

Budget Justification

Personnel Costs:

1. Dieuwke Spencer – Chief, Bureau of Clinical and Preventive Services, and State Title V MCH Director. 20% FTE -
2. Mitch Scoggins – Manager, Children’s Special Health Program, and State Title V CSHCN Director. 25% FTE -
3. New Staff– Home Visiting Program Coordinator. 100% FTE -
4. Ward Ballard – MCH Principal Research Analyst. 25% FTE -
5. Diane Prince – Administrative Assistant II. 25% FTE -
6. Debbra Branen – Administrative Assistant I. 50% FTE -

Fringe Benefits:

IDHW fringe benefit rate for fiscal year 2011 is 37.25%. This rate includes:

- Office space
- Motor pool
- Telephone
- Senior administration
- IT/Computing
- Accounting
- Network printer

Travel:

Local Travel

It is anticipated that, during the first six months of FY2011, four statewide planning sessions will be held, and 12 workgroup sessions will be held. Each of these sessions will take place in the Boise area, and will require travel, lodging, food and incidentals for participants traveling from out of the area.

It is expected that the four large sessions will be attended by 15 out-of-area representatives, and the workgroups by 5 out-of-area representatives, for a total of 60 person-days.

There are only two population centers in Idaho which are in easy driving distance of Boise – Nampa/Caldwell and Twin Falls, so the vast majority of travel costs will be airfare. The IDHW mileage rate is 45.5 cents per mile, but we expect to reimburse fewer than 1,000 miles during this grant period.

Long Distance Travel

It is expected that there will be regional and/or national meetings, conferences or working-groups associated with this effort. Idaho staff will seek travel approval to attend these sessions.

Equipment:

No single piece of equipment will cost more than \$5,000.

- 2 tablet computers

- 1 desktop computer
- 1 color laser duplexing networked printer
- 1 scanner

Supplies:

Office supplies estimated at \$200/month.

The remainder of this budget line will be used to fund the development and printing of program publicity materials.

Contracts:

- Facilitators – Professional meeting facilitators will be contracted during the planning stages of this project, to help bring the planning group to a consensus regarding a state-wide approach to home visiting.
- Needs Assessment – It is expected that some contractual services will be sought during the Needs Assessment effort, for gap data filling.
- Successful Bidder(s) – Once a state-wide home visiting model(s) is (are) selected, the state will enter into a contract with that organization(s) as required.
- Local implementing agencies – The local implementing partners of the Idaho Department of Health and Welfare will be determined based on the Needs Assessment and the identified evidence based programs. The Request for Proposal (RFP) process will be implemented if appropriate.

Other:

The “other” costs associated with this budget are to cover facilities/meeting costs for the planning sessions and workgroups.

Indirect Costs:

The IDHW finance department provides us with an indirect for each grant application. That figure is used in this application.

Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included as Attachment 1.

Executive Management

Dieuwke A. Spencer, RN, MHS (Health Policy). 20% FTE.

Ms. Spencer is a registered nurse who has 15 years of experience at the local health district level, which could be invaluable since the health districts may be our implementing partners in this project. She has been employed by the Department of Health and Welfare (IDHW) since 2004, with the last 4.5 years in her current position as Bureau Chief and state Title V Director. During her time as Bureau Chief Ms.

Spencer has also served as a member of the Early Childhood Coordinating Council. Ms. Spencer will be responsible for the executive direction of the home visiting project, which is expected to take a significant amount of her time during the first 15 months. Her involvement may lessen in subsequent years.

Project Management

Mitch Scoggins, MPH (Global Health Policy). 25% FTE.

Mr. Scoggins has over six years of experience managing public health projects and program both within the United States and with US Government-funded projects internationally. For the last three years he has been employed by the IDHW to manage Idaho's Title V Children's Special Health Program (CSHCN Director), Idaho's Newborn Screening Program, and Idaho's Genetics Services Program. Mr. Scoggins is a member of the Idaho Council on Developmental Disabilities, and serves on the Advisory Board for Idaho Parents Unlimited (IPUL). IPUL is the Idaho recipient of the Family to Family grant, and is the designated Family Voices representative. Mr. Scoggins will be responsible for program oversight.

Project Staff

Home Visiting Program Coordinator. 100% FTE.

The Coordinator will be responsible for development and implantation, including all bidding and contracting aspects of the home visiting project. This individual will be responsible for the day-to-day management of the program including reporting requirements and travel to national meetings.

Ward Ballard. 25% FTE. Mr. Ballard is employed by the IDHW to providing data analysis for the state's Title V program. Mr. Ballard will be heavily involved during the needs assessment phase of this project, and also during subsequent data-gathering and evaluation efforts such as annual reporting.

Diane Prince. 25% FTE. Ms. Prince will provide administrative support for the Executive Management.

Deb Branen. 25% FTE. Ms. Branen will provide administrative support to the project team.

