Florida Maternal, Infant and Early Childhood Home Visiting Initiative
(Florida MIECHV Initiative)

Request for Proposals:
Home Visiting Services Provider
RFP #2022-06

Letter of Intent Deadline: August 22, 2022 (REQUIRED)
Proposal Deadline: September 13, 2022

Florida Association of Healthy Start Coalitions, Inc.
2002 Old St. Augustine Road, E45
Tallahassee, Florida 32301
850.999.6200
www.healthystartflorida.com

REQUEST FOR PROPOSALS

Home Visiting Services Provider

Section I: Background, Objective and Funding

A. Background

The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA), an amendment to Title V of the Social Security Act, was signed into law on March 23, 2010. This legislation created Section 511: Maternal, Infant, and Early Childhood Home Visiting Programs, with the intent of providing evidence-based home visiting services to at-risk families and high need communities.[1] The Florida Association of Healthy Start Coalitions, Inc. (FAHSC) is the lead agency responsible for implementing, monitoring, and evaluating Florida's MIECHV Initiative.

FAHSC is requesting proposals to support the Florida MIECHV Initiative. The Florida MIECHV Initiative implements selected Health Resources Services Administration (HRSA)-approved, evidence-based home visiting programs with the intent of strengthening and improving the health and well-being of Florida MIECHV Initiative eligible families within the framework of life course development and a social ecological perspective. FAHSC contracts with local implementing agencies (LIAs)to provide evidence-based home visiting services. The overall goals of the Florida MIECHV Initiative are to:

1. Strengthen and improve the programs and activities carried out under Title V of the Social Security Act;
2. Improve coordination of services for at-risk communities; and
3. Identify and provide comprehensive services to improve outcomes for families who reside in high-need communities.

B. Objective

The purpose of this Request for Proposals (RFP) is to identify organizations interested in implementing selected evidence-based home visiting models (Nurse-Family Partnership (NFP), Healthy Families America (HFA) or Parents As Teachers (PAT)) to serve families residing in at-risk communities identified in the *2020 Florida Needs Assessment*. These models are intended to be implemented at the community level as part of a coordinated, integrated system of early childhood services. FAHSC will not fund more than one organization to offer the same evidence-based model in the same community. For example: If organization ABC is already offering PAT, FAHSC will not fund another organization to offer PAT in the same community; however, organization ABC can apply for these funds to expand their PAT model.

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[1]US Department of Health and Human Services Website. Full text of the Affordable Care Act and Reconciliation Act, page 245. https://www.hhs.gov/sites/default/files/patient-protection.pdf. Accessed on November 4, 2016.

The Florida MIECHV Initiative supports the development of home visiting programs in communities with high rates of premature birth, low birth weight infants, infant mortality, and other health indicators such as poverty, crime, domestic violence, high school drop-outs, substance abuse, unemployment, and child maltreatment. The purpose of the initiative is to deliver coordinated home visiting services to identified high-risk families, on a voluntary basis, in order to better equip parents and other caregivers with the knowledge, skills, and tools to assist their children in being healthy, safe, and ready to succeed in school.

The initiative also contributes to the development of an integrated system of early childhood services to meet the complex and diverse needs of at-risk families and communities across Florida. Expected outcomes include improvements in maternal and prenatal health, infant health, and child health and development; reduced child maltreatment; improved parenting practices related to child development outcomes; improved school readiness; improved family socio-economic status; improved coordination of referrals to community resources and supports; and reduced incidence of injuries, crime, and domestic violence.

The initiative is expected to promote the following outcomes:

1. Improved maternal and prenatal health, infant health, and child health and development;
2. Reduced child maltreatment;
3. Improved parenting practices related to child development outcomes;
4. Improved school readiness;
5. Improved family socio-economic status;
6. Improved coordination of referrals to community resources and supports; and
7. Reduced incidence of injuries, crime, and domestic violence.

The selected Respondent will be required to provide data and reports on participating families and services provided. The selected Respondent will be required to coordinate services to ensure the complex and diverse needs of the identified at-risk communities are being met; and fulfill the grant requirements outlined in HRSA guidelines. Funding needed at the local level for providing the required data, including funding for computer hardware, should be requested, and included in the proposal.

