2012-2013

Request for Proposals

Healthy Steps for Young Children

RFP 12-017

Children’s Services Council of Palm Beach County
2300 High Ridge Road
Boynton Beach, Florida 33426
561-740-7000

www.cscpbc.org
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SECTION 1: PROPOSED SCHEDULE

11/08/2012 Advertisement of RFP appears in the *Palm Beach Post* and on CSC website: [www.cscpbc.org/openprop](http://www.cscpbc.org/openprop)

11/08/2012 – 12/18/12 RFP packets are available on CSC website: [www.cscpbc.org/openprop](http://www.cscpbc.org/openprop)

11/20/12 **RFP Proposers' Conference**
Time: 10:00 AM to 11:30 AM will be held at:
Children’s Services Council of Palm Beach County
2300 High Ridge Road
Boynton Beach, FL  33426

12/07/12 **Deadline for submission of questions is 5:00 PM** via the CSC website at [www.cscpbc.org/openprop](http://www.cscpbc.org/openprop). All questions will be answered by December 12, 2012, by posting on the CSC website.

12/18/12 **Deadline for Submission of Proposals is 2:00 PM at:**
Children's Services Council of Palm Beach County
Attn: Reception – RFP #12-017
2300 High Ridge Road
Boynton Beach, FL  33426

Proposals are opened publicly at 2:01 PM

12/18/2012 **Stage 1:** CSC technical review of proposals; verifies required documentation submitted

12/20/2012 – 01/08/2013 **Stage 2A:** CSC conducts due diligence and review of written proposals

1/10/2013 – 1/17/2013 **Stage 2B:** Interviews are conducted with Proposers selected through Stage 2A review process

01/18/2013-1/23/2013 **Stage 3:** CSC negotiates contract with Proposer selected through Stage 2B interview process

1/24/2013 Agreement approved by the Council

1/25/2013 Notice of Intent to award contract posted on CSC website

2/01/2013 Contract Period Begins

*CSC reserves the right to adjust the timetable; any adjustments will be made available on the CSC website.*
SECTION 2: INTRODUCTION

2.1 What We Are Seeking

The Children’s Services Council of Palm Beach County (CSC) is seeking a nonprofit and/or government organization to coordinate Healthy Steps for Young Children (HSFYC) in Palm Beach County. The contracted coordinating agency will be required to coordinate and support pediatric primary care practices in the implementation, with fidelity, of the Healthy Steps for Young Children program model with children newborn to age 3 and their families.

2.2 The Council

Children’s Services Council of Palm Beach County (CSC), a special district created by Palm Beach County voters in 1986, provides leadership, funding and research on behalf of the county’s children so they grow up healthy, safe and strong.

2.3 Overview of the Children’s Services Council

The Council invests resources in programs and services that support the physical, social-emotional and psychological development of children. In order to have an impact in those areas, the Council has four goals: children are born healthy, are free from abuse and neglect, are ready to learn when they enter school, and have access to quality afterschool and summer programming.

Supported by a blend of federal, state and local funding, our programs and systems are designed to achieve our goals by providing seamless, efficient, and accountable prevention and early intervention services to Palm Beach County’s children and families. These systems include:

- **Healthy Beginnings**, which provides comprehensive, integrated direct services to pregnant women, infants, and young children (ages 0-5).
- **Quality Counts**, which provides services to increase the quality of child care and afterschool providers.
- **Bridges**, which is a neighborhood-based strategy to achieve CSC’s goals at a population level. Bridges address such issues as adult literacy, father involvement, maternal depression, teen pregnancy prevention, cyclical poverty and child development.

The Council believes that by offering families the right approach – and combinations of programs and services – at the right time, in the right place, we will achieve our goals. By strengthening the system of care, which is built upon sound research and strong data, we can achieve our child outcomes.

For additional information regarding CSC, please visit [www.cscpbc.org](http://www.cscpbc.org).
SECTION 3: REQUEST FOR PROPOSAL

Science now confirms the vital importance of the first three years of life on the developing brain. The quality of early relationships, as well as experiences and environments, shape the brain’s very structure. Daily interactions between parents and infants—the serve and return—of smiling and talking together, touching, reading and responding to each other, promotes and sustains optimal development. It is known that “the exceptionally strong influence of early experiences on brain architecture make the early years of life a period of both great opportunity and great vulnerability for brain development” (National Scientific Council on the Developing Child, 2007 p.1). Compromised early brain development comes at a high price for the child, family and society; remedial services are costly and less effective. The Children’s Services Council of Palm Beach County believes that supporting young families during this critical period of time can offer a remarkable return on investment.

The near universal use of pediatric primary health care makes it a natural portal into the lives of very young children during this time of rapid brain development. The American Academy of Pediatrics recommends a total of nine well-child visits during the first 24 months of life. For many families this will be the only professional they will come in contact with during this time. According to the 2007 National Survey of Children’s Health, 93.4% of Florida’s children had a “usual source for well and sick care” and 91.5% of children in Florida age 0-17 had one or more “preventive medical visits” in the past 12 months. Clearly, pediatric primary care touches the lives of most children and is seen by families as a non-stigmatizing, highly valid source of information and support. There is strong research showing that enhanced pediatric primary care strengthens families and improves child outcomes.

