



OEC

Connecticut Office of Early Childhood

***Home Visiting Request for Proposals
Pre-Bid Conference***

September 15th, 2020

Disclaimer

This presentation includes brief descriptions of the RFP specifications and requirements but does not fully elaborate on all required elements. As a result, this presentation does not supersede what is stated in the RFP or its appendices. Proposers are responsible for ensuring that their proposal is complete and accurate according to the information and requirements contained in the full RFP.

In addition, this conference includes two Q&A periods. While OEC staff will provide verbal answers to some questions during the conference, please note that the official Department response will be posted by 9/18/20. Proposers are responsible for ensuring that they read the official responses, even if their question was verbally answered during the conference.



Logistics of RFP Conference

OEC will post slides on our website and on the state contracting portal after this conference.

- Please use the form linked in the chat to “sign in.” OEC would like to get a better sense of who is in attendance today.
- Please type all questions into the question box.
- All questions asked during this conference will also be recorded, and OEC will post answers in writing on our website and the State Contracting Portal after the conference.
- Questions that we are unable to get to due to timing or that require further explanatory details will also be recorded and answered in writing on the OEC website and State Contracting Portal.



RFP Conference Speakers

- **Beth Bye**, Commissioner
- **Sondra Crute**, Official Contact & Administrative Assistant
- **Rachel Leventhal-Weiner**, Chief Research and Planning Officer (Moderator)
- **Ashley McAuliffe**, Family Support Division Director
- **Aileen McKenna**, Home Visiting Program Manager
- **Ashley Murphy**, Home Visiting Program Liaison



Agenda

- ❖ Welcome and Introductions – **8:30am**
- ❖ Overview of New Home Visiting Vision – **8:40am**
- ❖ Q&A on Overall System – **8:50am**
- ❖ RFP Overview – **9:05am**
- ❖ Key Dates and Next Steps – **9:45am**
- ❖ Q&A on RFP – **9:50am**
- ❖ Closing – **10:30am**



OEC's Home Visiting Program Strategic Vision

Thank you for your interest in the Office of Early Childhood's (OEC) Home Visiting Program. These are difficult times for children and families, particularly given COVID-19. OEC is excited to share this procurement with a vision and focus on moving the system upstream and addressing ongoing equity issues.

This RFP will focus on three key objectives:

1. Improving healthy births for babies and mothers;
2. Improving child development and parenting practices; and
3. Reducing child maltreatment

We designed this RFP to be responsive to feedback heard through an intense engagement and learning process:

1. Families value home visits and are eager to engage with services sooner rather than later
2. Navigating referral sources and the current complex service array was often confusing
3. Families want to be able to refer themselves, not rely on someone else to decide need
4. The broad reach of home visiting left families uncertain about engaging with services. Of particular concern for families was the potential stigma of home visiting being associated with the child welfare system.



OEC's Home Visiting Program Strategic Vision

(cont'd)

We have taken a regional approach to allocating the \$19M per year in funding for this procurement and are interested in partnering with providers to improve service delivery, develop strategies to enhance program effectiveness, and work towards cultural competence.

We envision a unified system with home visiting programs serving as one of the earliest opportunities to engage families in building strong foundations for their children by aiming to:

1. Provide a family-centric service array that links families to the appropriate services
2. Employ streamlined referral and intake processes so that the onus is no longer on families to navigate multiple systems and service arrays
3. Deploy evidence-based home visiting models that have shown success in the target outcome areas

Thank you for your service to children and families in Connecticut. Your communities have been counting on you, and you have been answering the call. We know that.



Target Populations

Target populations are identified for prioritization considerations – not eligibility requirements. OEC recognizes the diversity of regions across CT and the implications for serving particular target populations.

Upstream Enrollment

- Families, including fathers, who enroll prenatally or with children up to six months of age

Teenage Parents

- Parents under the age of 20, including fathers

Highest Risk for Poor Pregnancy Outcomes

- Women at highest risk for poor pregnancy outcomes and low birth weight babies as defined by the Center for Disease Control, which includes Black and American Indian/Alaska Native women.



Priorities for Improving Results

The following priorities are a result of lessons learned; feedback from community sessions, focus groups, and surveys; and an assessment of best practices from other states.

Data-Driven Performance Management

OEC will be engaging in active contract management – utilizing data to partner with providers and to work together on challenges, as well as set clear expectations. This will help to create regular data feedback loops, so that providers can see how their reported data and information is being used by OEC.

Strong Home Visiting Workforce in CT

National research on strengthening HV workforce includes strategic recruitment efforts to find qualified, culturally and linguistically competent staff; the provision of strong professional development; and competitive salaries and opportunities for leadership and advancement.

