 26,657.40	
Finance Manager	$ 34,000.00	0.40	$ 13,600.00	
Staff Accountant	$ 43,772.20	0.40	$ 17,508.88	
HR Ops Director	$ 60,117.66	0.40	$ 24,047.06	
Employee Relations and Training Mana	$ 40,000.00	0.50	$ 20,000.00	
Fringe			$ 28,507.74	
SUBTOTAL ADMIN STAFF EXPENSE				
PROGRAM STAFF EXPENSE				
Program Manager	$ 60,000.00	1.0	$ 60,000.00	
Program Assistant	$ 36,000.00	1.0	$ 36,000.00	
Clinical Supervisor	$ 48,000.00	2.0	$ 96,000.00	
Social Worker	$ 40,000.00	8.0	$ 320,000.00	
Family Engagement Specialist	$ 34,000.00	8.0	$ 272,000.00	
MBD Clinician	$ 40,000.00	0.50	$ 20,000.00	
Fringe			$ 225,120.00	
On-call differential			$ 5,200.00	
Data Eval and QA Coordinator	$ 28.85	570.00	$ 16,444.50	
Van Driver			$ 15,600.00	
Community Champion	$ 3,000.00	4.0	$ 12,000.00	
Research and Analytics Consultant			$ 22,500.00	
Fatherhood Consultant			$ 20,000.00	
SUBTOTAL PROGRAM STAFF EXPENSE				
PROGRAM EXPENSE				
Materials and Supplies	$ 525.00	12	$ 6,300.00	
Graphic Design, Advertising, Printing			$ 6,000.00	
10 HB Kiosks	$ 600.00	10	$ 6,000.00	
Kiosk Tech Development	$ 7,000.00	1	$ 4,000.00	**x**
Kiosk Tech Maintenance	$ 180.00	12	$ 2,160.00	
HV Team Mileage	$ 2,825.00	12	$ 33,900.00	
myGeoTracking field staff mgmt	$448	12	$ 5,376.00	
HB Intensive engagement guide	$ 2.00	500	$ 1,000.00	
HB Intensive welcome kit	$ 20.00	140	$ 2,800.00	

HB Communit Celebrations				$ 5,000.00	
Employee Relations				$ 7,250.00	
Translation and Intepretation				$ 2,000.00	
Training					
MBD Training				$ 2,500.00	
MBD Materials				$ 324.00	
Team training and PD budget	$	250.00	28	$ 7,000.00	
Participant supplies and incentives	$	150.00	140	$ 21,000.00	
Concrete goods for families	$	300.00	140	$ 42,000.00	
Jeremiah's Place				$ 92,700.00	
SUBTOTAL PROGRAM EXPENSE					
PROGRAM OPERATING EXPENSE					
Rent	$	156,918.72	0.25	$ 75,229.68	
Postage	$	500.00	1	$ 500.00	
Cell phones	$	338.28	21	$ 7,103.88	
Computers	$	885.00	20	$ 17,700.00	x
IT Support Contract	$	600.00	18	$ 10,800.00	
Payroll Processing	$	8,226.00	0.54	$ 4,442.04	
Vehicle maint and expenses	$	450.00	12	$ 5,400.00	
Accounting/Audit Fees	$	6,000.00	1	$ 6,000.00	
Internet Access expense	$	129.00	12	$ 1,548.00	
Leased Equipment	$	522.00	12	$ 6,264.00	
Insurance	$	16,059.96	0.54	$ 8,672.38	
Crystal Spring	$	20.00	12	$ 240.00	
MIS Fees-SSG, Inc.	$	10,902.63	0.54	$ 5,887.42	
SUBTOTAL PRGORAM OPERATING EXPENSE					

FACILITIES AND SETUP EXPENSE						
Electrical, phone and IT setup				$	6,200.00	**x**
Ring Camera and Monitoring Setup				$	600.00	**x**
Ring Montitoring Monthly	$	15.00	12	$	180.00	
Security door				$	3,500.00	**x**
Signage				$	1,500.00	**x**
Paint	$	2.25	1700	$	3,825.00	**x**
Flooring	$	2.50	1700	$	4,250.00	**x**
Conference and computer bank tables	$	750.00	3	$	2,250.00	**x**
Wheeled desk chairs	$	85.00	25	$	2,125.00	**x**
Reception Furniture				$	2,200.00	**x**
File cabinets, shelving and				$	2,250.00	**x**
Startup Office Supplies	$	40.00	23	$	920.00	**x**
Plumbing				$	1,922.00	**x**
Refrigerator				$	800.00	**x**
SUBTOTAL FACILITIES AND SETUP EXPENSE						
					$1,680,804.98	

Narrative

.3FTE allocated to strategic management and oversight.
.4FTE allocated to HB financial management and oversight.
.4FTE allocated to HB program accounting activities.
.4FTE allocated to HB HR, facilities and operations functions management and oversight.
3/4 time position, with .5FTE allocated to HB staff support.
Fringe at 28% for admin staff expense.

$	**130,321.08**

1 FTE on HB project.
1 FTE on HB project.
1 FTE on HB project; 2 positions.
1 FTE on HB project; 8 positions.
1 FTE on HB project; 8 positions.
.5 FTE on HB project.
Fringe at 28% for program staff expense.

