Oregon Health Authority • Public Health Division • Maternal and Child Health Section

OREGON UNIVERSALLY OFFERED HOME VISITING INITIATIVE (UoHV): Family Connects Oregon (FCO) 2024 Cohort Application

Application Deadline: February 1, 2024 by 5:00 p.m. PST

Application Overview:
The application consists of five sections and an Appendix:

- Section 1: Introduction (page 2), which includes a brief overview of Family Connects Oregon (FCO), what application awardees will receive, how to get started on this application, and key terms.
- Section 2: Family Connects Oregon Readiness Criteria (page 5), which includes a series of "yes/not yet" questions to help potential applicants determine FCO readiness.
- Section 3: Application Preparation Instructions (page 7), which includes a list and description of documents for applicants to submit.
- Section 4: Application Submission Instructions (page 9), which includes instructions for how and where to submit applications.
- Section 5: Letter of Intent Evaluation (LOI) & Required Elements (page 10), which outlines how LOIs will be reviewed, the 6 elements required of LOIs, as well as non-required considerations.
- Appendix (page 13), which provides a brief overview of the Family Connects model.

Questions?
We encourage you to read this application carefully and attend one of our FCO Applicant Interest Meetings (**December 14, 2023; 11:00-12:00 p.m. PST or January 11, 2024; 9:00-10:00 a.m. PST;** see registration links below). These Applicant Interest Meetings will answer common questions about your application and FCO. If you have additional questions, please reach out to Senna Towner; senna.l.towner@oha.orgegon.gov; (503) 580-1154.

SECTION 1: INTRODUCTION

The Oregon Health Authority (OHA) is **seeking to support 3-5 communities in Oregon with implementing Family Connects Oregon (FCO)**, a voluntary, opt-in, evidence-based universally offered home visiting program for all families with newborns. Using the Family Connects model, FCO builds on Oregon's existing home visiting programs, linking families to nurses and community resources, nurturing the whole family, and creating a foundation for improved wellbeing across a newborn's lifespan. (See the Appendix A for a description of the Family Connects model.)

In 2019, the Oregon Legislature passed Senate Bill 526, directing OHA to design, implement, and maintain FCO, ensuring its availability to all families while not replacing any existing home visiting programs. Using a phased rollout, OHA has to-date supported initial FCO implementation by 11 early adopter (EA) communities in Oregon. In 2024, OHA will support the expansion of FCO.

The 3-5 communities who are accepted by OHA to implement FCO starting in 2024 will receive in year one of implementation and potentially in subsequent years, with the goal of communities reaching self-sustainability:

1. funding to support newborn nurse home visiting activities;
2. funding to support community lead activities;
3. other variable funding and technical assistance support for nursing workforce development, health equity work, communications, coverage of FCO-related services not covered by high deductible health plans, and non-reimbursable visits;
4. training and consultation from OHA and FCI staff members who will provide expertise in implementing the Family Connects Model including community readiness, community alignment, program implementation, billing, and quality assurance, allowing communities to achieve initial and ongoing FCO self-sustainability;
5. ongoing monitoring and evaluation; and
6. coordinated learning with other communities implementing FCO.

Getting started: The **Community Lead**, or the local organization who will provide FCO coordination (Local Public Health Authority, Early Learning Hub, or Tribe; see "Key Terms" for detailed definition), should complete this application. Applicants will submit the following application materials:

1. Letter of Intent (LOI; 11-page limit), and
2. additional attachments not included in the LOI page limit.

We encourage interested applicants to attend one of two FCO Applicant Interest Meetings in which background, scope of services, and other important information on FCO will be provided. This meeting can help an applicant determine its eligibility and readiness to become an FCO site. **Please register in advance using these registration links**:

- December 14, 2023; 11:00 a.m.-12:00 p.m. PST. Register in advance for this meeting: https://www.zoomgov.com/meeting/register/vJItdOitrjsvGiz3GxPIxQl86tvW-_295rU
- January 11, 2024; 9:00-10:00 a.m. PST. Register in advance for this meeting: https://www.zoomgov.com/meeting/register/vJIsdeisrDgjHNTVlPZJx0tEBO3Suh549Aw

Key terms**:**

Community or Geographically Defined Community: A geographic region, county, Tribe, or other group of individuals living in proximity.