Consistent Intake and Referral Processes

OEC seeks a coordinated, family centric home visiting system that identifies families as early as possible and refers them to the appropriate service in their region. OEC plans to work with providers to create a consistent intake process statewide.

Family Engagement and Reducing Stigma

Focus groups indicated families were concerned about the stigma related to home visiting, especially its linkage to the child welfare system. OEC will expect providers to present a clear, strategic, and coordinated marketing approach that clearly delineates how to refer to voluntary home visiting and incorporates family voice.

Resources and Billing Capacity

Currently, the demand for home visiting services exceeds the supply that can be funded by OEC. OEC is exploring additional ways to increase resources available to providers such as Medicaid billing via DSS.



QUESTIONS ABOUT NEW HOME VISITING VISION?



Overview: Home Visiting Request for Proposals (RFP)

OEC is competitively procuring all Home Visiting contracts by April 1, 2021

Total funding available

~\$19 million

Multiple contracts
will be awarded

Service reach

Statewide

Awarded providers will serve
specific DCF regions (1-6)

Home visiting model

Any evidence-based model
approved by US Dept. of
Health and Human Services
that can address OEC's
identified outcome goals and
target population*

Contract timeline

39 months

4/1/21 – 6/30/24

Two-year extensions possible
based on performance

Proposals due

**Tuesday,
December 1,
2020**

Eligible organizations

Public and private
organizations with the ability
to deliver evidence-based
home visiting programs in CT

**OEC has identified four specific models that are most likely to meet identified target outcomes. See page 17 of the RFP for additional information.*



Procurement Schedule

*RFP responses are **due on December 1, 2020** in anticipation of new home visiting contracts beginning April 1, 2021*

Date	Activity	Time
9/1/20	RFP Release	
9/15/20	Mandatory RFP Conference	8:30 a.m. EST
11/1/20	Mandatory Letter of Intent Due	5:00 p.m. EDT
11/1/20	Deadline for Questions	5:00 p.m. EDT
Every Friday until 11/1/20	Answers Released	5:00 p.m. EDT
12/1/20	Proposals Due	5:00 p.m. EDT
1/4/21	Anticipated Selection of Contractor(s)	
1/15/21-2/15/21	Contract Negotiations	
4/1/21	Anticipated Start of Contract	

For more information, see page 7 in the RFP.



RFP Outline

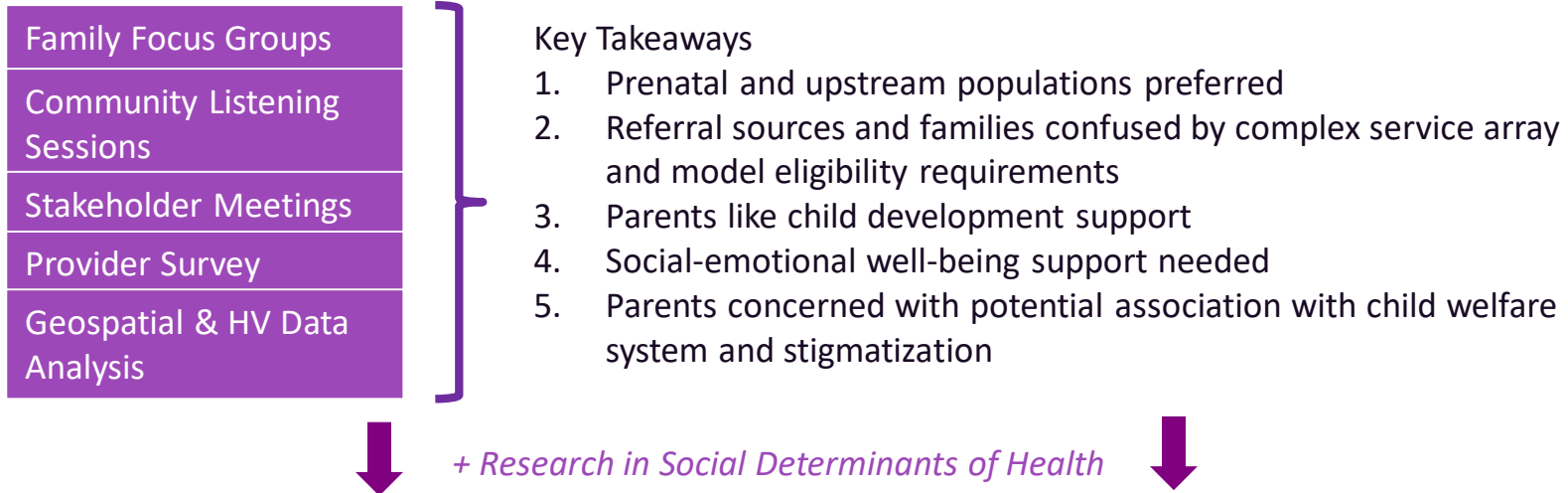
	Section	Page Numbers in RFP
I	General Information	5-11
II	Purpose of RFP and Scope of Services	11-25
III	Proposal Submission Overview	25-32
IV	Required Proposal Submission Outline	32-40
V	Mandatory Provisions	40-45
VI	Appendix	45-53
	A. Abbreviations/Acronyms/Definitions	45
	B. Letter of Intent Form	47
	C. OEC Model Listing Rationale	49
	D. Home Visitor Salary Guidelines	50
	E. Statement of Assurances	51
	F. Proposal Checklist	52

