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To: County Birth to 3 Program Coordinators
County Department of Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
County Department of Public Health Directors
Area Administrators

From: Lisa Olson, Director 
Division of Medicaid Services

Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative

Summary

The Wisconsin Department of Health Services (DHS) will use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support local program initiatives that promote COVID-19 pandemic recovery for Birth to 3 Program participants and their families. This memo describes an opportunity for local Birth to 3 programs to apply for one-time grants from DHS to fund projects that support child and family-focused pandemic recovery efforts. Birth to 3 programs are encouraged to apply for up to \$250,000 in funding that will be available in calendar year 2022. The deadline to apply is April 1, 2022.

Background

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, which provides COVID-19 pandemic relief on many different levels. ARPA includes \$250 million for programs for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (IDEA), resulting in \$3,313,493 in supplemental ARPA funds for the Wisconsin Birth to 3 Program. These supplemental ARPA funds have been provided with the intention of mitigating the impact of the COVID-19 pandemic on children and families and assisting those who have been disproportionately affected by the pandemic.

DHS held stakeholder input sessions requesting guidance and input to inform the development of recommendations and strategies for use of the ARPA funds. Communications were also sent to all Birth to 3 Program and stakeholder distribution lists soliciting recommendations for use of the ARPA funds. Based on the input received from stakeholders, the Wisconsin Birth to 3 program is preparing to utilize the ARPA funds in the following three focus areas:

1. Professional development and workforce sustainability and supports
2. Information systems and data
3. Child and family-focused pandemic recovery supports

This memo details the process and application for the local grant initiative being undertaken in the child and family-focused pandemic recovery supports focus area.

Fundamental Context

Studies have revealed that the COVID-19 pandemic poses potential risks to child development due to social and economic stressors, including:

- Social restrictions, distancing, and childcare shutdowns.
- Loss of support networks.
- Increased stress level of parents and caregivers as a result of illness caused by COVID-19, the difficulty of combining working from home with full-time childcare, and economic insecurity.
- Increased exposure to pre-existing vulnerabilities within families such as domestic violence, substance abuse, and mental illness.

Stressful events that are prolonged and experienced without access to supports can generate toxic stress and result in adverse childhood experiences that negatively impact child brain development, social-emotional development, future learning, and long-term physical and mental health.

Child and Family-Focused COVID-19 Pandemic Recovery Supports Grant Initiative

In the face of the COVID-19 pandemic, the creation of activities and supports to promote healthy development and prevent toxic stress are essential to the overall health of children and their families. To support local Birth to 3 programs in promoting pandemic recovery efforts, DHS will use approximately \$1 million of the supplemental funds received through ARPA to support programs in implementing initiatives to support child and family-focused COVID-19 pandemic recovery supports at the local level.

All project proposals must aim to strengthen families and build protective factors that buffer the effects of risk, stress, and trauma and increase the chances that children adapt positively in the face of adversity. Protective factors are also known as “promotive” factors that cultivate resilience and promote the positive development and social and emotional competence necessary to thrive. Protective factors applicable to COVID-19 pandemic impacts and recovery include:

- **Sensitive, responsive caregiving** – The primary factor in a child’s recovery from an adverse or traumatic event is the presence of a sensitive and caring adult. To support healthy child development, children need connections to important adults in their lives.
- **Support for caregiver well-being** – When parents’ and other caregivers’ needs are met, children are more likely to receive sensitive and responsive care.
- **Concrete support in times of need** – Meeting the basic needs of children and families—such as food, shelter, clothing, and medical and mental health care—is essential to protecting well-being in stressful times. Actively mobilizing tangible resources for children and families is especially important for families experiencing additional risks, such as economic instability, job loss, domestic violence, or mental health needs.
- **Emotional support for children** – With strong emotional support and assistance, children can develop resilience and keep their development on track.
- **Social connectedness** – Positive social connections are important protective factors for both children and adults during stressful events.
- **Knowledge of parenting and child development** – Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children in a positive light and promote their healthy development.

Projects must also assist children and families disproportionately affected by the pandemic. Many studies have shown that the impacts of the COVID-19 pandemic have not been distributed evenly. Certain pre-existing medical conditions including hypertension, heart disease, and diabetes (more prevalent within communities of color) have been associated with increased risk of infection. Additionally, higher rates of

exposure to the virus are associated with socioeconomic conditions, including employment in essential services without adequate protection from infection, residing in tight quarters, and hourly wage jobs without paid sick leave or the ability to work from home.

Disparities in rates of infection, harshness of symptoms, deaths, job losses, hunger, and evictions have been well documented throughout the pandemic with marginalized groups including people of color, low-income families, and rural families carrying disproportionately higher burdens.

Award Terms

The grants will be awarded via a competitive process. Local programs may request up to \$250,000 based on the scope and scale of the proposed project. Local Birth to 3 programs may apply individually, collectively as a consortium, or both.

The grants provide one-time funding expected to be used during the grant award period. Awards will be issued to local Birth to 3 programs through a profile in the Community Aids Reporting System (CARS). If a consortium is selected, the funding will be assigned to the lead county. Selected recipients must participate in a collaborative learning conference and quarterly conference calls, and provide a short presentation at the conclusion of the grant period. Intermittent project reports will be required, and must include brief summaries of progress and lessons learned.