3.1 Overview of Healthy Steps for Young Children

The Children’s Services Council has identified Healthy Steps for Young Children as an evidence-based model for positive family and child outcomes. HSFYC is a Substance Abuse and Mental Health Services Administration (SAMHSA) and US Department of Health and Human Services (HHS) evidence-based model of enhanced pediatric primary care for implementation in Palm Beach County. This national initiative brings families and health care providers together to improve the health, development and emotional wellness of children, newborn to age 3. The model, grounded in Brazelton Touchpoints™, places a Healthy Steps Specialist who is a developmental specialist, nurse, or social worker in a pediatric primary care setting. Information on the Healthy Steps model can be found at http://www.healthysteps.org/. Peer reviewed journal articles on HSFYC can be found at http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/projects/Healthy_Steps/index.html Services provided by the Healthy Steps Specialist under this program include:

- Child development telephone information line
- Links to community resources
- Enhanced well-child care visits
- Child development and family health monitoring
- Information materials for mothers and fathers that emphasize prevention
- Parent groups
- Home visits

The *Healthy Steps for Young Children* (HSFYC) program model has been rigorously evaluated by the Johns Hopkins Bloomberg School of Public Health. The Johns Hopkins’ report, the *National Evaluation*, examined results for 5,565 families at six randomized sites and nine quasi-experimental sites. The infants and their families were enrolled at birth and followed for 5½ years. Selected results of the evaluation were published in *The Journal of the American Medical Association*, (Minkovitz, C.S., et al. 2003) in an article titled, *A Practice-Based Intervention to Enhance Quality of Care in the First 3 Years of Life*. They found that HSFYC, with an emphasis on embedded supports in a pediatric primary care practice, had a very positive effect. In summary, HSFYC recipients were significantly more likely than the non-HSFYC recipients to:

- Receive four or more home visits
- Discuss calming baby, sleep positions, routines, solid foods, and car safety
- Discuss six or more topics of anticipatory guidance topics
- Receive a developmental assessment
- Receive a book to read to their child
- Show a book to their child at least once per day from 2-4 months of age
- Receive information on community resources
- Receive age-appropriate vaccinations and well child care by 2 years of age
- Continue to receive care at the practice through 20 months of age
- Identify behavioral concerns such as sleep or aggression problems
- Parents were less likely to use the wrong sleep position at nap time or bedtime
- Less likely to be dissatisfied with help from the physician
- Mothers were more likely to self-identify if depressed
- Parents had reduced odds of using severe discipline (e.g., slapping in the face or spanking with an object)
- Reading rate for the *Healthy Steps* group were comparable to Early Head Start

An added benefit of Healthy Steps for Young Children is the significant increase in satisfaction noted by physicians as a result of the support they received in serving low-income children and their families. “At 30 months, clinicians serving low-income families reported the greatest positive changes in their perception about the quality of care provided by their practices. They also were more likely (when surveyed) to strongly agree that they gave support to families and to be very satisfied with the ability of their clinical staff to meet the developmental needs of children” (McLean, Strobinno, and Minkovitz., 2004, p.206). This is consistent with other studies that suggest clinicians have greater job
satisfaction when they believe they are meeting the needs of the families they serve. (Eliason, Guse, and Gottlieb, 2000).

This initiative is critical to two overarching outcomes of the Children’s Services Council: 1) decreasing abuse and neglect for children birth to five and 2) having children ready for kindergarten. The most efficient and developmentally appropriate approach to reaching these outcomes is through early identification of concerns and timely initiation of evidence-based interventions. The 2007 National Survey of Children’s Health, illustrates a gap in identification by the medical community. It found that only 17.1% of Florida children age 10 months to 5 years, who received its health care in a 12-month period, obtained a developmental screening. This is in contrast to their finding that 42.2% of parents had concerns about their child’s physical, behavioral or social development. Nationally, fewer than half of the pediatricians serving children newborn to age 3 report using a formal screening tool to assess developmental and behavioral concerns. Late identification denies a child services during this period of rapid brain development. Not only does HSFYC provide screening within the pediatric primary care setting, but this proactive empowerment model coaches a family in the skills needed to meet the needs of their child’s educational, social and emotional development, often before deficits are noted.

3.2 Scope of Services

The contracted coordinating agency will be required to actively recruit and screen applicant pediatric primary care practices to be funded for HSFYC implementation. Approved pediatric primary care practices must be fully licensed and in good standing with the state of Florida. The contracted coordinating agency will support the pediatric primary care practices by hiring the Healthy Steps Specialists, funding their positions and ensuring that they are flexible in adapting to the culture of each practice and its patients, while maintaining fidelity to the HSFYC model. Additionally, the contracted coordinating agency will be required to take a leadership role in coordinating with CSC and the HSFYC staff on arrangements for any required trainings. The contracted coordinating agency will coordinate with CSC on a marketing campaign for HSFYC in Palm Beach County. It is also expected that the contracted coordinating agency will collect and enter data into a designated database and participate in ongoing program evaluation and quality improvement activities. Preference will be given to proposers who have relevant experience and a proven record of collaboration.

