REQUEST FOR PROPOSAL FOR
Children’s Integrated Services- Specialized Child Care Supports

Proposals must be received by 3/27/2020
Purpose and Scope

Howard Center, Inc. is a private, nonprofit organization located in Burlington, Vermont committed to providing effective and accessible services, for the benefit of our community. Founded in 1873 as an agency serving the children of the destitute, it now offers life-saving professional crisis and counseling services to children and adults; therapeutic interventions and education programs for children with emotional and behavioral issues; supportive services to individuals with autism and intellectual disabilities who need help with education, employment, and life maintenance skills; and counseling and medical services for adults struggling with substance abuse and mental health issues. Howard Center (HC) is seeking a bid response from qualified organizations to administer services with regard to Children’s Integrated Services (CIS) Specialized Child Care Supports (SCC).

Children’s Integrated Services

The Vermont Agency of Human Services, Department for Children and Families, Child Development Division (CDD) Children’s Integrated Services provides health promotion, prevention, and early intervention services to pregnant and postpartum people, infants and children birth up to age six (6) (unless otherwise noted) and their families and child development providers. CIS services include:

1. Strong Families Vermont Home Visiting
2. Early Intervention in accordance with IDEA Part C;
3. Early Childhood and Family Mental Health; and
4. Specialized Child Care Supports (to age 13).

CIS services are part of a consistent, comprehensive, and collaborative continuum of care across multiple types of providers and settings, through connections with high-quality community health and child development support services. The goal is to improve the health and well-being of pregnant/postpartum people, infants and children, so that progress on maternal and child safety, family stability, and optimal healthy development is achieved.

Specialized Child Care (SCC)

CIS Specialized Child Care holds primary responsibility to provide oversight and support for eligibility, consultation, and content expertise regarding the provision of specialized child care services and supports in their region. A CIS Specialized Child Care Coordinator is responsible for providing services in a collaborative team environment, which includes the childcare provider and the family/foster family or primary care provider and any other relevant service provider. Families accessing specialized childcare are eligible with an identified service need in:

- Protective Services Childcare- for children and families working with DCF Family Services Division;
- Family Support – for families experiencing significant short-term stresses;
• Children with Special Health Needs- for families with children with a physical, behavioral or developmental need.

The CIS Specialized Child Coordinator works to increase the capacity of specialized child care providers to improve the quality and increase the placement stability and inclusion for children with identified specialized needs.

Proposal Timeline

The Request for Proposal timeline is as follows:

Request for RFP Released by HC: March 2, 2020

Bidder’s Conference: March 9, 2020

Answers to Questions: March 11, 2020

Final Bid to Howard Center, Inc.: March 27, 2020

Selection of Top Bidders / Notification to Unsuccessful Bidders: April 10, 2020

Contract Award Start Date: July 1, 2020

Howard Center, Inc. will endeavor to administer the proposal process in accordance with the terms and dates outlined; however, the Howard Center, Inc. reserves the right to modify the activities, timeline, or any other aspect of the process at any time, as deemed necessary.

RESPONSE DATE

A Bidder’s conference will be held at Howard Center 1138 Pine Street, Burlington VT, in the Independence Conference Room. Bidders are not required to attend in order to be selected. Any question not raised in writing or on or before March 9, 2020 at 1:30 PM at the conference will be waived. Answers to questions posed will be released on March 11, 2020

Respondents to this RFP must submit one electronic or paper copy of their proposal. Responses must be received no later than 4:00 pm on March 27, 2020. Responses should be clearly marked “RFP-Howard Center: Children’s Integrated Services” and mailed or delivered to the contact person listed below.

Respondents to this RFP may include a one page cover letter with any additional information they feel is relevant.
Mail or deliver responses to:

Howard Center, Inc.
Lesley Hendry, Healthcare Reform Manager
1138 Pine Street
Burlington, VT 05401
Phone 802-488-6702
LHendry@howardcenter.org

SELECTION CONSIDERATIONS & SERVICES REQUESTED

Howard Center, Inc., is seeking services for CIS SCC. Typically one hundred (100) to one hundred and fifty (150) direct encounters occur per month. The average encounter duration is twenty eight (28) minutes. For items 1 through 40 please provide an attestation and a narrative description of your organization’s capacity and/or experience in delivering these services. Please number your responses just as they are listed below.

1. Background and Experience: Provide details concerning the form of business organization, company size and resources; describe particular experience relevant to the proposed services. Please include a copy of your most recent independent financial audit (if applicable) and/or your most recently filed Form 990 and related schedules.

2. Data and Reporting Requirements: Describe your infrastructure capacity to meet required data collection, documentation, and reporting requirements.

3. Describe your role in the local community’s system of care for this population. If not currently established in this community, describe your role in the community where you are currently part of the local system plan of care, including a strategic plan for networking, collaborating, and connecting with the local system.