DHS will seek to use successes from local program proposals to further strengthen the Wisconsin Birth to 3 Program statewide.

Question and Answer Sessions

DHS will host two question and answer sessions to provide assistance to local Birth to 3 programs as they complete their proposals. These sessions will be held on February 17, 2022, and March 17, 2022. Email your intent to participate in a question and answer session to dhsBirthto3@dhs.wisconsin.gov.

Submission Deadline and Process

All applications are due by the close of business on **April 1, 2022**. The completed application must be received electronically by the Division of Medicaid Services, Bureau of Children's Services by the deadline, to the following email address: dhsBirthto3@dhs.wisconsin.gov.

Timelines

- Memo announcing the availability of local grants: January 2022
- Informational Q&A session for local programs: February 17 and March 17, 2022
- Applications due: April 1, 2022
- Announcement of awards and intent to pursue grant negotiations: June 1, 2022
- Year One project summary and fiscal reporting due to DHS: December 30, 2022
- Year Two project summary and fiscal reporting due to DHS: December 29, 2023
- Quarterly shared learning meetings: TBD
- Two annual project meetings: TBD

Application Scoring

Applications will be reviewed by a Grant Review Committee. Applicants shall not contact any evaluator without the Grant Review Committee Chair's written approval. Deborah Rathermel, director, Bureau of Children's Services, is the Grant Review Committee Chair for this initiative.

Notification of Intent to Pursue Grant Negotiations

All applicants who respond to this request for applications will be notified by email of DHS' intent to pursue grant negotiations.

Awards

Successful applicants will receive an amendment to their state-county contract for calendar years 2022 and 2023. All projects are expected to be finalized and related expenditures completed no later than December 31, 2023.

Right to Reject Applications and Negotiate Agreement Term

DHS reserves the right to reject any and all applications. DHS may negotiate the terms of the grant, including the award amount, with the selected applicant. If grant negotiations cannot be concluded successfully with the recommended applicant, DHS may terminate negotiations.

Each response package will be reviewed to verify the applicant meets the requirements specified in this request for applications based on a pass or fail protocol. This determination is at the sole discretion of DHS.

After the first year of the project and on request of either party, the grant amount planned for distribution in the second year may be renegotiated to allow for adjustments in overspending or underspending.

Application Process

Organize applications based on the six headings below. Describe the proposed project clearly and concisely within six pages. Applications must be submitted on a single-sided, single-spaced document with one-inch margins and a 12-point font.

- I. Cover page (pass/fail) – not included in page count.** Indicate the program(s) involved, applying for funding. Include all mailing, email, and phone contact information for the program and those staff involved in the project (primary contact for the grant award, county director, etc.).

Local Birth to 3 programs that choose to apply as part of a consortium must indicate a lead county, including all mailing, email, and phone contact information for the program. If a county applies both individually and as a part of consortium, the county must indicate this on the cover page.

- II. Abstract (pass/fail) – not included in page count.** One paragraph (250 words maximum) summary of the project.

- III. Organization capacity (10 points) – two paragraph maximum.** Briefly describe the structure of the local Birth to 3 program. Include provided services and those contracted along with the number of full-time equivalent employees and position titles, and how that structure will support the project proposal.

- IV. Current situation (10 points) – two-paragraph maximum**

- a. Needs assessment: Briefly describe the greatest needs, obstacles, and barriers to supporting COVID-19 pandemic recovery for children enrolled in the local Birth to 3 Program. Consider the severity of these challenges along with the potential for change and the impact of change.
- b. Strengths assessment: List the greatest strengths, opportunities, and resources for supporting COVID-19 pandemic recovery for children enrolled in the local Birth to 3 program.

V. Project description (70 points) – three-page maximum

- a. Brief project summary: project start date, an outline of project goals, and an estimated number of individuals served
- b. Identification of the population to be served under this project and the criteria used to select individuals who will be served
- c. A description of how the project will aim to support child and family-focused pandemic recovery supports at the local level
- d. A description of the protective factors that the project intends to strengthen to support resilience and promote pandemic recovery efforts
- e. A description of how the project will utilize a health equity lens, assist those children and families disproportionately affected by the pandemic, and address racial and ethnic disparities in early intervention outcomes for children and families in the local Birth to 3 Program
- f. A summary of why the local Birth to 3 Program believes this project will be successful and the difference the project would make in the lives of those served
- g. Plan for sustainability
- h. Evaluation, effectiveness, and measurement (what will be the measures of the effectiveness of the project)

VI. Budget (10 points) – two-page maximum. Describe the projected budget for all expenses for the entire project. Programs may list a range of projected expenses with minimum and maximum totals. There must be sufficient detail for each expense. Enter total projected cost ranges in whole dollar amounts by rounding to the nearest dollar.

Action Summary

- Local Birth to 3 programs may apply individually, and/or as a consortium for the Child and Family-Focused COVID-19 Pandemic Recovery Supports Grants.
- Applicants may set a range of costs with minimum required amounts to initiate the project and maximum amounts that may reasonably be used to complete the project.
- The deadline to apply is close of business on **April 1, 2022**.