Community Advisory Board (CAB): A formal group of community partners who occupy a variety of positions in the community, and serve as resources, referrals, champions, and advocates for local FCO implementation. The CAB enables community partners to keep a pulse on the services and supports available to families, troubleshoot challenges, advocate for, and build awareness of the FCO program and celebrate program successes.

Community Alignment: The process of working with community agencies, systems, and individuals to impact systems level change. The community alignment work lays the groundwork for establishing community readiness to implement FCO by garnering buy-in from partner agencies, creating a system of cohesive feedback loops that provide updated community connections and referrals, and improving the capacity and infrastructure of community agencies.

Community Lead: A Local Public Health Authority, Early Learning Hub, or Tribe that is designated by OHA to provide community coordination and quality assurance services in accordance with OAR 333-006-0050 for the newborn nurse home visiting program in a specified community.

Early Learning Hub (ELH): An entity designated by regional partners to coordinate early learning services, as determined by rules adopted by the Early Learning Council under ORS 417.827.

Family Connects Academy: A combination of cohort learning and work sessions designed to support a community's FCO scaling plan, communication plan, recruitment plan, sustainability plan, staffing plan, budget template, and community alignment plan. Selected sites will participate in the academy during the planning phase.

Family Connects International (FCI): The independent nonprofit organization that developed and maintains the Family Connects model; FCI works with OHA and local FCO sites to implement the Family Connects model.

Family Connects Oregon (FCO): Oregon's free opt-in, evidence-based, nurse home visiting program for all families with newborns that uses the Family Connects model; per Senate Bill 526, OHA collaborates with FCI and local communities to design, implement, and maintain FCO; works in collaboration with and does not replace Oregon's other home visiting programs.

Families with newborns or families: All families caring for newborns up to the age of six months, including foster and adoptive newborns.

Fidelity Requirements: Fidelity refers to the degree to which the model reproduces the desired effects wherever it is implemented – how like it is to the original. Fidelity requirements help ensure a high level of adherence to the Family Connects model by setting clear standards and protocols for model implementation. The Family Connects model has 3 fidelity elements and 9 quality standards.

Local Public Health Authority (LPHA): A county government; a health district formed under ORS 431.1443; or an intergovernmental entity that provides public health services pursuant to an agreement entered into under ORS 190.010.

Model Certification: A FCO site becomes certified once they have sustained compliance with the Family Connects model fidelity elements and 9 quality standards for a six-month average. Once certified, a site continues to work to reach up to 100% of total eligible birth population and is qualified to independently train new staff.

Newborn nurse home visiting provider or certified provider or provider: A LPHA certified by the Authority to provide newborn nurse home visits in accordance with OAR 333-006-0070 and OAR 333-006-0120.

SECTION 2: FAMILY CONNECTS OREGON READINESS CRITERIA

Circle "yes" or "not yet" to the FCO readiness criteria below. Although you are not required to submit this criteria assessment as part of your application, we ask that if you circle "not yet" as you complete the assessment, you provide an explanation on how you plan to dedicate time and effort to meeting this FCO criteria in the narrative of your LOI (see Section 5, page 10). Circling "not yet" does not disqualify you but rather identifies areas of development during the FCO planning process. We encourage all communities to consider how they can build readiness to apply to become an FCO site either with the 2024 cohort or with future cohorts as OHA continues to expand the program statewide.

1. **Adequate administrative resources and capacity** yes / not yet
    - **a)** Applicant is an LPHA, ELH, or Local Tribe(s) who will be the designated FCO Community Lead.
        - i. Two of these entities can partner on a joint application (e.g., an LPHA can lead newborn nurse home visiting services and an ELH can provide community alignment activities).
        - ii. Community Lead does not have to be the provider of FCO services (e.g., an ELH applicant may not provide newborn nurse home visiting).
    - **b)** Community Lead leadership is committed to planning, staffing, and implementing FCO.
    - **c)** Dedicated resources are available to supplement resources provided by OHA to implement FCO.
2. **Community/Geographically defined community** yes / not yet
    - **a)** Has identified a geographically defined community.
        - i. May propose a multi-county cross jurisdictional cooperation or a subset of an entire county.
3. **Commitment to equity**. yes / not yet
    - **a)** Plans to offer Family Connects services to <u>all</u> families with newborns within a defined service area at no cost to the family.
        - i. For larger counties only a phased rollout approach may be considered if the site's plan is to ultimately reach all new births in the self-designated geographic area.
    - **b)** Committed to serving all families within the community/defined geographic area inclusive of all races, ethnicities, family configurations, and sexual or gender orientations.
    - **c)** Recognizes that reaching all families within its defined area will require ongoing monitoring and evaluation with support from OHA and FCI (e.g., data collection and assessment, refinement to community alignment strategies).
4. **Commitment to postpartum home visiting** yes / not yet
    - **a)** Has on staff or will hire at least one Registered Nurse to conduct home visits prior to launching FCO (see staffing requirements outlined in Section 3, page 7).
    - **b)** Has existing relationships with providers in the geographically defined community who have expressed a commitment to support postpartum home visiting.
    - **c)** Has or will develop relationships with local birthing hospital(s) from which to recruit families at hospital bedside to participate in FCO.
    - **d)** Is engaged and/or will engage with OHA in addressing nursing workforce issues.
    - **e)** Committed to collaboration with other home visiting programs.