Program Narrative

- A. Inventory of data currently available to the State for the purposes of the needs assessment.

For the home visitation needs assessment, Idaho has access to data already compiled in the Maternal and Child Health (MCH) Five Year Needs Assessment as well as the MCH Annual Report for 2009. Other recent assessments that will

be utilized are the community wide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act and the inventory of current unmet needs and current community based and prevention focused programs and activities to prevent child abuse and neglect and other family resource services operating in the State as required under section 205(3) of the Child Abuse Prevention and Treatment Act.

Specific state data sources include, but are not limited to; Idaho Vital Statistics, Idaho Pregnancy Risk and Tracking Survey (PRATS), program data including Children's Special Health Program (CSHP), family planning, WIC, Infant Toddler, Pregnancy Prevention, Immunizations, Substance Abuse Data, State Department of Education, Medicaid, Infant Toddler Program, Child Protective Services, Food Stamps, Department of Labor, and State Police among others.

Federal data sources to assist in the assessment of at risk communities include the Census Bureau, Administration for Families and Children (ACF), Centers for Disease Control and Prevention (CDC), and Health Resources and Services Administration (HRSA) to name a few.

B. Gaps in the currently available data.

With the rural and frontier nature of Idaho it is difficult to obtain data at a community level or even a county level. Idaho's small numbers pose a challenge in determining statistical significance with many indicators. Coupled with our small population numbers, Idaho has poor race and ethnicity data.

While Idaho has vital statistics for children, we do not have a survey of children. Idaho does have the Youth Risk Behavior Survey which samples students in grades 9 through 12. An additional gap in health data is a lack of access to hospital discharge data for persons of any age.

Child abuse and maltreatment statistics rely solely on reported data which results in a significant undercount. The absence of an Idaho child mortality review board further restricts our ability to assess the issue of child maltreatment.

C. Capacity to locate, gather, and assemble the information or data required for the needs assessment.

Idaho has created a team comprised of the MCH Director/ Bureau of Clinical and Preventive Services Chief, Children's Special Health Program (CSHP) Manager, Bureau of Vital Statistic and Health Policy Chief, Pregnancy Risk Assessment Tracking System (PRATS) Director, Division of Public Health Special Projects Coordinator, Vital Statistics Research Analyst Supervisor, MCH Principal Research Analyst and two other data analyst to assure the required needs assessment is completed. This is primarily the same group that worked on the MCH Five Year Needs Assessment.

Meetings with stakeholders, including Idaho's Children's Trust Fund, the Head Start Collaborative and the Early Childhood Coordinating Council have already taken place. An inventory of data sources has been conducted and data as outlined in section 511(b)(1) of Title V of the Social Security Act is being gathered. Lack of community level data and the challenge of small population numbers will pose some obstacles for the assessment team as will the very short time line to complete the project. Existing collaborative working relationships with many of the stakeholders and partners will assist in collecting the required data.

- D. Barriers and opportunities for ensuring the needs assessment is coordinated with the State Title V MCH Needs Assessment, the community wide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act and the inventory of current unmet needs and current community based and prevention focused programs and activities to prevent child abuse and neglect and other family resource services operating in the State as required under section 205(3) of the Child Abuse Prevention and Treatment Act.

With the same team coordinating the home visitation needs assessment as worked on the MCH Five Year Needs Assessment, the work that has already been done will readily be incorporated where appropriate.

Face-to-face meetings have already taken place with the State Head Start Collaboration Coordinator and the executive director and grants manager of the Idaho Children's Trust Fund. Copies of existing needs assessments and relevant data have been provided to the assessment team. These key partners continue to be available and formal and informal dialogue is on-going.

- E. Description of the State's approach to conducting the assessment of needs and available resources.
- a. How will the State gather data to measure each of the needs assessment data elements required in the legislation?
The Department will use internal data sources such as vital statistics, PRATS, program data, etc. The internet will be used to access data from other State agencies and federal agencies such as the Census Bureau. For data that is not readily available through internet sources, the State will make direct data requests to agencies such as the State Department of Education or the State Police. Hard copies of needs assessments and reports may also be requested of partner agencies and programs.
 - b. Which stakeholders and partners would collaborate to gather and assemble information? How would the State ensure effective and efficient collaboration?

Assessment team members meet regularly to assign tasks and check progress in the gathering of the data. Team members have conducted face-to-face interviews with the Head Start Collaboration Office and the Idaho Children's Trust Fund as well as leadership of other partner agencies and stakeholders. The MCH Director, who is on the Assessment Team, will continue to provide information via phone and conference call. Because Idaho is a small state, working relationships are already in place thereby facilitating efficient and effective communication and collaboration on the required needs assessment.

- c. What process would be used to ensure coordination with other statewide and communitywide needs assessments conducted by the State?
The Assessment team has already contacted those individuals responsible for other statewide needs assessments including the Children's Trust Fund and the Head Start Collaboration office. The Assessment team has also met with the director of the Early Childhood Coordinating Council to gather information regarding other statewide needs assessment efforts. The preferred process has been to meet in person with the individuals who have the most knowledge of a particular assessment, in addition to obtaining a copy of the assessment. Analysts will collect data to assess the required elements of the Needs Assessment.