4. Determine eligibility for Child Care Financial Assistance Program for specialized populations, which include family support (families experiencing substantial risk factors such as economic, housing, health, etc.), protective services, or children with special health needs;

5. Determine eligibility and coordinate transportation for children who meet the necessary requirements under specialized child care and the CCFAP regulations;
   a. Provide consultation and information to transportation providers to assist them in meeting the individualized needs of eligible children;
   b. Enter authorized transportation certificates into BFIS for authorized children;
   c. Update and close transportation authorizations in BFIS frequently;
   d. Provide notes in BFIS to document changes in schedules as needed.

6. Assist families in navigating the Child Care Financial Assistance Program, including identifying and enrolling children in specialized child care programs that are a best match for their child and family.
7. Consult with families and their teams (including Family Services Division caseworker) to support access to and placement stability in high quality child care settings;

8. Facilitate the review of the Family Support Child Care Financial Assistance applications with the regional CIS referral and intake team to score and make unified decisions. The Specialized Child Care Coordinator is responsible for keeping documentation of the score sheet with the team’s signatures and communicating the decision in writing to the family;

9. Attend and share specialized child care referrals at the weekly CIS referral and intake team meeting;

10. Provide home visits as necessary to families, with or on behalf of the primary service provider when child care is identified as part of the child’s plan. The on-site visit support could be around eligibility for financial assistance, special accommodations, transportation or other child care supports;

11. Provide outreach and expertise to the Family Services Division and other community partners on Specialized Child Care policies, practices and procedures to support families and children with identified specialized needs;

12. Communicate and collaborate regularly with the Community Child Care Support Agency staff to provide outreach on CIS services, which include specialized child care services, to support continuity of care for children and families;

13. Support and provide guidance to Specialized child care providers in working with a child’s team to complete and submit completed Special Accommodation Grant applications;

14. Facilitate the process of working with child care providers to complete the Part 3 Specialized Child Care and Provisional Agreement when a Protective Services child is placed with a non-specialized child care provider;

15. Increase the supply of specialized child care by recruiting high quality providers interested in becoming a specialized child care program; through outreach, visits and collaborative work with other entities working with child care programs.
   a. Provide on-site visits to review Specialized Child Care Part 3 and Provisional Part 3 Agreement (which includes the on-site checklist) with the Child Care Director prior to sending documentation to CDD for final review and approval of SCC status.
   b. Provide technical assistance to child care providers to support the successful enrollment and healthy development of children with specialized needs.
   c. Work with the provider to identify resources and supports necessary to improve program quality.

16. Provide in-person orientation to new DCF Family Services Division staff;

17. Ensure an on-going working relationship with the DCF Family Services district office, which includes regularly scheduled weekly time in their office;

18. Coordinate and support the enrollment of children with protective services needs through ongoing communication with child care provider, Family Services Division and caregivers;
19. Develop and maintain community partnerships to support appropriate client referrals to local CIS and community systems of care;
20. Participate in multi-disciplinary team referral and planning meetings as appropriate.
21. Provide information to contractor for timely and accurate data input and billing information;
22. Maintain professional documentation of all activities performed in the course of your role in accordance with the CIS contract; including ability to collect and report accurate and timely data in accordance with Chapter 16 at https://cispartners.vermont.gov/manual
23. Assist with program evaluation, program improvement plans and other related activities as requested by the state;
24. Maintain confidentiality;
25. Build caregiver’s self-advocacy skills to effectively address their basic needs, and access resources and supports to improve children’s health and development;
26. Create, maintain and support a safe environment for open discussions with CIS service recipients;
27. Consult with and provide interpretation/synthesis of information for caregivers, including assessments and strategies developed by other providers, to help them achieve the outcomes identified in their One Plan;
28. Elicit and consider differing viewpoints when collaborating with regional CIS providers for the purpose of One Plan development and service delivery.
29. Administer transportation per the CCFAP Transportation Policy.
30. Assist families and coordinate transportation for children who meet the necessary requirements and eligibility under specialized child care and the CCFAP regulations.
31. Enter authorized transportation certificates into BFIS for authorized children. Update and close transportation authorizations in BFIS frequently. Provide notes in BFIS to document changes in schedules as needed.
32. Provide consultation and information to transportation drivers to assist them in meeting the individualized needs of eligible children.
33. Coordinate with CDD approved transportation providers to ensure transportation is available and provided to eligible families.
34. Increase the supply of specialized child care by recruiting high quality providers interested in becoming a specialized child care program; through outreach, visits and collaborative work with other entities working with child care programs.
35. Provide on-site visits to review Specialized Child Care Part 3 and Provisional Part 3 Agreement (which includes the on-site checklist) with the Child Care Director prior to sending documentation to CDD for final review and approval of SCC status.
36. Provide technical assistance to child care providers to support the successful enrollment and healthy development of children with specialized needs.
37. Work with the provider to identify resources and supports necessary to improve program quality.
38. Provide technical assistance to providers applying for Special Accommodation Grants.