All entities applying for funding are advised that in accepting federal dollars under this RFP, as a sub-recipient, they will be required to comply with all state and federal laws, executive orders, regulations, and policies governing these funds. Eligible Respondents include but are not limited to:

- Federal, state, county, and local public entities operating in Florida
- Non-profit and for-profit organizations operating in Florida including but not limited to:
  - Healthy Start and other community maternal & child health coalitions
  - Child development, prevention, and related agencies
  - Hospitals
  - Rural Health Networks
  - Federal Healthy Start
  - Federally Qualified Health Centers
  - Community-based care agencies

C. Funding and Eligible At-risk Communities/Service Areas

Grant funds budgeted for implementation of evidence-based home visiting services in the communities identified in Table One below may be awarded up to $623,533, to serve a maximum of 125 families. Respondents may propose to serve fewer than 125 families and must propose to serve a minimum of 25 families. See Table One for allowable program size by Eligible Communities. The Respondent's budget should align with the number of families to be served. The Respondent's proposal will state the number of

families to be served. FAHSC reserves the right to reduce proposed program capacity to the minimum program size.

One hundred percent of the grant funds budgeted for this project are financed with Federal funds. No costs are financed by nongovernmental sources.

Table One: Eligible Communities with Program Size Limits

Current		**New**	
MIECHV-Funded Communities		**MIECHV-Funded Communities**	
The at-risk communities/service areas listed below currently have a MIECHV-funded program. Current MIECHV-funded LIA respondents may submit proposals for expansion of the current evidence-based model in the at-risk community/service area currently served.		The at-risk communities/service areas listed below do not currently have a MIECHV-funded program. Proposals may be submitted by current MIECHV-Funded LIAs and new Agencies.	
Program Expansion Size Minimum: 25 **Program Expansion Size Maximum: 50**		**Program Size Minimum: 50** **Program Size Maximum: 125**	
Alachua	Hendry	Brevard	Levy
Baker	Highlands	Dixie	Madison
Bay	Hillsborough	Franklin	Palm Beach
Bradford	Jackson	Gilchrist	Pasco
Broward	Lee	Glades	Polk
Collier	Manatee	Hernando	St. Lucie
Columbia	Marion	Holmes	Suwanee
DeSoto	Martin	Jefferson	Taylor
Duval	Miami-Dade	Lafayette	Union
Escambia	Okeechobee	Lake	Volusia
Gadsden	Orange	Leon	
Hamilton	Pinellas		
Hardee	Putnam		

Section II. Response Evaluation and Selection/Rejection Process

A. Letter of Intent

Potential Respondents are **<u>required</u>** to submit a Letter of Intent (LOI) to respond to this RFP. The LOI should include 1) the name and address of the entity/applicant, 2) phone number(s) and email address of the potential Respondent's contact person; and 3) the proposal type as outlined below.

MIECHV LIA Proposal Types

a. expansion of current model in current service area
b. expansion of current model in a new eligible community – state the new at-risk community/service area
c. new model in a new eligible community

The potential Respondent's LOI must be submitted electronically by 5:00 p.m. EST on August 22, 2022, to MNewmyer@fahsc.org with MIECHV LOI included in the subject line.

<u>FAHSC reserves the right to withdraw this RFP if no LOI is received by the LOI deadline.</u>

B. Evaluation and Selection Criteria

Responses will be assessed on the following requirements.

1. **Respondent Capacity and Capabilities**
    a. Describe any current and/or prior experience with implementing the selected home visiting model and/or any other models, as well as the current capacity of your agency to support the model.
    b. Demonstrate your capability and success in working with children and families in related programs and services.
    c. Demonstrate and document the infrastructure in place to manage funds, and provide or be able to hire and/or contract, for the provision of services.

2. **Coordination and Integration of Community Partners**
    a. Describe your strategy for ensuring coordination among existing home visiting programs, the local Connect Coordinated Intake and Referral program, other family support programs in the community, and related health and social service resources (such as public health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services) required for the successful implementation of the proposed program.
    b. Provide Letters of Commitment from local partners agreeing to collaborate and support efforts to provide services which address an identified gap in care and meet the complex and diverse needs of families receiving home visiting services. Local partners should describe their roles and provide assurance to collaborate, as appropriate, in identifying and referring eligible participants, data sharing and reporting, delivery of ancillary services, provision of care to families, and participation on a local advisory group. NOTE: Memoranda of Understanding (MOUs) with committed partners will be required within 90 days of contract signature.
    c. Discuss your plans for establishing, or utilizing an existing, local advisory council to provide input on proposed home visiting services.
    d. Describe how your agency will continue to provide ongoing leadership for sustaining home visiting activities when MIECHV funding ends.