5. **Commitment to community alignment activities** yes / not yet
    - **a)** Has multiple partner engagements including with other home visiting programs (e.g., Healthy Families Oregon, Baby's First!, CaCoon) to build support for bringing FCO to the community or a plan to assess and build community support.
    - **b)** Partners have awareness and support of applicant planning to add FCO to the community's existing family and caregiver support system.
    - **c)** Has identified an existing group that will serve as the Community Advisory Board (CAB) or a commitment to developing a CAB during the planning stage.
6. **Commitment to continuous quality improvement FCO model fidelity requirements**. Yes / not yet
    - **a)** Committed to working with FCI and OHA to meet FCI's 3 fidelity metrics and 9 quality standards prior to program certification.
    - **b)** Has a willingness to review available community health data for identification of specific community needs and disparities and family resource gaps.
    - **c)** Has the ability to upload FCO client data to a web-based system (Salesforce) as guided and supported by FCI and OHA.
7. **Commitment to engaging with FCI and OHA in FCO planning and implementation tasks including those listed here.** Yes / not yet
    - **a)** 1 kickoff meeting with FCI and OHA.
    - **b)** During Family Connects 12 week Academy: 2 Academy sessions per month for two months and 2 optional working sessions per month for two months as part of the planning period.
    - **c)** Other FCO Phases: 1 individual site call per month with OHA and FCI, 1 all-site call per month with OHA and FCI, and 1 site visit from OHA within the first year.
    - **d)** The use of the Salesforce platform for required FCO data collection and assessment.
    - **e)** FCI and OHA may determine additional requirements and tasks based on a site's specific FCO plans.

SECTION 3: APPLICATION PREPARATION INSTRUCTIONS

1. **Letter of Intent (LOI) Cover Sheet**
   - **a)** As the top page of the application, the applicant/Community Lead must include a signed cover sheet on official organization letterhead from an agent who is authorized to sign contracts on behalf of the applicant. The signature on the cover sheet shall be a scan of the original ink signature.

2. **LOI (not to exceed 11-page maximum),** typed and double-spaced, including:
   - **a)** Responses to the LOI's Required Elements as found in Section 5 of this LOI request.

3. **Additional Attachments (<u>NOT</u> included in LOI page limit)**
   - **a)** Key Staff Bio sketches – no more than a brief paragraph for each required Community Lead key staff-person listed below. Other key staff whom the Community Lead intends to include can be listed as well.
     - **i.** <u>Program Administrator</u>: Typically, 0.10 FTE for a fully expanded site and a slightly over 0.10 FTE during the planning phase. Provides overall program management and coordination of FCO.
     - **ii.** <u>Nursing Supervisor</u>: Typically, 1.0 FTE for every 8 Newborn Nurse Home Visitors on staff; minimum of 0.5 FTE. Directs the clinical team (and sometimes non-clinical community partner staff) to schedule, provide integrated newborn home visits, and support families in the community using the evidence-based home visiting protocol. (If LPHA is the applicant this position will be critical to involve in planning.)
     - **iii.** <u>Nurse Lead(s)</u>: This role is optional for larger sites with 8 or more Newborn Nurse Home Visitors on staff. Assigning a Nurse Lead can be an alternative to hiring a 2nd Nursing Supervisor.
     - **iv.** <u>Newborn Nurse Home Visitor(s)</u>: Typically, 1.0 FTE. Can typically see about 350 births per year (6-8 new families per work week but may vary based on community partner specification). Works in a team environment of clinical and non-clinical staff to schedule, provide an integrated home visit, and support families in the community using the evidence-based Family Connects home visiting protocol.
     - **v.** <u>Community Alignment Specialist</u>: Typically, 1.0 FTE for up to 5,000 births per year; 2.0 FTE for 5,000-10,000 births per year. Manages, coordinates, and participates in the development of community alignment activities (e.g., community resources in partnership with public and private agencies within the community, establishment of viable coalitions and partnerships, etc.).
     - **vi.** <u>Program Support Specialist</u>: Typically, 0.5 FTE for sites with less than 500 births and 1.0 FTE for sites with 500-2,500 births per year. Works with a team of nurses to assist in coordinating Family Connects cases.
   - **b)** Organizational Chart
   - **c)** Letters of agreement or memorandums of agreement (if applicable; e.g., between a ELH as the Community Lead and an LPHA as the home visiting provider)