For more information, see pages 58-68 in the RFP.



Problem Statement

The problem statement definition process followed intense engagement and learning, guided by a desire to elevate family perspectives and address ongoing inequities.



Target Outcomes

1. Improved Healthy Births for Babies and Mothers
2. Improved Child Development and Parenting Practices
3. Reduced Child Maltreatment

Target Population

1. Pre-natal Enrollments
2. Mothers and fathers < age 20
3. Mothers and fathers from racial/ethnic communities disproportionately experiencing adverse birth outcomes



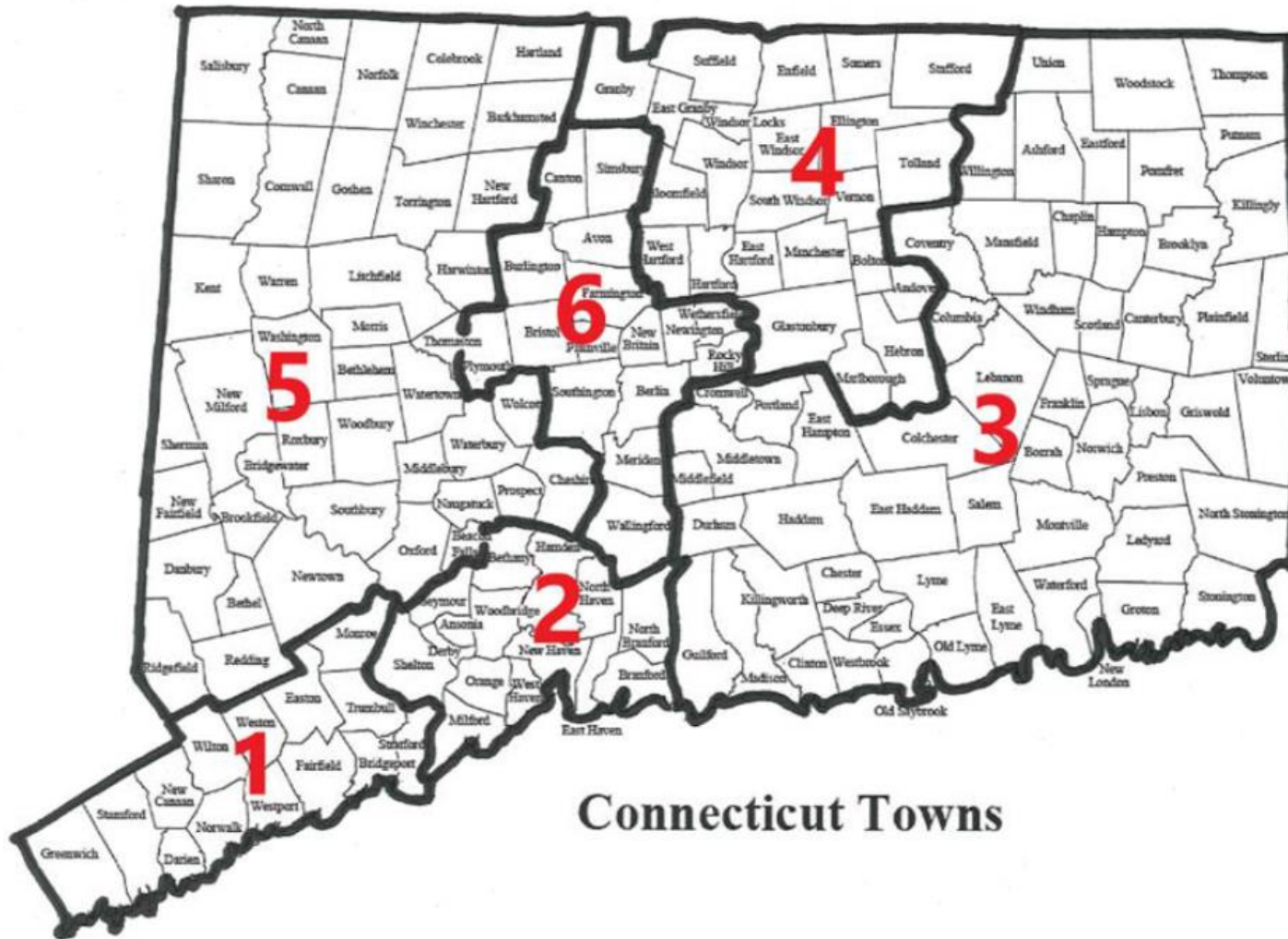
Key Background Data

*OEC looked to feedback from the Community Listening sessions, secondary research, publicly available data, and guidance from researchers (**additional insights can be found in the provider report**) to inform this procurement process*

OEC Objectives	Background Data
Promote healthy birth outcomes of the mother and child	<ul style="list-style-type: none">• In the community listening sessions, providers indicated desire for home visiting to move further upstream and engage families earlier• Within OEC's programs, 39% of primary female caregivers enroll prenatally• In Connecticut, there are 36,000 live births each year; 9% are preterm and 8% have low birthweight
Enhance child development and positive parenting practices	<ul style="list-style-type: none">• In the community listening sessions, parents identified child development support as a strength of home visiting programs• Within OEC's MIECHV-funded programs, 17% of children had a delay risk indicated on a developmental screen• Of those with a risk identified, 75% were referred for additional support
Prevent child maltreatment	<ul style="list-style-type: none">• Within OEC's programs, 3% of children have a reported injury or maltreatment• Families with mental health or substance use disorder are at increased risk for maltreatment• Through healthy child development and parent-child attachment, home visiting aims to reduce and prevent child maltreatment