3. **Selection and Implementation/Expansion of the Proposed Evidence-Based Home Visiting Model**
    a. Identify the evidence-based home visiting model selected to be implemented in proposed at-risk community/service area and provide documentation of contact with the model developer. The Respondent may propose to provide only one of the selected evidence-based home visiting models (Nurse-Family Partnership, Healthy Families America or Parents As Teachers).
    b. Identify how the specific needs of the community and at-risk families will be met by the selected evidence-based home visiting model.
    c. Clearly link the selected evidence-based home visiting model to documented gaps in the service area.
    d. Describe and demonstrate the need for the projected number of families that will be served and how the program will coordinate with the Prenatal/Infant screening and other community referral processes to identify and refer eligible families for enrollment in the proposed evidence-based home visiting program.
    e. Describe your work to date with the national model developer.
    f. Describe how and what types of initial and ongoing training and professional development activities will be obtained from the national model developer.
    g. Describe the technical assistance and support provided by the national model developer in planning and initial implementation efforts.
    h. Describe how you will reach, engage, recruit, and enroll the families in need of home visiting services in

the identified service provision areas. Specifically address the coordination with Connect Coordinated Intake and Referral.

i. Provide assurance that home visiting services will be provided on a voluntary basis.
j. Provide assurance that priority will be given to serve eligible participants, especially participants identified as high-risk priority populations.
k. Identify how culturally and linguistically competent services will be provided.
l. Provide a calculated estimate of the number of staff required to maintain the projected caseload of families in the proposed program. Describe how you will recruit, hire, and retain well-trained and competent staff for all positions and provide high-quality supervision.
m. Provide detailed job descriptions for key positions, including resumes, and an organizational chart.
n. Describe how you will implement the evidence-based home visiting model with fidelity and how fidelity will be maintained throughout the length of the grant.
o. Describe your commitment to utilizing Continuous Quality Improvement (CQI) to improve internal and external service delivery processes.
p. Describe how you will promote program participant retention, duration, and satisfaction.
q. Describe any anticipated challenges in implementation and maintenance of quality and fidelity and possible strategies for addressing these challenges.
r. Additional consideration will be given to Respondents proposing services in new at-risk communities/service areas open to all eligible respondents. (See Table One above.)

4. Data Collection and Reporting

a. Demonstrate the capacity and capability of the Respondent, including dedicated data entry/management staff, to identify and collect data on federally required performance measures (Appendix 1). Clearly state your commitment to work with FAHSC to establish data collection processes and to collect and report the required data and data elements.
b. Describe how the Respondent will assure data quality and timely entry of required data into the MIECHV data system. Clearly delineate responsibilities for data collection, data entry and quality assurance activities.
c. Describe how the Respondent will assure data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm, and compliance with applicable regulations related to Health Insurance Portability and Accountability Act (HIPAA), and Family Education Rights Act and Privacy Act (FERPA). All relevant staff must be trained on these topics.
d. Describe any anticipated barriers or challenges in the data collection and/or reporting process and possible strategies for addressing these challenges.

5. Proposed Budget - Summary and Narrative

a. The Respondent shall provide a detailed line-item budget and budget narrative/justification to include the budget form included in Appendix 2 for the funding period September 29, 2022, to September 30, 2023. Include only expenses directly related to the project and necessary for project implementation. Provide justification and details for all cost items. Respondents are urged to review HRSA Grants Policy Statement to determine allowable and non-allowable costs.
b. The budget should include professional development, travel, and related expenses for project staff, including home visitors, local travel to attend/complete required model developer training, and to conduct home visits.
c. No more than 10 percent of the grant amount may be spent on costs associated with administering the grant (indirect).

C. Request for Additional Information

FAHSC reserves the right to conduct personal interviews, require presentations or request additional information prior to selection. FAHSC is not responsible for expenses which Respondents may incur in connection with a request for additional information.