d) Letters of support:

- **i.** Applicant is required to provide letters of support from the following agencies, demonstrating a commitment to active and meaningful engagement in the Family Connects model implementation process:
  - **a.** Local Public Health Authority (LPHA) or Early Learning Hub (ELH) – whomever is not the Community Lead on the LOI application.
  - **b.** At least one Hospital System Partner.
- **ii.** Applicant can but is not required to provide additional letters of support from entities involved in the accomplishment of the LOI outcomes and demonstrating commitment to active and meaningful engagement in the Family Connects model implementation process from: Federally recognized Tribes, the local Regional Health Equity Coalition, partnering organizations including community-based organizations, other home visiting providers/programs, referral providers, hospitals, non-hospital based birthing centers, WIC, etc.
- **iii.** Required and non-required letters of support:
  - **a.** Must be signed by an executive leader from the partnering organization.
  - **b.** Should note how the executive leader will engage and help ensure the success of designing and implementing the evidence-based Family Connects home visiting model in the geographically defined community.
  - **c.** Need to describe how executive leaders within partnering organizations will actively participate, remove barriers, and reprioritize competing priorities to ensure active and meaningful participation.
  - **d.** Must express a commitment to support or participate and, if applicable, their specific role in the FCO implementation.
  - **e.** Are not required to be individual letters of support. Instead, partnering organizations can choose to sign on collectively to a single letter of support.

e) Other attachments deemed by applicant relevant to support application.

SECTION 4: APPLICATION SUBMISSION INSTRUCTIONS

Receipt, Protection, and Opening of Applications

Application packets must be received no later than **February 1, 2024, by 5:00 p.m. PST**.

Applicants shall bear all costs associated with the development and submission of their LOI packet. No costs shall be charged to Oregon Health Authority, Oregon Department of Early Learning and Care, or the State of Oregon.

LOIs must use 8 ½" x 11" page size, using 12 point font size, unreduced, double-spaced, one inch margins.

Application packets can be submitted either by mail or email in pdf format with file containing the LOI and all other required supporting information and documents (as described in Section 5, page 10).

If by email, submit to: **Brean.n.arnold@oregon.oha.gov,** with the message subject line: **"ELECTRONIC LETTER OF INTENT – UoHV - <<INSERT YOUR AGENCY NAME>>."**

If by mail, then submit to:

Cate S. Wilcox, MPH
Maternal and Child Health (MCH) Section Manager, Title V Director
Public Health Division - Maternal & Child Health Section
OREGON HEALTH AUTHORITY
Portland State Office Building
800 NE Oregon Street, Suite 825
Portland, OR 97232

We strongly encourage communities to apply to join FCO's 2024 Cohort. Applicants who are unsure about their readiness to join the 2024 Cohort are encouraged to join the Applicant Interest Meeting to learn more about how OHA can support communities with FCO implementation (**December 14, 2023; 11:00-12:00 p.m. PST or January 11, 2024; 9:00-10:00 a.m. PST;** see page 2).

Right to Select, Reject, or Follow-up

OHA's MCH section reserves the right to:

1. Make a selection with or without further discussion of the application submitted.
2. Reject any and all applications submitted.
3. Arrange a pre-selection follow-up with the applicant to ask further questions to gain clarity to determine the applicant's ability to join the 2024 FCO cohort.
4. Establish a later effective FCO start date if circumstances are such that it is in OHA's best interest to delay selection.