PEDIATRIC PRIMARY CARE SITE IMPLEMENTATION

Each participating pediatric primary care practice must provide the following seven HSFYC program components with support from the contracted coordinating agency:

Child Development Telephone Information Line

The child development telephone information line is a non-medical, non-emergency call-in line to be used by families to discuss developmental and behavioral concerns that occur between office visits. The Healthy Steps Specialists, using the Brazelton Touchpoints ™
approach, will provide support and collaborative assistance, such as problem solving on issues of normal child development.

Links to Community Resources
The Healthy Steps Specialist will help families find services and supports in the community. In addition to directly linking families to resources, the Healthy Steps Specialists will keep a timely and accurate listing of community resources for families that can be maintained in a directory or bulletin board.

Enhanced Well-Child Care
The Healthy Steps Specialist meets with the child and family during, before, or after the medical exam. The well-child office visit is to be used as an opportunity to join with the family to support the health and development of the child and family. During this visit, the Healthy Steps Specialist provides anticipatory guidance using the Brazelton Touchpoints™ approach, with a focus on a child’s developmental progress. Language development and early literacy are to be encouraged and Reach Out and Read materials distributed. Reach Out and Read is an early literacy and school readiness program in which pediatric primary care providers give new books to children and coach parents to read aloud to their child. More information on Reach Out and Read can be found at http://www.reachoutandread.org/.

Child Development and Family Health Checkups
The HSFYC program model requires on-going screening of a child’s development using a standardized tool. This activity is typically completed by the Healthy Steps Specialist and shared with the physician. The following is a list of tools that will be required or may be used:

| SCHEDULE |
|-----------------|-----------------|
| TEST | TIMING |
| Brazelton Neonatal Behavioral Observation Scale* | 3-5 days -- 2-week visit |
| Temperament Scale | 4 months |
| Ages & Stages* | 6-month intervals beginning at 6 months |
| Ages & Stages SE (Social/Emotional Screen)* | 12 months and 24 months |
| Autism screening tool* | 18 months and 24 months |
| Speech and language screening tool | 24 months or earlier if indicated |
| Family History* | 6-month intervals beginning at 2-week—1-month visit |

*Required tool
The screening is an opportunity to join with the family and explore their understanding of the child’s development and new behaviors. The parents’ observations and strengths are valued, and help to build a supportive alliance between the family and the Specialist. The Healthy Steps Specialist will use a collaborative style of working with the family and will actively strengthen the parent-child relationship using anticipatory guidance to promote parental problem solving and knowledge.

**Information Materials for Mothers and Fathers that Emphasize Prevention**

HSFYC uses written materials to assist in family education. It is expected that the contracted coordinating agency will work with the pediatric primary care practices to choose/create and disseminate designated materials using a variety of methods.

**Parent Groups**

Parent groups that allow parents of infants and toddlers to learn new information, share experiences, and provide peer support must be provided. There should be flexibility in when and where the groups are offered. Topics are to be selected by the families, snacks are provided and small safety or developmental items may be given to the participants. HSFYC recommends offering at least one family group per month.

Positive Parenting Program (Triple P) Seminars and Brazelton Touchpoints-facilitated parent groups are examples of the types of groups that can be developed for families. More information on Triple P can be found on their web site at [http://www.triplep-america.com/](http://www.triplep-america.com/).

To learn more about noted pediatrician and researcher T. Berry Brazelton and the Brazelton Touchpoints Center, go to the Brazelton Touchpoints Center website at [http://www.brazeltontouchpoints.org/](http://www.brazeltontouchpoints.org/). It is expected that the contracted coordinating agency will assist the pediatric primary care practices with coordinating topics for parent groups, as needed.

**Home Visits**

The Healthy Steps Specialist must provide the recommended six home visits during the three years the family is involved in the program. These are non-medical visits that allow the Healthy Steps Specialist to better understand the family and the home environment. Developmental checkups should be offered in addition to information on infant care, development, safety and emotional support.
Capacity

In year one (January through September), the contracted coordinating agency will be responsible to recruit a minimum of three pediatric primary care practices in Palm Beach County. Within each practice, a Healthy Steps Specialist can serve up to 100 children in a year. To reach capacity in year one, the pediatric primary care practices will be allowed to enroll children ages newborn to 6 months; in subsequent years, only children newborn to 2 months may be enrolled.

Data

In addition to data entered by the contracted coordinating agency, the HSFYC Specialist at each pediatric primary care practice will be required to collect data that will be reported to CSC for analysis and evaluation of outcomes. It is also expected that the contracted coordinating agency and pediatric primary care practices will continuously participate in program evaluation and quality improvement activities to ensure the project’s key outcomes are achieved.

Training

The following is a list of required training for Healthy Steps for Young Children. Please be aware that a physician from each Healthy Steps for Young Children pediatric primary care practice must attend the Healthy Steps for Young Children Training.