The Respondent shall furnish such additional information as FAHSC may reasonably require. This includes information, which indicates resources as well as ability to provide the services. FAHSC reserves the right to investigate the qualifications of the Respondent as it deems appropriate, including but not limited to, background investigations at the entity level, and that of officers, directors, executives, and any individuals identified to be involved in providing RFP related services to FAHSC. Failure to provide additional information requested may result in disqualification of the proposal.

D. Selection Process

Submissions will be reviewed and scored by reviewers with expertise in home visiting, community partnership coordination, and data collection and reporting. The Response Scoring Form is provided in Appendix 3.

E. Proposal Rejection

FAHSC reserves the right to reject proposals with or without cause and for any reason, to waive any irregularities or informalities, and to solicit and re-advertise for other proposals. Incomplete or non-responsive proposals may be rejected by FAHSC as non-responsive or irregular. FAHSC reserves the right to reject any proposal for any reason, including, but without limitation, if the Respondent fails to submit any required documentation; if the Respondent is in arrears or in default upon any debt or contract to FAHSC; or has failed to perform faithfully any previous contract with FAHSC or with other organizations. All information required by this RFP must be supplied to constitute a proposal.

Proposals will NOT be accepted unless cost proposals and all required attachments are included. Since terminology may vary, Respondents are required to conform to the RFP Response Template. Exceptions to the proposal specifications should be listed separately and defined, or they will be invalid.

FAHSC reserves the right to award, at its sole discretion, all, or part of the required service(s) to one or more qualified Respondents. A Respondent is not required to submit on all requested services to be considered for award.

Late submittals, additions, or changes will not be accepted and will be returned to the respondent unopened.

Section III: Terms and Conditions

A. Use of Grant Funds

Allowable and unallowable expenditures are delineated in Federal Public Laws, Catalog of Federal Domestic Assistance (CFDA), and Code of Federal Regulations (CFR). See also the HRSA Grants Policy Statement.

B. Proposals Binding

All proposals submitted shall be binding for at least one hundred twenty (120) calendar days following opening. FAHSC may desire to accept a proposal after this time. In such case, Respondents may choose whether or not to continue to honor the proposal terms.

C. Representations and Warranties

In submitting a proposal, Respondent warrants and represents that:

1. Respondent has examined and carefully studied all information provided, and any applicable addenda;

receipt of which is hereby acknowledged.
2. Respondent is familiar with and compliant with all federal, state, and local laws and regulations that may affect cost, progress, and performance of the goods and/or services in their proposal.
3. Respondent has given FAHSC written notice of all conflicts, errors, ambiguities, or discrepancies that the Respondent has discovered in this RFP and any addenda thereto, and the written resolution thereof by the FAHSC is acceptable to Respondent.
4. The RFP is generally sufficient in detail and clarity to indicate and convey understanding of all terms and conditions for the performance of the proposal that is submitted.
5. No person has been employed or retained to solicit or secure award of the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, and no employee or officer of FAHSC has any interest, financially or otherwise, in the RFP or contract.

D. Contracting
1. The terms, specifications and conditions of this proposal constitute the total agreement and no further conditions will be accepted.
2. The successful Respondent shall be awarded a contract effective from the date of the contract. This contract may be renewable by mutual agreement of the parties. Option for renewal will only be exercised upon mutual written agreement and with the original terms, conditions and unit prices adhered to with no deviations. Any renewal will be subject to appropriation of funds by the FAHSC. FAHSC, in its sole discretion, reserves the right to negotiate terms and conditions with the successful Respondent.
3. FAHSC shall retain the right to cancel the contract at any time for cause. Such cause for cancellation may include the failure of the contracted Respondent to complete or provide the specified services. If the Respondent is not performing within the terms and conditions set forth by FAHSC, FAHSC will notify the Respondent that the contract will be terminated within ten (10) calendar days for cause from the date of the notification letter. If the contract is canceled, FAHSC may elect to award the contract to the next ranked Respondent or reissue the RFP, whichever is in the best interest of FAHSC. The contract may be canceled in whole or in part by either party by giving a thirty (30) calendar day prior notice in writing to the other party. Any such notice or demand hereunder by either party to the other shall be affected by registered or certified mail, return receipt requested and shall be deemed communicated forty-eight hours after mailing, or by email with read receipt requested and confirmed. The obligations of FAHSC under this award are subject to the terms and conditions established by HRSA.
4. Any and all costs associated with the preparation of a response to this RFP are the responsibility of the Respondent and are not to be passed on to FAHSC.