SECTION 5: LETTER OF INTENT (LOI) EVALUATION & REQUIRED ELEMENTS

LOI Cover Sheet: Include a signature from the applicant's authorized agent on the Cover Page/first page of the LOI. The signature shall be a scan of an original ink signature.

LOI Response Requirements: Complete all Letter of Intent (LOI) sections in the order listed as described below in the "LOI Response Requirements." Responses to each section should be labeled to indicate the item being addressed. Responses must describe in adequate yet brief detail how requirements of this LOI will be met. Reponses may provide additional information, if relevant. When applicable, page limits are noted.

Evaluation: Three-5 sites will be recommended for selection to join the 2024 FCO cohort. Reviewers will conduct a comprehensive and impartial evaluation of LOIs received, scoring each applicant's readiness to plan and implement the Family Connects model. The evaluation committee will be comprised of OHA-FCO staff, members of the FCO Steering Committee (meant to be inclusive and reflective of the diversity of Oregon's early childhood and home visiting systems and the various roles and perspectives within it), and the Department of Early Learning and Care state partners. Applicants should be prepared to answer clarifying questions from OHA about the contents of the application packet. Applications will be evaluated and scored using the point system listed by each requirement below. The maximum possible score is 200 points.

1. **Applicant Description (2 page maximum) – 30 points**
    - **a.** Provide an adequately detailed description of the Community Lead /applicant including the following:
        - **i.** Agency's governing structure (e.g., Boards, Advisory Committees, etc.)
        - **ii.** Brief history of agency
        - **iii.** Mission and Vision
        - **iv.** Current array of activities and services
        - **v.** Overview of organization's efforts to identify, address, and implement programs, activities, initiatives etc. to support health equity (racial/ethnic, socioeconomic, etc.) in your community
        - **vi.** Prior and/or current experience partnering with any of OHA's divisions/programming

2. **Community/Geographically Defined Community (1 page maximum) – 45 points**
    - **a.** What is the community/geographically defined community for implementing Family Connects? How was this community chosen?
        - **i.** If you are proposing a multi-county cross jurisdictional cooperation or a subset of an entire county, provide justification.
    - **b.** Is the geographically defined community considered rural, frontier, urban, suburban, or mixed?

c. Provide the number of birthing facilities in the geographically defined community and a short description of each.

d. Briefly describe your high-level implementation plan in the geographically defined community, noting whether you plan to make Family Connects services available to everyone from the start, or if you plan to take a phased-in approach to implementation.

e. Briefly describe your community's assets and challenges as they relate to FCO. Which challenges might FCO help address (e.g., health systems and policies, social determinants of health factors, service delivery, technological needs, need for service improvement or capacity, etc.)?

3. Population/Demographics (2 page maximum) – 45 points

a. Describe the population within the geographically defined community (i.e., demographics, racial/ethnic, language, cultural, mothers, newborns, annual births, etc.).

b. What is the ratio of Medicaid to Commercial Plan member births?

c. Provide a quantitative breakdown of any special populations in your geographically defined area (e.g., Tribal population, special needs, immigrant populations, etc.).

4. Community Partner Engagement (3 page maximum) – 45 points

a. Describe the support you have from any of the entities listed below, providing their name, how they will support your community's FCO implementation, and provide a letter of support, as applicable (see requirements for letters of support in Section 2).

- **i.** Other home visiting providers in your community (e.g., Healthy Families Oregon, Baby's First!, CaCoon)
- **ii.** Local Coordinated Care Organization(s) (CCO), considering how they will support OHP members with receiving FCO services in your community
- **iii.** Local commercial health plans, considering how they will support commercially insured members with receiving FCO services in your community
- **iv.** LPHA applicants: Describe your support from your local ELA
- **v.** ELA applicants: Describe your support from your LPHA
- **vi.** Community's hospital birthing center(s) including: 1) if you have explored having access to the postpartum unit, and 2) if there are other programs currently outreaching to families on the postpartum unit
- **vii.** Other organizations (e.g., community-based organizations)

b. Briefly describe your organization's proposed community partner outreach, engagement, and collaboration strategies.