<table>
<thead>
<tr>
<th>Recommended Home Visiting Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Visit</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
</tbody>
</table>
### 3.3 Targeted Geographic Areas

When selecting pediatric primary care practices for participation, preference will be given to pediatric primary care practices located in areas that serve a large number of at-risk children and their families within the zip codes below:

<table>
<thead>
<tr>
<th>Area</th>
<th>Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Palm Beach</td>
<td>33401, 33405, 33407, 33409, 33415, 33417</td>
</tr>
<tr>
<td>Lake Worth</td>
<td>33460, 33461, 33462, 33463</td>
</tr>
<tr>
<td>Lake Park</td>
<td>33403</td>
</tr>
<tr>
<td>Riviera Beach</td>
<td>33404</td>
</tr>
<tr>
<td>Royal Palm Beach</td>
<td>33411</td>
</tr>
<tr>
<td>Belle Glade</td>
<td>33430</td>
</tr>
<tr>
<td>Boynton Beach</td>
<td>33435</td>
</tr>
<tr>
<td>Delray Beach</td>
<td>33444, 33445</td>
</tr>
<tr>
<td>Pahokee</td>
<td>33476</td>
</tr>
<tr>
<td>South Bay</td>
<td>33493</td>
</tr>
</tbody>
</table>
3.4 Linkages & Partnerships

The contracted coordinating agency must form collaborative relationships that are critical to the implementation of HSFYC. Collaborative relationships could include, but are not limited to the Literacy Coalition, First Step to Success, and Early Steps. The contracted coordinating agency must also establish relationships that promote linkages and referrals to the Healthy Beginnings System. This includes periodic participation by program staff in required Healthy Beginnings meetings.

SECTION 4: PROGRAM IMPLEMENTATION

4.1 Healthy Steps Specialist Qualifications and Requirements

The coordinating agency will work with HSFYC pediatric primary care practices to identify the Healthy Steps Specialist and will fund the positions. The individual may be a nurse, child development specialist or a social worker who meets the following qualifications:

- A bachelor’s degree with advanced training or education in child development, family studies, nursing, psychology, or related field preferred.
- Experience and knowledge about early child growth and development, parent-child relationships, child health, and family systems.
- Experience assessing the growth and development of infants and children under 3 years of age.
- Experience working with mothers and fathers; experience facilitating parent groups preferred.
- Demonstrated flexibility to work on an interdisciplinary team; ability to work in various roles and capacities and to respect boundaries in each role. Ability to establish mutually satisfying relationships with a wide range of people.

Additional information can be found on the HSFYC website at www.healthysteps.org

4.2 Evaluation

Participation in evaluation of funded projects is required by CSC. Evaluation is an important tool for learning about how an agency or organization is doing and for developing ways to improve program services and outcomes. Evaluation does not only include rigorous, scientific evaluation of the program’s impact but also monitoring on a more informal basis in order to assess quality and guide improvement. The agency or organization selected for funding will be required to participate in both process and outcome evaluations. The information provided below is a guideline for required evaluation.
**Process Evaluation**

Process evaluation refers to the monitoring of program activities. Regardless of program type, one way that CSC monitors the services being provided to participants and adherence to model fidelity is by requiring funded agencies to enter basic information about program activities (e.g., number of participants per session, curriculum material used by session, number of individual contacts with participants, and number of booster sessions provided) into the Healthy Beginnings database, which is accessed through a web-based data collection application. Training will be provided to program staff on how to use the database. Providers are required to use a parent satisfaction survey in order to receive feedback that will guide continuous improvements of the program.

**Recommended Outcome Evaluation Measures**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children participating in HSFYC receive timely well-child visits and vaccinations</td>
<td>Frequency of well-child visits and vaccinations based on guidelines set by the American Academy of Pediatrics. Aggregate pediatric primary care practice data from those participating in HSFYC.</td>
</tr>
<tr>
<td>Children participating in HSFYC receive appropriate vaccinations through age 2</td>
<td>Frequency and type of vaccinations based on guidelines set by the American Academy of Pediatrics. Aggregate pediatric primary care practice data from those participating in HSFYC.</td>
</tr>
<tr>
<td>Children participating in HSFYC remain in the practice until at least 20 months of age</td>
<td>Pediatric primary care practice data on duration of participation in HSFYC</td>
</tr>
<tr>
<td>Families participating in program are more likely to ensure that infants slept on their back to help reduce the risk of Sudden Infant Death Syndrome (SIDS).</td>
<td>Recommendation from the American Academy of Pediatrics. Data gathered from parent survey.</td>
</tr>
<tr>
<td>Families participating in HSFYC are highly satisfied with care.</td>
<td>Data gathered from parent survey.</td>
</tr>
</tbody>
</table>
SECTION 5: MINIMUM QUALIFICATIONS

The following minimum requirements will be used to determine whether or not a Proposer will advance through the various review stages and eventually be recommended to provide services as a result of this RFP.