39. Ability to meet/improve performance measures:
   a. Performance Measure #1: Increase the number of CIS referrals received directly by CIS Coordinator from a primary referral source.
   b. Performance Measure #2: Increase in the percentage of those served by CIS within timelines documented in the CIS Appendix 4: Timeline.
   c. Performance Measure #3: Increase in the percentage of those served by CIS who achieve one or more outcomes (plan goals) by the annual review or exit from all CIS services (whichever is earliest).
   d. Performance Measure #4: Increase in percentage of those served by CIS who have exited, transitioned or discharged as a result of having met all of their plan goals as articulated by the client.

40. Ability to meet criteria outlined in Chapter 14: Specialized Child Care at https://cispartners.vermont.gov/manual

The selection criteria will include but are not limited to:

1. Organization is eligible to receive state and federal funds.
2. Organization has a Record System that allows for collection of initial evaluations, eligibility criteria, and identification of service needs and goals (One Plan).
3. Ability to meet all CIS Integrated Services Timeline (below).
4. Ability to collect required CIS authorization, intake, and referral forms (see https://cispartners.vermont.gov/forms).
6. Current and past performance within the same or similar service provision.
7. Keeping costs low. Provide a detailed schedule of expenses associated with services described in this proposal in the attached table.
8. Ability to meet performance outcomes.
9. Ability to provide services in client’s natural setting.
10. Meets client’s needs as identified in One Plan.
Applicant Information Sheet
(To be page 1 and included in the proposal packet)

Applicant Organization: ________________________________
Contact Person: _______________________________________
Title: __________________________________________________
Mailing Address: _________________________________________
Town, State, ZIP: _________________________________
Telephone: _____________________________________________
E-mail Address: _______________________________________

Organization Contacts:
- Person Authorized to Enter into Agreement
  o Name
  o Phone
  o Email
- Program Manager
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  o Phone
  o Email
- Contract Manager
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- Financial Contact
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Pricing

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*Please note any additional licensure requirements

** General Operating includes phone, computer, equipment, training, office, etc.

Minimum Qualifications for CIS Specialized Child Care Coordinator:

Education, License, and/or Credential

1. Bachelor’s degree from an accredited college or university with major work in social work, psychology, health, child development, and/or special education, and with a minimum two years of social work or related experience in human service field preferred.

2. Persons with degrees in related education/human services fields must have a minimum of four years of social work or related experience in a human services field serving young children and their families.
   a) Experience working with young children & families experiencing specialized needs or risk factors through Head Start, Part C or Part B programs, or other high quality early care and education settings preferred;
   b) Experience providing professional development, technical assistance, coaching and/or mentoring, and consultation to staff working with young children and families’ a plus.
Children's Integrated Services Timelines

Referral is received by CIS (any door)\(^1\)

- Re-referral = referral received for a person who never utilized CIS services after a previous referral, or who had previously exited all CIS services.

Initial contact with the client/family (within 5 calendar days for all services)

- Primary Service Coordinator is assigned
- Intake is completed, and authorization form signed
- Screening, assessments, and evaluations are conducted with appropriate signed consents

Initial One Plan meeting\(^2\) is held by the team, including the client/family, and eligibility for services is determined (including Family Support FAP if needed).

CIS One Plan is developed by the team, including the family, and signed by all parties.

Once the family signs the consent to receive services: this is considered a "Completed One Plan"\(^3\)

Date of Completed One Plan—CIS Services must begin within 30 days of the date the plan is signed.

- When a new need/service is potentially identified appropriate screenings, assessments, and/or evaluations must be conducted.
- If a new service is introduced then a new parental signature and date of parental consent is needed.\(^2\)
- At this point the entire plan should be reviewed (utilizing the Plan Review Form) and updated if necessary.
- Any time a client/family signs a One Plan because a new service is added the 6 month review date is reset (based on the new date of signed parental consent).

6 Month Review of the One Plan, by the team, including the client/family.

- The One Plan should be reviewed and updated as often as needed, or at a minimum 6 months from the date of the original signed, completed One Plan.
- If a new service pushes a 6 Month Review within 2 months of the Annual Review, then the 6 Month Review should be conducted as the Annual Review.

Annual Review of the One Plan, by the team, including the client/family.

- The One Plan should be reviewed and updated 1 year from the date of the original signed, completed One Plan; and not more than 12 months from each successive Annual Review date.
- To thoroughly evaluate the One Plan, review current evaluations, observations, and information available from the ongoing assessment.

Transition plans must be completed for any client/family as follows:

- Part C eligible children—notification is sent to LEA 6 mos. prior to child's 3rd birthday; transition conference held 90 days prior to child's 3rd birthday and transition plan completed.
- All other CIS clients—transition plans must be developed 30 days prior to a client exiting CIS or transitioning from CIS to a related service.

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\(^1\) Any non-CIS service that is needed may be coordinated by a CIS Primary Service Provider, but is not subject to these timelines.

\(^2\) A delay caused by family/child/client circumstances (using OSEP definitions of client circumstances) is an allowable exception to the timeline with appropriate documentation identifying this cause.

\(^3\) "Completed One Plan" means the date of the most recent One Plan with signed parental consent for services.