5. Organizational Capacity (2 page maximum) – 35 points

a. Does your organization currently provide postpartum home visiting services? If yes, which home visiting models are offered?

b. Does your community have a coordinated home visiting referral system in place? If yes, does your organization participate in using the system?

c. If applicable, describe the current nurse home visiting caseload to nurse ratio at your organization.

a. Briefly describe your organization's current staffing levels as they relate to implementing FCO.

  i. Please provide an organizational chart (**NOT included in page count)**

d. Does your organization provide any Maternal/Family and Child Health services? If yes, briefly describe the programs provided and populations served.

e. Does your organization have staff available for cultural and language match to served communities? If yes, briefly describe staffing and approach used.

6. Fiscal (1 page maximum) – NOT scored, for informational purposes only

a. Does your organization have experience blending and braiding funds from various public and private sources to support programs? If so, please describe funds and sources.

b. Does your organization have experience with commercial benefit plans and claims reimbursement? If so, please explain your related experience.

7. Preferred but not required elements that will be considered during evaluation/scoring

a. Meets community readiness criteria as defined in Section 2 or provides an explanation of plans for dedicating time and effort for meeting the FCO criteria.

b. Demonstrates ability to and experience with planning and implementation projects of similar scope and scale.

c. Evidence of strong programmatic thinking and an ability to translate ideas into real projects that add value.

d. Understanding of community engagement and community development principles.

e. Experience working with community-based organizations and diverse constituencies.

f. Demonstrates ability to manage collaborative efforts.

g. Clear ability to meet project deadlines and perform work in a timely, ethical, and team-orientated way.

h. Well established partnership with birthing hospitals in the designated community including birthing floor access, or plan to gain birthing floor access, to recruit families for participation in FCO home visiting.

i. A track record of an ability to recruit and retain nurse home visitors.

j. Commitment to dedicated Nursing Supervisor FTE: 1 FTE Nursing Supervisor for every 8 newborn nurse home visitors to allow for commitment to reflective practice, case conference, and ability to perform quarterly newborn nurse home visitor fidelity checks.

k. Demonstrated commitment to advancing health equity including cultural responsiveness and antiracist practices.

l. Evidence of existing collaborative/coalition within geographically defined community including with early childhood and home visiting organizations.

Appendix A
Family Connects Model Overview

Summary of the Family Connects Model

Family Connects is an evidence-based model designed to support whole-person, integrated health for all families of newborns at a moment of life-changing transition. Family Connects nurses are trained to carefully assess newborns and mothers/caregivers and discuss concrete next steps to address opportunities and concerns, including seeking immediate medical care when necessary. FCI nurses also keep the whole family in mind, recommending appropriate mental health services or medical care for other family members as needed—and they follow up to make sure families' needs are met.

Family Connects International Mission

Equitable outcomes for each and every newborn with universal home visiting and referrals.

FCI Theory of Change

FCI's Theory of Change to achieve population level results is informed by a socioecological Framework whereby communities' beliefs, practices, and environmental structures influence the choices, and thereby actions of its families. Similarly, communities are influenced by their state context to varying degrees, and the state is nested within a broader setting of national influences. Thus, FCI works on the national, state, community, and family levels to drive meaningful change for newborns.

Measurable changes on the population level are achieved by the FCI FIVE:

1. Adherence to Family Connects Evidence-Based Model
2. Implementation of Nurse-supervised Home Visits
3. Community Alignment of Early Childhood Resources
4. Policy Support; and
5. Data-driven Continuous Quality Improvement of Local Programming**.**

FCI Approach and Context

Delivery of the FCI FIVE is done in partnership with communities to tailor the services and trainings to their specific needs depending on:

- scope of the service area (statewide, regional, clusters, localized),
- locale (urban/suburban/rural, frontier, mixed),
- sustainability plan for 3-5 years of financing,
- population demographics, community characteristics, and assets,
- scaling plan for ramping up to reach the total targeted birth population,
- implementation plan for achieving FCI Model Certification status, and
- networking of local resources to better align their early childhood systems.

FCI takes a human-centered design approach in building trusting relationships in communities by first recognizing that Family Connects partners are local experts in acting as change agents for

their families. Second, FCI acknowledges with cultural humility that each community is unique, as is each family, as is each and every newborn. FCI and OHA seek to establish shared accountability for the local program's success. Intensity of support over time is sustained throughout the relationship, shifting between individualized and cohort-based engagements across the program lifecycle.