DCF-Aligned Service Regions



OEC Home Visiting Program Regional Funding Allocation

OEC is committed to equitably distributing funding across the state based on the level of need and the current services available in each region. The team used the methodology described below in order to allocate the ~\$19M in combined state and federal funding in a data-driven manner.

Methodology

- 1) Established an **initial funding allocation** based on the estimated need in each region, as defined by OEC's target population factors and prioritized outcomes using the following data points:
 - Number of live births
 - Number of births to teenage mothers
 - Number of births to Black mothers, Native American mothers, or Alaska Native mothers, given the structural disparities and social determinants of health that lead to disproportionately negative birth outcomes for these groups
 - Number of preterm births
- 2) Adjusted the funding to shift more resources towards regions with **a larger number of people who are living in “at risk” towns** (as identified by the Needs Assessment)
- 3) Adjusted the funding to shift more resources towards **regions with a larger number of people living in towns lacking DCF-funded home visiting** (as identified by the Needs Assessment), such as Child First, Family Based Recovery, and Parenting Support Services

	Funding allocation (\$M)
Region 1	\$3.8
Region 2	\$2.2
Region 3	\$3.4
Region 4	\$3.7
Region 5	\$3.3
Region 6	\$2.2

Home Visitor Salary Guidelines

The Connecticut Office of Early Childhood is committed to supporting the home visiting workforce. OEC encourages providers to offer a self-sufficient or living wage to their home visiting staff to support workforce development, competitive pay, and retention.

Role Type	Updated Salary Range
Home Visitor	\$50,000 - \$67,000
Clinical Supervisor/ Program Manager	\$58,000 - \$87,000
Nurse	\$67,000 - \$89,000
Clinician	\$50,000 - \$67,000
Care Coordinator	\$50,000 - \$67,000
Clinical Director	\$69,000 - \$80,000