Section IV: Instructions and Timeline

A. Questions

Questions concerning this RFP shall be directed to Monya Newmyer, Director of Contracts and Grants Administration at MNewmyer@fahsc.org, and to no other person or department at the FAHSC. Questions and requests must be sent by e-mail and must be received no later than **August 16, 2022**. All questions should contain the following information: RFP #2022-06, Respondent name, address, phone number, email address, and specific questions or comments. Questions and answers will be posted to the FAHSC website at www.HealthyStartFlorida.com

B. Submission and Deadline for Submission and Withdrawal

The deadline for submission of proposals is **September 13, 2022**. All proposals should be submitted electronically in pdf format to Monya Newmyer, Director of Contracts and Grants Administration at MNewmyer@fahsc.org. Please include “FAHSC MIECHV RFP RESPONSE” in the subject line of your email submission. Email must be sent with read receipt requested.

Respondents may withdraw their proposals by notifying Monya Newmyer, Director of Contracts and Grants Administration at MNewmyer@fahsc.org in writing at any time prior to the opening.

Proposals, once opened, become property of FAHSC and will not be returned.

C. Technical Assistance Zoom Meeting

A technical assistance Zoom meeting will be held on **August 17, 2022 at 2:00 p.m. Eastern time** to review this proposal and respond to questions. A Q&A document will be posted on the FAHSC website after the webinar at https://www.HealthyStartFlorida.com/

Register in advance for this meeting:
https://us02web.zoom.us/meeting/register/tZMlc-mpqD8rE9eg3BAVAALzkaoOhm4kMqZF

After registering, you will receive a confirmation email containing information about joining the meeting.

D. Format

In order to ensure a uniform review process and to obtain the maximum degree of comparability, it is required that the proposals be organized and adhere to Attachment I: Response Format. All information submitted by the Respondent shall be printed, typewritten, or competed in ink. Proposals shall be signed in ink.

All proposals shall be submitted as specified in this RFP. Any attachments shall be clearly identified. If publications are supplied by a Respondent to answer to a requirement, the response should include reference to the document number and page number.

Respondents shall prepare their proposals using the format provided in Attachment I.

E. Timeline

August 4, 2022	RFP posted at www.HealthyStartFlorida.com and https://www.flmiechv.com/
August 17, 2022 @ 2:00 p.m.	Technical assistance Zoom meeting
August 22, 2022	Required Letter of Intent Due
September 13, 2022	Proposals due
September 20, 2022	Award announcement posted **at** www.HealthyStartFlorida.com
September 29, 2022	Anticipated contract start

ATTACHMENT I: RFP RESPONSE FORMAT

LETTER OF INTENT (LOI)

It is required that all potential Respondents submit a LOI to FAHSC by the due date. A LOI does not bind a Respondent to submit a response.

COVER PAGE

This Cover Page shall be completed, signed, and included in the Respondent's submission.

FLORIDA ASSOCIATION OF HEALTHY START COALITIONS, INC.
Florida MIECHV Initiative
REQUEST FOR PROPOSALS (RFP) #2022-06

Entity's Legal Name: ____

Entity's Mailing Address:____

City, State, Zip: ____

Telephone Number(s): (Including area code)______________________________

Email Address:____

Website Address, if any: ____

Federal Employer Identification Number (FEIN): __________________________

SAMS Unique ID: ____________________ ______________________________

At-risk Community to be Served and Evidence-based Model: ____________________

Number of Families to be Served and Amount Requested:______________________

New Population to be Served in Current Service Area, if applicable

Entity's Fiscal Year End Date: ____

Contact Person for Application: ____

Authorized Signature:____

Printed Name of Authorized Signature: ______________________________________

Title: ____

Date: ____

1. **Letter of Transmittal**

   This letter will summarize in a brief and concise manner, the Respondent's understanding of the scope of services and make a positive commitment to provide its services on behalf of FAHSC. The letter must name all persons authorized to make representations for or on behalf of the Respondent, and must include their titles, addresses, and telephone numbers. An official authorized to negotiate and execute a contract on behalf of the Respondent must sign the letter of transmittal.