- d. How will the State ensure that all required parties, as identified in the "Eligible Applicants" section above, sign off on the needs assessment application?
The Idaho Department of Health and Welfare has been designated as the lead agency. Within the Department, the home visiting program will be placed within the Division of Public Health, Bureau of Clinical and Preventive Services; the MCH Block Grant is administered through this Bureau and the Chief serves as the Title V, MCH Director for Idaho. The Director of the Head Start Collaborative and the State's Single State Agency for Substance Abuse Services are located in the Department of Health and Welfare will have direct input into the needs assessment process. While the Director of the State's agency for Title II of CAPTA, the Children's Trust Fund, is not an employee of the Department of Health and Welfare, he is a state employee and the agency offices are in close proximity. While working relationships already exist between the all parties, no Memorandum of Agreements (MOAs) or Letters of Commitment (LOC) currently exist between these agencies/programs or any others cited in this application.

- F. A description of the anticipated technical assistance needs, as described in "Anticipated Need for Technical Assistance."
Once the state needs are fully understood, our updated State Plan will include specific technical assistance requests. With the tight timelines, it is anticipated

that TA requests will be in regards to implementation and adherence to the fidelity of the selected evidence-based model(s).

- G. A statement indicating whether the State intends to apply for a grant that would enable it to deliver evidence-based early childhood home visiting services.

The State of Idaho intends to apply for a grant that would enable it to deliver evidence-based early childhood home visiting services.

- a. If the State does apply for such a grant, the following information must be submitted:

- i. A statement designating the entity within the State that will administer the funds and the capacity of this entity to carry out the program.

The agency designated by the Governor to manage the home visiting program is the Idaho Department of Health & Welfare, Division of Public Health, Bureau of Clinical & Preventive Services. The chief of this Bureau serves as the Title V, MCH Director for Idaho.

- ii. A description of the process to be used in identifying the populations to be served on the basis of the full needs assessment, with specific information regarding high-risk groups as defined in section 511(d)(4) of the Act.

Following the completion of the Needs Assessment, a collaborative and inclusive process including the identified partners as well as other stakeholders, will be used to prioritize the eligible population within the identified communities. We anticipate using a facilitated process to enhance communication and assure input from all parties. The State Plan will be developed with the input of the stakeholders.

- iii. A description of the process to be used in selecting the most effective model(s) to be implemented to meet identified needs. Selection of the most effective model(s) for Idaho will be based on the results of the needs assessment. A collaborative process including, but not limited to the MCH Director, the Idaho Children's Trust Fund Executive Director, the Director of the Head Start Collaboration, and the Program Manager for the Children's Special Health Program will evaluate program strengths against identified needs for Idaho's eligible populations and communities.

iv. Assurances:

1. The State will implement a program that gives priority to low-income eligible families and eligible families in a-risk communities as identified by the needs assessment.
2. The State will submit documentation regarding the service model(s) used verifying that the program is implemented and services are delivered according to the model's specifications.
3. Through the contracting process, the State will establish procedures to assure that each family is voluntarily participating and that services are delivered in accordance with an individual family assessment.
4. The State will submit all required reports regarding the program and its activities to the Secretary according to specified timelines.
5. The State will participate in and cooperate with data and information collection as required for evaluation and research activities.
6. The State does not have an ACF funded Evidence-Based Home Visiting Project.

ii. A statement indicating the service delivery model will be consistent with the statewide needs assessment.

The selection of a home visiting model(s) for the state of Idaho will be based on the findings of an objective statewide needs assessment.

1. A statement indicating that the service delivery model will be consistent with the evidence based criteria identified in section 511(d)(3)(A).

Based on the findings of the statewide needs assessment, Idaho will select a home visitation model(s) that has been in existence for at least 3 years, is research based, associated with a national organization or institution of higher education, that has high quality service delivery and quality improvement and that has demonstrated positive program and participant outcomes.

2. A description of the process to be used in identifying quantifiable, measurable benchmarks as specified in section 511(d)(1)(A), with assurances the State will report in the third and fifth years of the program.

Following the needs assessment and during the completion of the State Plan, a collaborative process with partners will identify data points and sources to show progress in the six identified areas.

Objectives will be written using the SMART format – Specific, Measurable, Attainable, Relevant, and Time-bound.

3. A preliminary description of other existing State programs, including Federally funded State Programs, that include home visitation services.

Existing federally funded home visitation programs in Idaho include; the Part C (IDEA, P.L. 105-17) Infant Toddler Program, and Early Head Start. Programs that have a presence in Idaho and do not receive assistance from the State are; Parents as Teachers - PAT (nine programs), as well as some small hospital and community based programs.