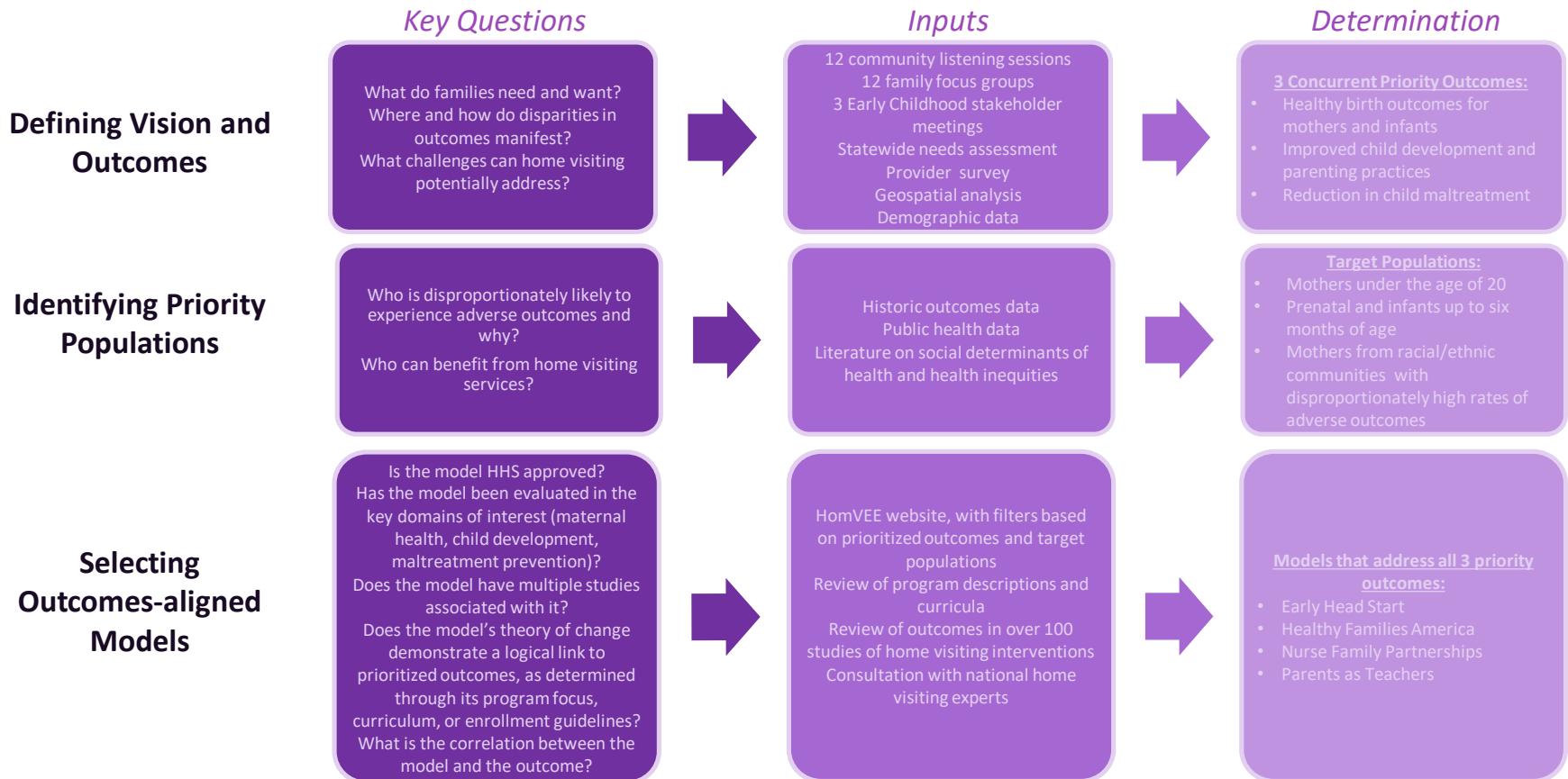
To generate the recommended salary ranges, OEC reviewed existing home visitor salaries and calculated the median salary by role type. OEC then established salary ranges based on the observed variation in salaries and secondary sources with the lower bound as Connecticut's self-sufficiency wage for a family for two.¹ Respondents may propose salaries outside of the ranges above and/or may propose incremental salary changes to reach the proposed range over the life of the contract.

¹ https://portal.ct.gov/-/media/OHS/Affordability-Standard-Advisory/Self-Sufficiency-Standard/CT2019_SSS_Web_20191014.pdf?la=en



Model Selection Process

*OEC followed a rigorous review process and identified **Early Head Start, Healthy Families America, Nurse Family Partnerships, Parents as Teachers** as the four models most likely to meet all three target outcomes.*






Guiding Principle: A family-centered and family-driven system for all children in Connecticut



Active Contract Management

ACM involves high-frequency reviews of real-time performance data and regular meetings between OEC and service providers focused on operational insights. It is a collaborative approach to performance and change management.

Reactive Troubleshooting	Incremental Improvements	Systems Re-Engineering
		
Real time, rapid identification of performance problems followed by immediate course corrections	Continual refinement of agency and provider practices to produce rising performance trends over time	Re-engineering of service delivery systems to generate systematic remedies that dramatically improve performance

- Works in conjunction with performance incentives (rate cards) and CQI.
- Holds both OEC and providers accountable for performance and helps determine contract extensions after initial 3-year contracts.
- Exact structure and protocol will be co-designed with contracted providers.