2. **Table of Contents**

   Include a clear identification of the material by section and by page number.

3. **Respondent Capacity and Capabilities**

   This section of the proposal must describe the Respondent's capacity and capability of implementing the proposed evidence-based home visiting model. See page three of this document for details.

   In addition, the Respondent must include:

   Documentation indicating that it is authorized to do business in the State of Florida and, if a corporation, is incorporated under the laws of one of the States of the United States.

   Resumes and professional qualifications of all primary individuals and identify the person(s) who will be the Respondent Organization's primary contact and provide the person(s) background, training, experience, qualifications, and authority.

   Disclosure of any officer, director, or agent who is related to or is an employee or director of FAHSC or the Healthy Start MomCare Network, Inc.

4. **Coordination and Integration of Community Partners**

   This section of the proposal must describe the Respondent's experience and capability of coordinating and integrating community partners. See page four of this document for details.

5. **Selection and Implementation of the Proposed Evidence-based Home Visiting Model**

   This section of the proposal must identify and explain the Respondent's selection of the proposed evidence-based home visiting model and provide a detailed description of model implementation. See page four of this document for details.

6. **Data Collection and Reporting**

   This section of the proposal must describe the Respondent's ability and plans for meeting data collection and reporting responsibilities. See page five of this document for details.

7. **Proposed Budget – Summary and Narrative**

   This section of the proposal must include the Respondent's proposed budget. See page five of this document for details. Also see Appendix 2 for the required budget summary form.

8. **Timeline**

   Respondent must include a general proposed timeline of events to be completed to implement the proposed evidence-based home visiting model.

9. **Additional Information**

   Any additional information which the Respondent considers pertinent for consideration should be included in a separate section of the proposal.

APPENDIX 1

MIECHV PERFORMANCE MEASURES

Form 1 – Demographic, Service Utilization, and Select Clinical Indicators

These data summarize program participant demographics and characteristics of service utilization annually, including the following:

- Households served, including number of pregnant participants, caregivers, and index children.
- Participants and children served by age, race, ethnicity, marital status, educational attainment, current educational enrollment, employment status, housing status, and primary language.
- Household income in relation to Federal Poverty Guidelines.
- Priority Population Characteristics for all families served.
- Number of home visits provided
- Family engagement and program retention
- Participants and children by health insurance coverage, usual source of medical care, and usual source of dental care.

Form 2 – Performance Indicators and Systems Outcome Measures

These data summarize performance and systems outcomes in 19 measures:

1. Preterm Birth – Systems Outcome
2. Breastfeeding – Systems Outcome
3. Depression Screening – Performance Indicator
4. Well Child Visits – Performance Indicator
5. Postpartum Visit – Performance Indicator
6. Tobacco Cessation Referral – Performance Indicator
7. Safe Sleep – Performance Indicator
8. Child Injury – Systems Outcome
9. Child Maltreatment – Systems Outcome
10. Parent-Child Interaction – Performance Indicator
11. Early Language and Literacy Activities – Performance Indicator
12. Developmental Screening – Performance Indicator
13. Behavioral Concern Inquiries – Performance Indicator
14. Intimate Partner Violence (IPV) Screening – Performance Indicator
15. Primary Caregiver Education – Systems Outcome
16. Continuity of Insurance Coverage – Systems Outcome
17. Completed Depression Referrals – Systems Outcome
18. Completed Developmental Referrals – Systems Outcome
19. Intimate Partner Violence (IPV) Referrals – Performance Indicator

Appendix 2
Budget Form (to accompany Budget Narrative)

Budget Categories	Budget
a. Personnel	
b. Fringe Benefits	
c. Travel	
d. Equipment	
e. Supplies	
f. Occupancy	
g. Home Visiting Model Costs	
h. Home Visiting Model Training Costs	
i. Contractual	
Contractors	
Consultants	
j. Other	
Other Misc. Costs	
k. Total Direct Charges	
l. Indirect Charges	
Subtotals	
(Est. Program Income)	
m. Totals	

Appendix 3
Response Scoring

1. Respondent Capacity and Capabilities (Max Score = 25.00)

a. Prior experience with implementing the selected home visiting models and/or any other models, as well as the current capacity of your agency to support the model.

b. Demonstrated capability and success in working with children and families in related programs and services.

c. Demonstrated and documented the infrastructure in place to manage funds, and provide or be able to hire and/or contract, for the provision of services.