- Must have demonstrated administrative capacity and overall infrastructure to successfully coordinate HSFYC
- Must have demonstrated technological ability to collect and enter data and generate reports
SECTION 6: CSC REVIEW AND SELECTION PROCESS

6.1 Minimum Administrative Requirements

Proposer acknowledges and agrees to:

- Be a not-for-profit organization with a current 501(c)(3), (4), (6), (7), or (10) certificate or be a local government entity;
- Have at least two (2) years’ experience within the last five (5) years in providing similar services as outlined in the Scope of Services within this RFP;
- Have strong board oversight and proven fiscal capability;
- Submit accurate and timely information, data and reports as required;
- Limit administrative and support costs to 18% including direct, indirect or a combination of direct and indirect;
- Be certified under the Certification Standards of Nonprofits First at the time the proposal is submitted. Proposers not currently funded by CSC must obtain certification within the timeframe set by CSC – currently, within eighteen months of receipt of CSC funding.
- Comply with CSC’s Nepotism Policy as outlined below:

  “No individual shall be employed, serve as a member of the Board of Directors, or be hired as a consultant, vendor or contractor by any agency, with respect to any Children’s Services Council of Palm Beach County (CSC) funded program, which will (i) result in the existence of a subordinate-superior relationship between such individual and any family member of such individual through a direct line of authority or (ii) result in multiple family members serving as members of the Board of Directors.

  The Executive Director and the Chairperson of the Board of Directors will present certification of compliance to CSC as part of all Requests for Proposal or Invitation to Negotiate (ITN). Agency must continue to be in compliance throughout the course of the contract.”

6.2 Evaluation of Qualifications

- A Review Committee will convene, review, and discuss all proposals submitted.
- The Review Committee will assign points throughout the evaluation and recommendation process in accordance with the selection criteria outlined below.
- The Review Committee reserves the right to interview any or all Proposers and to require a formal presentation with key people who will administer the contract and who will be assigned to work on the contract. This interview is to be based upon the written proposal received from the Proposer and CSC’s history, if any, with the Proposer.
- The Review Committee will make a recommendation to the Council for approval and award of contract(s) to the successful Proposer(s).
6.3 Selection Criteria

A Review committee will use the following evaluation criteria in selecting a Proposer to perform the service requested by the RFP.

Criteria

- Work plan is comprehensive, well-thought out, and has a high probability for effectiveness
- General knowledge, understanding and experience in providing services outlined in Scope of Services
- Capacity to provide required services/Demonstrated experience and qualifications
- Cost Reasonableness

After completion of the scoring process based on the review criteria, CSC will determine which, if any, Proposers meet the minimum requirements deemed necessary by CSC for interviews. Assuming that such minimum requirements have been met, CSC will require face-to-face interviews from one or more proposers.

6.4 Notice of Selected Proposer(s) for Interview(s)

CSC will post a list of selected proposer(s) for interview(s) after January 8, 2013 on the CSC website. Proposers not selected for interviews will be notified by email.

6.5 Notice of Selected Proposer for Contract Discussions

CSC will email selected proposer for contract discussion(s) after January 17, 2013. Proposers who were interviewed, but not selected for negotiations, will be notified by email.
SECTION 7: PROPOSAL PROCESS

Proposers are to provide all of the information requested below (refer to INSTRUCTIONS AND FORMS and LIST OF SUPPLEMENTAL MATERIALS) Proposer must submit) using the prescribed order and format. Responses should take into account all information outlined on the preceding pages.

All proposals are to be signed by an official/individual who is legally authorized to bind the Proposer to the proposed activity.

THE CHILDREN’S SERVICES COUNCIL RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS OR INFORMALLY NEGOTIATE CERTAIN PROVISIONS OF THE FINAL AGREEMENT WITH A QUALIFIED PROPOSER.

7.1 Submittal Instruction

To be considered, Proposer must submit one (1) “Original” sealed response plus seven (7) copies in a package clearly labeled: “Request for Proposal #: 12-017 Healthy Steps for Young Children”

The proposal is to be delivered to:

Children’s Services Council of Palm Beach County
Attn: Reception – RFP #: 12-017
2300 High Ridge Road
Boynton Beach, FL 33426

7.2 Proposer’s Response

All proposals should include responses to the Proposal Questions outlined in Section 8.2. All proposals are to be clearly indexed and all supporting material attached.

7.3 Limitations on Contacting CSC Personnel

This Request for Proposal is issued by the Children’s Services Council of Palm Beach County. The contact person listed below is the sole point of contact for this RFP and only though email:

Adrienne Heritage
adrienne.heritage@cscpbc.org

Questions regarding this RFP may only be submitted through the link on the CSC website (www.cscpbc.org/openprop) established for this purpose. The deadline to submit questions is 5:00 PM on December 7, 2012. Answers to questions will be posted by designated CSC staff on a rolling basis and no later than December 12, 2012.
Proposers are encouraged to periodically check the CSC website for updates as any future announcements regarding this RFP will only be provided at www.cscpbc.org/openprop.