On-call staff assigned via weekly rotation; on-call staff recieves $100 shift bonus; budgeted at 52 weeks.
Shared position with Gwen's Girls, contracted to Healthy Start at .5FTE, provides database oversight and data quality assurance to HB project 10 hours per week at $28.85/hr.
Part-time contracted position at $15/hr. 20 hours per week.

Receives monthly stipend at $250 for HB project activities; two Champions per region, for a total of four.
Budgeted to support executive-level decision-making regarding data analytics at an average of 3 hours per week, at $150 per hour, over 50 weeks.
Budgeted to support male engagement at $40 per hour, 10 hours per week, 50 weeks annual.

$	**1,120,864.50**

$525.00 per month/based on average monthly cost for past 10 months.
For messaging, design and materials that support HB Intensive outreach and engagement (posters, door hangers, pens, favors, etc.). May include mobile geo-location marketing.
Kiosk includes tablet, secure kiosk stand/station, power source, signage and installation.
$4,000 fo development of web-based kiosk technology.
$180 per month for maintenance of kiosk technology, and wifi.
Avg. 20 miles per day per HB staff and home visitors, at .565 per mile, oveer 250 days.
$448 per month for 12 months for 25 users for field scheduling, safety and visit verification.
For printing 500HB Intensive engagement guides for outreach to referred families.
$20 is budgeted for each welcome package. Package contents would be finalized after consultation with the overall HB strategy, but we envision they would include personal hygiene items for parents, diapers, sleep sack, onesies, journal, parenting and self-care reference books, a developmental toy, etc. (in additional to infomormational/resource materials)

$5,000 is budgeted for HB community celebrations, to include actvities that promote engagement, celebrate family and include access to necessary resources. $5,000 is budgeted for space, light refreshments and giveaways for one celebratory event in year 1. Matching funds may be sought to expand this idea.
Budget for HB staff team building, retreat and incentive, includes y1 kickoff and $250/pp end of year bonus for engagement goal attainment.
80 hours at $25/hr. for services that may be required to serve non-English speaking families.

Annual training and licensing required to implement the Moving Beyond Depression model.
PSI-4-SF Record/Profile Forms (pkg/25) - Parenting Stress Index
Training budget for each HB staff, incuding community chapions and fatherhood consultant, for training topics outlined in proposal.

Separate from concrete goods support, up to $150 is budgeted per family, annually, for educational tools and supports/aids and other incentives related to enagement and goal progress. This may include parenting and self-development books/tools, developmental toys, gift cards, essential baby items, postpartum support materials. We will likely create a "points system" and item catalog for consistency.
Concrete goods budget to support parental stability, child safety and goal progress. May include diapers, pack n plays, bus tickets, home safety items, utility assistance, personal care items, etc. per guidelines to be established at up to $300 per family per year.
Budget for one in-home social worker for intakes at .5FTE, $20,700.00; intake support, incentives and monthly childcare respite expense for up to 30 families or 60 children at $70,000.

$	**247,310.00**

Lexington 3rd floor admin at 25% of current space, Lexington 1st floor HB suite and Turtle Creek site. HB suite will house Program Manager, Clinical Supervisors and field staff. Turtle creek site will serve as an admin work space for Mon Valley staff and resource center.
Budgeted postage for mailings based on historic use/expense.

21 verizon cell phones @ $28.19 per month for program manager, clinical suervisors, field staff and van driver.
20 laptops @$1,085 each (Vostro 14 3480 by Dell w/Microsoft Office) for program manager, clinical supervisors and field staff.
$50 per month per computer, for 18 additional users/machines to be monitored and maintained on current maintenance agreement.
$135.50 base charge per month + $11.00 per employee, pro-rated for HB Intensive staff which makes up 54% of organization satff count.
$450.00 average per month cost for gas and repairs and insurance
Prorate portion of annual audit fees
$129.90 per month expense for HB suite Internet access.
$522 monthly cost for copiers and postage machine.
$1,338.33 per month for commercial, D&O, and umbrella; prorated at 54% of annual total
For monthly water service in HB office suite.

$5,887.42 annual cost for maintenance of electronic client documentation files prorated at 54% of annual total.

$	**149,787.40**

To prepare electricla, IT and phone setup for HB suite.	
To purchase Ring security system for HB suite entrance area.	
Monthly monitoring fee for Ring system.	
To purchase and install security door, keypad entry access and entry intercom for HB suite.	
To produce HB suite interior and exterior signage.	
1700 square feet at $2.25 sq. ft for HB suite painting	
1700 square feet at $2.50 sq. ft for HB suite flooring installation.	
To purchase three large tables; once confrence rooma nd two at computer bank.	
To purchase desk chairs for HB suite - existing desks are built-ins.	
To purchase reception area desk and chairs.	
To purchase file cabinets for participant record keeping, shelves for office supply organization.	
$40 per person for fixed office supplies such as staplers, desk organizers, mail bins, etc.	
To install small sink with running water in HB suite break room area.	
For staff and participant use in HB suite.	
$	**32,522.00**