2. Coordination and Integration of Community Partners (Max Score = 15.00)

a. Strategies for ensuring coordination among existing home visiting programs, other family support programs in the community, and related health and social service resources (such as public health, mental health, early childhood development, substance abuse, domestic violence prevention, child maltreatment prevention, child welfare, education, and other social and health services) required for the successful implementation of the proposed program.

b. Letters of Commitment from local partners agreeing to collaborate and support efforts to provide services which address an identified gap in care and meet the complex and diverse needs of families receiving home visiting services. Local partners should describe their roles and provide assurance to collaborate, as appropriate, in identifying and referring eligible participants, data sharing and reporting, delivery of ancillary services, provision of care to families, and participation on a local advisory group.

c. Plans for establishing, or utilizing an existing, local advisory council to provide input on proposed home visiting services.

3. Selection and Implementation of the Proposed Evidence-Based Home Visiting Model (Max Score = 30.00)

a. The Respondent proposed one of the selected evidence-based home visiting models (Nurse-Family Partnership, Healthy Families America or Parents As Teachers).

b. Demonstrate need for the projected number of families that will be served and how the program will use the Healthy Start or other community wide screening processes to identify and refer eligible families for enrollment in the evidence-based home visiting program.

c. Assess work to date with the national model developer.

d. Assess understanding of how and what types of initial and ongoing training and professional development activities will be obtained from the national model developer.

e. Assess understanding of technical assistance and support provided by the national model developer in planning and initial implementation efforts.

f. Assess strategies for reaching, engaging, recruiting, and enrolling the families in need of home visiting services in the identified service provision areas, and specifically addresses the role of Healthy Start and other community-wide screening processes in identifying and referring eligible families to the proposed program.

g. Respondent provides assurance that home visiting services will be provided on a voluntary basis.

h. Respondent provides assurance that priority will be given to serve eligible participants, especially participants identified as high-risk priority populations.

i. Assess how culturally and linguistically competent services will be provided.

j. Assess estimate of the number of staff required to maintain the projected caseload of families in the proposed program and how Respondent will recruit, hire, and retain well-trained and competent staff for all positions and provide high-quality supervision.

k. Assess detailed job descriptions for key positions, including resumes, and organizational chart.

l. Assess implementation of the evidence-based home visiting model with fidelity and how fidelity will be maintained throughout the length of the grant.

m. Assess commitment to utilizing Continuous Quality Improvement (CQI) to improve internal and external service delivery processes.

n. Assess strategies for promoting program participant retention, duration, and satisfaction.

o. Assess anticipated challenges in implementation and maintenance of quality and fidelity and possible strategies for addressing these challenges.

4. Data Collection and Reporting (Max Score = 20.00)

a. Assess capacity and capability, including dedicated data entry/management staff, to identify and collect data on federally required performance measures (Appendix 1). Clearly state your commitment to work with FAHSC to establish data collection processes and to collect and report the required data and data elements.

b. Assess assurance of data quality and timely entry of required data into FLOHVIS, and clearly delineate responsibilities for data collection, data entry and quality assurance activities.

c. Assess assurance of data safety and monitoring including privacy of data, administration procedures that do not place individuals at risk of harm, and compliance with applicable regulations related to Health Insurance Portability and Accountability Act (HIPAA), and Family Education Rights Act and Privacy Act (FERPA). Respondent acknowledges that all relevant staff must be trained on these topics.

d. Assess presentation of anticipated barriers or challenges in the data collection and/or reporting process and possible strategies for addressing these challenges

5. Proposed Services in At-risk Community/Service Area NOT Currently Served by MIECHV Program (Max Score = 15)

a. Assess proposal to ensure MIECHV-funded services and the proposed model are not currently provided in the proposed at-risk community/service area.

6. Proposed Budget - Summary and Narrative (Max Score = 10)

a. A detailed line-item budget and budget narrative/justification to include the Appendix 2 budget form.

b. Budget, proposed staffing plan aligns with proposed number of families to be served.