7.4 Acceptance of Proposals
All responses must be received by CSC no later than December 18, 2012 by 2:00 PM at:

Children’s Services Council of Palm Beach County
Attention: Reception – RFP: 12-017
2300 High Ridge Road
Boynton Beach, FL 33426

If a proposal is sent via U.S. mail or other qualified delivery medium, the applicant shall be responsible for its timely delivery.

No changes, modifications or additions to the responses submitted will be accepted by, or binding on CSC after the deadline for submissions has passed.

RESPONSES NOT RECEIVED AT THE SPECIFIED LOCATION OR BY THE SPECIFIED DATE AND TIME, OR BOTH, WILL BE REJECTED AND RETURNED UNOPENED TO THE PROPOSER BY THE CSC.

CSC reserves the right to reject any and all responses or to waive minor irregularities when doing so would be in the best interest of CSC. A minor irregularity is defined as a variation from the RFP terms and conditions that do not affect the price of the application, or do not give the proposer an advantage or benefit not enjoyed by other prospective proposers, or do not adversely impact the interest of CSC.

7.5 Proposer Disqualification
Proposers are prohibited from contacting CSC personnel or board members regarding this solicitation other than the person identified in Section 7.3. Any occurrence of a violation may result in the disqualification of the proposer.

Failure to have performed any contractual obligations with CSC in a manner satisfactory to CSC will be sufficient cause for disqualification. To be disqualified as a proposer under this provision, the proposer must have:
• Previously failed to satisfactorily perform in a contract with CSC, been notified by CSC of unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of CSC; or
• Had a contract terminated by CSC, by any other county or state agency, or by any Children’s Services Council for cause.

7.6 Final Steps
Complete the checklist provided with this packet to ensure that you have included all the required information and forms. Make sure you obtain signatures, package, and submit your proposal by the deadline.

7.7 Important Reminders
• All contact with CSC beginning with the effective date of publication of the RFP and ending on the date agreements are approved by the Council, shall be only in writing and submitted through the link on CSC’s website (www.cscpbc.org).
• Failure to respond to any item is considered a fatal flaw and will result in the disqualification of the Proposal for further consideration.
• Proposals will be accepted until 2:00 PM on the deadline date. Any Proposal received after this time and date will not be considered and will be returned unopened to the Proposer.
• CSC will not accept or consider proposals submitted via electronic transfer such as facsimile or email.
7.8 Frequently Asked Questions

Q: The first year is not a full year. How should this be reflected?
A: Submit: 1) a budget for the initial year to reflect start-up costs; and 2) a full annual budget as if the program has started October 1 so that, year to year, a comparison can be made.

Q: Do agencies need to re-apply each year for CSC funding?
A: No. Contracts are renewable providing that the Provider has met all programmatic and fiscal requirements and continues to be certified by Nonprofits First.

Q: During the application process, if someone has a question, will that question be posted?
A: Yes, all questions and answers will be posted on the CSC website up to 5 PM as specified in Section 1: Proposed Schedule.

Q: If someone submits their proposal and CSC recognizes that forms are missing, will CSC request the agency submit the missing forms?
A: Proposers have until the deadline date and time to submit any forms that they recognize have been omitted. CSC will not accept any forms after the deadline.

Q: Once an agency submits a proposal, does CSC ask for additional information or explanations?
A: CSC may need to obtain clarification as part of the proposal review process.

7.9 References

Proposers not currently funded by CSC may be asked to supply contact information, including email addresses and telephone numbers, for current and past funders. Reference checks may be conducted in an effort to assert that the Proposer has the capacity and consistency in meeting performance objectives, timely data submission, fiscal and administrative stability and capacity for system work and teamwork.

Past funding relationships with CSC may be taken into consideration when reviewing this RFP.
SECTION 8: INSTRUCTIONS AND FORMS

To prepare your written proposal, please complete the forms as instructed and submit in the order outlined below. NOTE: Forms should be downloaded from CSC website: www.cscpbc.org/openprop (RFP 12-017: Forms; and RFP 12-017: Budget Forms)

8.1 Cover Page
Provide us with all relevant contact information. This serves as the cover to your proposal.

8.2 RFP Questions
This RFP seeks specific answers to direct questions outlined below. Your answers should be submitted on 8-1/2” x 11” paper, using size 12 point Calibri font. Please number, list and submit all responses on no more than 15 pages single-spaced, one-sided, typewritten pages. Simply answer the questions in as clear and direct a manner as possible. We are not encouraging or interested in creative writing. Implementing programs with fidelity requires an agency to employ unique organizational approaches and practitioner skills. These are critical to achieving successful outcomes. Include responses to the following questions:

1. Describe how your agency will implement services outlined in the RFP Scope of Services. Include information on staffing structure and staff supervision. Specifically indicate how pediatric primary care practices will be recruited. Provide any details that give a clear picture of Healthy Steps for Young Children implementation by your agency.

2. How does your organization’s culture and climate support the adoption of the Healthy Steps for Young Children program?