Examples of Metrics to be Monitored During ACM

The following metrics highlight key priorities that may be analyzed with providers collaboratively during the life of the contract. This is not an exhaustive list; OEC will work with providers to define additional important performance metrics.

Outcome Metrics

- Prenatal care (e.g. trimester in which care was initiated)
- Preterm birth rate, low birth weight rate
- Postpartum care and well-child visits
- Maternal depression screening, etc.

Client Enrollment & Retention Metrics

- % of caregivers who enroll prenatally
- % of children who enroll under the age of six months
- % of parents enrolled under age of 20
- % of parents enrolled from highest risk communities

Systems Engagement Metrics

- % of parents who download the Sparkler app
- Staff retention/turnover rate
- Median/mean wages for staff of different roles/responsibilities

Service Delivery Metrics

- Referral rates
- Client retention rates
- Days from intake until first home visit

For more information, see pages 22-23 of the RFP.



Evaluation & Scoring

Submitted proposals will be scored by committee. Only complete and document-compliant proposals will be scored. Please double check your proposals before you submit them!

Evaluation Criterion Title	Percentage of Total
Criterion A: Strengths and Qualifications of the Applicant Agency and Staff	20%
Criterion B: Regional Partnerships, Referral Network and Catchment Area	20%
Criterion C: Service Delivery	25%
Criterion D: Achieving Key Outcomes, Reporting, and Continuous Quality Improvement	20%
Criterion E: Cost Competitiveness and Budget Narrative	15%

For more information, see pages 26 – 30 of the RFP.



RFP Response Submission Updates

These updates highlight many of the key updates. Respondents should review the entire RFP for additional details.

- **Entirely electronic submission process** that will result in one combined electronic proposal with no need to submit separate paper copies
- **Extended response window to 12 weeks** to allow your organizations to form partnerships and focus on developing high-quality proposals
- **Main submission section has a page limit of 40 pages** to allow OEC evaluation staff to prioritize the most important content, while leveraging additional appendices for insight as needed
- **Transparent and logical flow to RFP** to make clear to respondents on how OEC will be deciding award decisions

Additional details available on pages 32 – 40 of the RFP.



Proposal Content Checklist

For reference only. It is the responsibility of each respondent to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

- ☐ Cover Sheet (including required information: RFP Name or Number, Legal Name, FEIN, Complete Address, Contact Person, Title, Phone Number, E-mail)
- ☐ Table of Contents
- ☐ Executive Summary (2 pages max)
- ☐ Main Proposal Body with relevant attachments, such as:
 - ☐ Staffing plan with FTE status
 - ☐ Agency and program org chart
 - ☐ Cultural competence and humility plan...
- ☐ Supplemental Data Entry Form
- ☐ IRS Determination Form
- ☐ Relevant Financial Audits and/or Financial Statements
- ☐ Proposed budget, including narrative and cost schedules
- ☐ Conflict of Interest Disclosure Statement
- ☐ Statement of Assurances

Don't forget to register with the State Contracting Portal and do a formatting check!



RFP Budget Form


Please note that there are two tabs in the budget form (“Proposed Budget” and “Proposed Positions”). Please be sure to fill out both!

		Costs	Costs	Costs	Costs	Total Costs
		3 Month Period	12 Month Period	12 Month Period	12 Month Period	39 Month Period
		4/1/21-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24	4/1/21-6/30/24
DIRECT EXPENSES						
5100: SALARIES						
5101	Staff Salaries & Wages	\$ -	\$ -	\$ -	\$ -	\$ -
5102	Overtime					\$ -
5103	Non-Routine Comp. (specify in narrative)					\$ -
	Total Salaries	\$ -	\$ -	\$ -	\$ -	\$ -
5200: FRINGE BENEFITS						
		\$ -	\$ -	\$ -	\$ -	\$ -
5300: CONTRACTUAL SERVICES						
5301	Medical Professional					\$ -
5302	Behavioral Health Professional					\$ -
5303	Contracted Workers - Non-Payroll					\$ -
5304	Other Contractual (specify in narrative)					\$ -
	Total Contractual Services	\$ -	\$ -	\$ -	\$ -	\$ -
5400: TRANSPORTATION						
5401	Staff Travel Reimbursement					\$ -
5402	Vehicle Leases					\$ -
5403	Vehicle Maintenance					\$ -
5404	Other Transportation (specify in narrative)					\$ -
	Total Transportation	\$ -	\$ -	\$ -	\$ -	\$ -
5500: MATERIALS AND SUPPLIES						
5501	Food					\$ -
5502	Lab & Medical Supplies					\$ -
5503	Equipment (Less than \$5,000)					\$ -
5504	Other Mtrls and Sppls (specify in narrative)					\$ -
	Total Materials/Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
5600: FACILITIES						
5601	Rent and Real Estate Taxes					\$ -
5602	Security					\$ -
5603	Maintenance & Repair - Facility and Plant					\$ -
5604	Utilities					\$ -
5605	Other Facilities (specify in narrative)					\$ -
	Total Facilities	\$ -	\$ -	\$ -	\$ -	\$ -
5700: CAPITAL EXPENSES (> \$5,000)						
5701	Capital Equipment					\$ -
5702	Depreciation					\$ -
5703	Other Capital (specify in narrative)					\$ -
	Total Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -



RFP Data Entry Form

All providers are required to populate the supplemental form entitled “HV RFP Data Entry Form” found on BizNet in the solicitation as an additional attachment

 DATA ENTRY FORM			
PROVIDER NAME (please insert here)			
	Tracking	Data Figure	Optional: Additional Comments
	<i>Is this currently tracked?</i>	<i>Over the past 12 months (except for the "Proposal Metrics" section - please refer to the relevant timeframes.)</i>	<i>Please feel free to add any other comments. If no data figure is available, please feel free to offer additional explanation.</i>
PROPOSAL METRICS			
How many full-time equivalent (FTE) home visitors do you propose in this application?			
Once at full capacity, how many families do you expect each home visitor to serve (i.e. home visitor caseload)?			
How long do you expect each family to stay enrolled in home visiting?			
Once at full capacity, how many families do you expect to serve each year?			
How many home visitors are currently employed full-time? Please convert to FTE so that two home visitors each at 0.5 FTE would equal 1.			
BASIC PROGRAM PARTICIPANT METRICS (PAST 12 MONTHS)			

- As part of the application, providers are required to download the RFP Data Entry Form and populate the required metrics
- The goal of the RFP Data Entry Form is to showcase the provider’s ability to successfully collect and report out on data, regarding proposal metrics, program participant metrics, and outcomes, and ultimately achieve those outcomes



RFP Submission Process Recap

- Proposals **must be submitted electronically to OEC.RFP@ct.gov as PDFs** by 5:00pm EST on December 1st
- The **subject line of your email** must include the RFP name (RFP OEC 21-CT Home Visiting System)
- As a reminder, **the maximum size of files per email is 25MB**
- All documents requiring signatures can be downloaded/signed and then uploaded/scanned as part of the final submission package



Contact Information

Official Contact

Sondra Crute

Family Support Division
Office of Early Childhood

E-mail: OEC.RFP@ct.gov

Telephone: (860) 500-4434

Mail: 450 Columbus Blvd, Suite 205
Hartford, Connecticut 06103

RFP information

State Contracting Portal

https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=54984

Office of Early Childhood Website

<https://www.ctoec.org/home-visiting/home-visiting-rfp/>

*Q&A responses will be posted every Friday on BizNet and OEC's website until November 1st.



Key Dates

For RFP Submission:

November 1

5:00 p.m. EDT

Deadline for questions

November 1

5:00 p.m. EDT

Letters of Intent due

December 1

5:00 p.m. EDT

Proposals due

For Additional Information:

Weekly until Nov 1

*Answers to questions
will be posted*

November 1

*Amendments to the
RFP will be finalized*

For more information, see pages 7-10 of the RFP.



QUESTIONS ABOUT THE RFP?



THANK YOU!

Official Contact

Sondra Crute

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APPENDIX A



Regional Funding Allocation Methodology

① Establish an initial funding baseline based on the estimated need in each region

Target Pop. Factor	Metric	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
Child's age	Count of live births	7,414	4,312	6,240	6,097	5,826	4,617	34,506
Caregiver's age	Yearly avg. of births to mothers age 15-19	213	177	162	244	199	172	1,167
Race/ethnicity	Count of live births to Black, Non-Hispanic mothers	1,132	1,047	310	1,285	475	417	4,666
	Count of live births to Native American or Alaska Native mothers ¹	9	10	34	29	26	12	120

Outcome	Metric	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
Preterm birth	Count of preterm births	678	422	471	632	461	475	3,139
Low birthweight	Count of low birthweight births	594	426	369	587	416	429	2,821

The number of low birthweight births is excluded from the estimated demand for OEC HV services due to the high degree of overlap with preterm births