3. What procedures and operating structures exist or will be developed to support the implementation of the new program?

4. What is your understanding of what it means to implement an evidence/research-based program?

5. How do you maintain fidelity while allowing for flexibility to best serve children and families?

6. What barriers and difficulties have you experienced in the adoption of a program design such as an evidence based or similar program? How were these problems addressed? What are the barriers or difficulties you anticipate encountering in the adoption of this program and how will these problems be addressed?

7. What aspects of this program or its key components would be of most concern to you and to the staff and supervisors delivering the program?

8. How is this program model compatible with the characteristics of the target population you have served in the past and/or the target populations of interest as defined by the
mission of your agency? If it is not compatible, what accommodation might be needed in order to implement this program?

9. Beyond academic qualifications or experience factors, what practitioner skills and competencies will you be using to select individuals to implement this program?

10. Once your staff has been trained, what plans do you have to build a supportive infrastructure for staff and supervisors to ensure the program is implemented with fidelity and sustainability is achieved?

11. Describe how your agency proposes to build and strengthen collaborative relationships and partnerships with multi-disciplinary service providers and key stakeholders.

12. Describe the composition of staff who will be involved in the administrative and programmatic support of the program. Please include information regarding ethnicity, language, level of education, tenure with the agency, and tenure in the field of work.

13. Describe how you will use data to guide your decision-making in your daily operations.

8.3 Agency’s Certification of Proposal
Please read and complete this form carefully. It must be signed by the agency Executive Director. The signature of the Executive Director represents authorization to bind the agency to the proposal. If the Executive Director is not authorized to bind the agency to the Proposal, the Agency Certification form is to be signed by the Board Chair. By submitting a proposal to this RFP, you are certifying acceptance of all terms and conditions.

8.4 CSC Nepotism Policy & Certification Statement
All agencies wishing to receive funding from CSC must comply with CSC Nepotism Policy. A completed CSC Nepotism Certification Statement must be signed by the Executive Director and Board Chair and submitted with the proposal.

8.5 Compliance with 287.133 Florida Statutes
In accordance with §287.133, Florida Statutes, persons and affiliates who have been placed on the convicted vendor list may not submit responses, contract with, or perform work (as a contractor, supplier, subcontractor or consultant) with CSC in excess of the threshold amount provided in §287.017, Florida Statute, for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Any response received from a person, entity or affiliate who has been placed on the convicted vendor list shall be rejected by CSC as unresponsive and shall not be further evaluated.
8.6 Agency Board Make-up, Meeting Frequency & Governance

Provide a list of Board of Directors for the past two years. Proposers who are not currently funded by CSC must provide a list of board members and board meeting minutes for the past two (2) years as part of the supplemental materials.

8.7 Budget

Complete the Budget Application page and budget forms A, A1, B and C per the Uniform Budget instructions which appear immediately preceding the forms. Note: The Budget Application page must be signed by the agency Executive Director or board chair (as applicable, see 8.3 above) in order to bind the agency to the proposal.

SECTION 9: DOCUMENTATION REQUIRED AS PART OF PROPOSAL

- Cover Sheet
- Response to RFP Questions
- Agency Certification of Proposal
- CSC Nepotism Certification Statement
- Uniform Budget Instructions & Forms
  - Budget Cover Sheet
  - Budget Form A
  - Budget Form A1
  - Budget Form B
  - Budget Form C

NOTE: Forms should be downloaded from CSC website: www.cscpbc.org/openprop (RFP 12-017: Form; and RFP 12-017: Budget Forms)

SECTION 10: LIST OF SUPPLEMENTAL MATERIALS PROPOSER MUST SUBMIT

Include one (1) copy of the following items as attachments to the “Original” proposal:

- Nonprofits First Certification Letter, if applicable
- List of Board of Directors and Officers identified for past 2 years
- Board Meeting minutes for the past 2 years, if not currently funded by CSC
- Copy of IRS 501(c)(3), (4), (6), (7) or (10) Exemption Letter, unless a government organization
- Audit & Management letter for the past 2 years

Note: CSC reserves the right to request and inspect additional records
REMINDER
RFP 12-017

Deadline for Submission is

2:00 PM

Thursday, December 18, 2012

NOTE: Proposals arriving after 2:00 PM will not be accepted and will be returned to Proposer unopened.
<table>
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<tr>
<th><strong>APPLICANT AGENCY</strong></th>
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<tbody>
<tr>
<td>Name of Agency:</td>
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<td>Name of Program:</td>
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<td>Address:</td>
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<td>Telephone:</td>
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<td>Contact Person:</td>
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<td>Name and Title</td>
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<tr>
<th><strong>AGENCY TYPE</strong></th>
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<td>Government</td>
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<td>Nonprofit</td>
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<th><strong>PROGRAM</strong></th>
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<td>Program Lead:</td>
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<td>Name of Program:</td>
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<td>Address:</td>
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<td>Telephone:</td>
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<td>Email:</td>
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AGENCY CERTIFICATION

In submitting this application to CSC

________________________________________

[Agency Name]

certifies that:

1. The agency board of directors has approved this application at a meeting on ____________.
   (Date)

   If approval is pending at the time of submission, please check here. □

2. All agency decisions regarding recruitment, hiring, promotions, release, and conditions of employment will be made without regard to consideration of race, creed, religion, gender, country of national origin, age, physical or mental handicap, marital status, sexual orientation or any other factor which cannot lawfully be used as a basis for an employment decision;

3. The agency agrees to negotiate, if deemed necessary, with CSC to refine service levels, procedures, outcomes, budget, and any other relevant matter for incorporation into a contract;

4. The applicant agency does not intend by this application to replace existing funding resources with CSC funds;

5. The agency budget is a reasonable estimate of the anticipated revenues and expenditures for the activities proposed;

6. If funded, the applicant agency will submit, within 180 days of the completion of the applicant’s fiscal year, a GAO Standard Financial and Compliance Audit;

7. The applicant agency maintains governmental or 501©(3), (4), (6), (7) or (10) tax exemption status;

8. Any of the following documents are available and upon request by CSC will be produced by the applicant agency within five (5) working days, but do not need to be submitted with this proposal:
   A. Articles of Incorporation
   B. Agency Bylaws
   C. Personnel Policies and Procedures
   D. Job Descriptions for all CSC funded positions
   E. Certificates of insurance and bonding
   F. Licenses to operate Agency/Program

9. NO litigation is threatened or pending which could impair the applicant agency’s ability to fulfill the provisions of this application; and

10. NO adverse action is pending or threatened by any regulatory, licensing, or oversight agency which could impair the applicant agency’s ability to fulfill the provisions of this application.
If any of the above documents are not available or any of these statements cannot be made, please explain below:

OFFICIALS AUTHORIZED TO SIGN AND BIND AGENCY TO APPLICATION:

Authorized officials recognized by CSC are the Executive Director or Board Chair. Only signature of Executive Director is needed if Executive Director has legal authority; refer to Section 8.3.

_______________________________
Signature of Chair or President

__________________________________________
Print Name

Date: _________________________

_______________________________
Signature of Executive Director

__________________________________________
Print Name

Date: _________________________
NEPOTISM POLICY

CSC Nepotism Policy

“No individual shall be employed, serve as a member of the Board of Directors, or be hired as a consultant, vendor or contractor by any agency, with respect to any Children’s Services Council of Palm Beach County (CSC) funded program, which will (i) result in the existence of a subordinate-superior relationship between such individual and any family member of such individual through a direct line of authority or (ii) result in multiple family members serving as members of the Board of Directors.

The Executive Director and the Chairperson of the Board of Directors will present certification of compliance to CSC as part of all Requests for Proposal or Invitation to Negotiate (ITN). Agency must continue to be in compliance throughout the course of the contract.”

This Policy will be effective as of November 1, 2008 and will apply to: (i) all agencies funded for the first time by CSC after the effective date, and (ii) all agencies applying for a CSC ITN or RFP (i.e. agencies must be in compliance with this policy to apply) after the effective date. All other CSC-funded agencies will be controlled by CSC Council Policy 0001, last updated August 19, 2004. Note: this policy would not apply to governmental entities (which are governed by State law) or Special Initiatives.

For the purpose of the above outlined policy the following definition applies:

Nepotism - The employment of family member(s) in direct line of authority; the utilization of family member(s) as consultants, vendors or contractors; and/or the involvement of multiple family member(s) as members of the Board of Directors.

Family Member - An individual who is related to another as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandmother, grandfather, great grandparent, great grandchild, step grandparent, step great grandchild, person who is engaged to be married to a person in a direct line of authority who otherwise holds himself or herself out as or is generally known as the person whom the employee, in a direct line of authority, intends to marry or with whom the person, in direct line of authority, intends to form a household, or any other person having the same legal residence as the person in direct line of authority.

CSC funding is contingent upon Agency being in full compliance with CSC Nepotism Policy.

Agency Name

Chairman, Board of Directors

Executive Director

Date
PROPOSAL CHECKLIST

The following checklist outlines all required documents AND supplemental materials to be submitted with your Proposal. The omission of any one of these documents constitutes a fatal omission and disqualifies your Proposal from further review and consideration.

<table>
<thead>
<tr>
<th>PROPOSAL DOCUMENTS</th>
<th>INSTRUCTIONS</th>
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<tbody>
<tr>
<td>Cover Page</td>
<td>Completed, signed, and included</td>
</tr>
<tr>
<td>Response to all RFP Questions</td>
<td>All questions are answered and included</td>
</tr>
<tr>
<td>Agency Certification of Proposal</td>
<td>Completed, signed by authorized agency official, included</td>
</tr>
<tr>
<td>CSC Nepotism &amp; Certification Statement</td>
<td>Completed, signed and included</td>
</tr>
<tr>
<td>Budget Cover Sheet</td>
<td>Completed, signed and included</td>
</tr>
<tr>
<td>Uniform Budget Forms A, A1, B, and C</td>
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<td>Application is pending</td>
<td>Submit Agency letter noting that not certified or certification is pending</td>
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<td>List of Board of Directors and Officers for past 2 years</td>
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