Source: Office of Vital Records at the Connecticut Department of Public Health

¹ Note: The "Other, non-Hispanic" category was used to determine the count of live births to American Indian mothers. The total for this category, 120, is 0.35% of the total count of live births. This is consistent with the IPUMS data for mothers in CT who had a birth in the last year (for ACS 2018). The rate of "American Indian or Alaska Native" in this data is 0.37%

Regional Funding Allocation Methodology

① Establish an initial funding baseline based on the estimated need in each region

Methodology:

- 1) The estimated need in each region was calculated **based on the following numbers**:
 - Count of live births
 - Count of births to teenage mothers
 - Count of births to Black mothers, Native American mothers, or Alaska Native mothers, given the structural disparities and social determinants of health that lead to disproportionately negative birth outcomes for these groups
 - Count of preterm births
 - As mentioned earlier, low birthweight births were excluded to avoid double counting with preterm births given the high degree of overlap
- 2) Although there is overlap, the count of births to teenage mothers, Black mothers, Native American mothers, and Alaska Native mothers were counted as separate figures to emphasize their importance as target population groups
- 3) Using these numbers, the funding was **allocated proportionally**

Region	Count of the estimated need	Percentage of statewide estimated need	Funding allocation (\$M)
1	9,446	22%	\$4.1
2	5,968	13%	\$2.4
3	7,217	17%	\$3.2
4	8,287	19%	\$3.5
5	6,987	16%	\$3.0
6	5,693	13%	\$2.4
Total	43,598	100%	\$18.6

Regional Funding Allocation Methodology

② Adjust for “at risk” towns

Methodology:

- 1) Incorporated the “at risk” towns in the MIECHV Needs Assessment by calculating the **total population that resides in those towns**, then adding them at the regional level (e.g. there are ~162K people who live in the three “at risk” towns in Region 2)
- 2) This population was used to **adjust the initial baseline funding allocations**:
 - The population distribution is nearly even across regions except for Region 4, where it is the highest. We **added 2% of the total funding allocation to Region 4** to account for this.
 - Similarly, we subtracted 0.4% from all other regions’ funding to offset the additional funding to Region 4

Region	Count of total “at-risk” towns	Population within “at-risk” towns	% of total population in “at-risk” towns	Allocation from initial baseline	Adjustment in funding allocation	Adjusted funding allocation %	Funding allocation (\$M)
1	1	144,900	14%	22%	- 0.4%	21.6%	\$3.9
2	3	161,654	16%	13%	- 0.4%	12.6%	\$2.4
3	8	137,781	13%	17%	- 0.4%	16.6%	\$3.1
4	6	292,772	28%	19%	+ 2.0%	21.0%	\$3.9
5	6	164,861	16%	16%	- 0.4%	15.6%	\$2.9
6	2	131,993	13%	13%	- 0.4%	12.6%	\$2.4
Total	26	1,033,961	100%	100%	--	--	\$18.6



Regional Funding Allocation Methodology

③ Adjust for towns without DCF-funded home visiting services

Methodology:

- 1) Incorporated the availability of DCF-funded home visiting services (provided by the MIECHV Needs Assessment) by **calculating the total population in those towns**, then adding them up to the regional level (e.g. there are ~59K people who live in the four towns without DCF-funded home visiting in Region 1)
 - DCF services included are **Child First, Family Based Recovery, and Parenting Support Services**
- 2) This population was used to **adjust the funding allocations**:
 - Regions 3 and 5 have the highest populations within their towns by a significant margin. We **added 2% of the total funding allocation to both of those regions** to account for this
 - Similarly, we subtracted 1% from all other regions' funding to offset the additional funding to Region 4
- 3) The funding allocation **was finalized** at the end of this adjustment

Region	Count of total towns w/o DCF funded HV	Population within towns w/o DCF funded HV	% of total population in towns w/o DCF funded HV	Allocation from previous step	Adjustment in funding allocation	Adjusted funding allocation %	Funding allocation (\$M)
1	4	58,987	16%	21.6%	- 1%	20.6%	\$3.8
2	2	19,428	5%	12.6%	- 1%	11.6%	\$2.2
3	16	99,444	27%	16.6%	+ 2%	18.6%	\$3.4
4	2	9,589	3%	21%	- 1%	20.0%	\$3.7
5	17	118,228	32%	15.6%	+ 2%	17.6%	\$3.3
6	3	69,363	18%	12.6%	- 1%	11.6%	\$2.2
Total	44	375,039	100%	100%	-	--	\$18.6