



INTENT TO NEGOTIATE

**INTEGRATED SYSTEMS FOR CHILDREN
WITH SPECIAL NEEDS INITIATIVE**

Issued March 3, 2020

ADDENDUM #2

Proposals must be submitted by:

Thursday, April 16, 2020, 4:00 PM

to

Emily Roberts
First 5 San Mateo County
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402-3050

*This ITN and all its appendices are available online at:
https://first5sanmateo.org/partners/funding_opportunities/*

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I. TIMELINE

Release of Intent to Negotiate (ITN)	March 3
ITN Conference #1 (Virtual Meeting)	March 9, 2:30-4:30 PM*
Lead & Partner Applicant Letters of Intent Due (<i>mandatory for Leads, strongly advised for Partners</i>)	March 16, by 5 PM
Deadline for submitting Proposers' Questions	March 16, by midnight
Lead Applicant Interviews (<i>Leads only</i>)	March 18-19*
Answers to Proposers' Questions and Lead Applicant Recommendation Announcement Posted by F5SMC	March 20, by 5 PM
Recommended Lead Agency(s): Meet independently with proposed Partner Agencies to develop proposal(s)	March 20-April 15*
ITN Conference #2 (Virtual Meeting to be determined) (Replaces Systems Change for CSN meeting)	April 2, 1-2:45 pm*
Proposals Due	April 16, 4 pm
Review of Proposals and possible follow-up interviews	Week of April 20 (date/time TBD)*
Announcement of Recommendation at F5SMC Commission Meeting	April 27, 4-6 pm
Appeal Deadline	May 7, midnight
Agreement Negotiations	May 11-15*
Agreement Approval at F5SMC Commission Meeting	June 22, 4-6 pm**
Agreement Execution	By June 30
Anticipated Contract Start Date	July 1, 2020

* Proposers must be available on these dates

** Approval of SOW, Budget, Budget Narrative, and Exhibit A

II. PREFACE

A. GENERAL PROVISIONS

This Intent to Negotiate (ITN) is not a commitment or contract of any kind. First 5 San Mateo County (F5SMC/the Commission) reserves the right to pursue any and/or all ideas generated by this request. F5SMC reserves the right to reject any and all proposals and/or terminate the ITN process if deemed in the best interest of the Commission. Further, while every effort has been made to ensure the information presented in this ITN is accurate and thorough, F5SMC assumes no liability for any unintentional errors or omissions in this document. F5SMC reserves the right to waive or modify any requirements of this ITN when it determines that doing so is in the best interest of the Commission. Costs for developing the proposals are entirely the responsibility of the Proposers and shall not be reimbursed.

Authority

Proposition 10 (Prop 10), the “California Children and Families Act of 1998”, imposed an excise tax on tobacco products and authorized counties to establish commissions to allocate these funds at the local level. Ordinance #03889 was adopted by the San Mateo County Board of Supervisors on March 9, 1999, creating the nine-member Children and Families First Five Commission (now referred to as First 5 San Mateo County Commission). The Commission was authorized to develop a Strategic Plan and allocate funds accordingly. The most recent Strategic Plan was updated and approved in October 2018.

The F5SMC Commission consists of: (a) one member from the Board of Supervisors, (b) the Director of the County Health Department, (c) the Director of the County Human Services Agency, (d) the County Superintendent of Schools, and (e) five public members appointed by the Board of Supervisors. In addition, the F5SMC Commission recognizes the value of youth representation, and therefore invites up to two Youth Commissioners to serve as active members on the F5SMC Commission. The current Commission members are:

- Louise Rogers, Chief, San Mateo County Health, Commission Chair
- Sandra Phillips-Sved, Public Member, Commission Vice-Chair
- Nancy Magee, County Superintendent of Schools
- David J. Canepa, Board of Supervisors
- Ken Cole, Director, San Mateo County Human Services Agency
- Alexis Becerra, Public Member
- Rosanne Foust, Public Member
- Pam Frisella, Public Member
- Neel Patel, M.D., Public Member
- Ryan Teh, Youth Commissioner

Public Nature of Proposals

Government Code Section 6550 et. seq., the California Public Records Act, defines a public record as any writing containing information relating to the conduct of the public business. The California Public Records Act provides that public records shall be disclosed upon written request, and that any citizen has a right to inspect any public record, unless the document is exempted from disclosure.

F5SMC cannot represent or guarantee that any information submitted in response to this ITN will be confidential. Please be advised that any contract that eventually arises from this ITN is a public record in its entirety. Also, all information submitted in response to this ITN is itself a public record without exception. Submission of any materials in response to this ITN constitutes a waiver by the submitting party of any claim that the information is protected from disclosure. By submitting materials, (1) you are consenting to release of such materials by F5SMC if requested under the California Public Records Act without further notice to you and (2) you agree to indemnify and hold harmless F5SMC for release of such information. All proposals submitted in response to this ITN shall become the exclusive property of F5SMC. At such time as F5SMC approves an Agreement, all proposals submitted in response to this ITN shall become a matter of public record and shall be regarded as public records.

Communication with F5SMC

Please note that as of the issue date of this ITN and continuing through the Commission vote(s) to award grant(s), all F5SMC personnel, Commissioners, and Review Panel members have been specifically directed not to hold meetings, conferences, or technical discussions regarding this ITN with prospective Proposers/service providers unless otherwise indicated in the ITN timeline set forth in Section VIII Proposal Solicitation Process and Section IX Proposal Selection Process and Review Criteria.

B. RIGHTS

Proposers' Rights Regarding Confidentiality of Proposals

If F5SMC receives a request for any portion of a document submitted in response to this ITN, it will not assert any privileges that may exist on behalf of the person or entity, and F5SMC reserves the right to disclose the requested materials without notice to the party who originally submitted the requested material. If a Proposer believes that a portion of its proposal is confidential and notifies F5SMC of such in writing, F5SMC may, as a courtesy, attempt to notify the Proposer of any request for the proposal. However, it would be the sole responsibility of that Proposer to assert any applicable privileges or reasons why the document should not be produced, and to obtain a court order prohibiting disclosure. The Proposer understands that F5SMC is not responsible, under any circumstances, for any harm caused by production of a confidential proposal.

F5SMC's Rights Regarding Confidentiality of Proposals

To the extent consistent with applicable provisions of the California Public Records Act and applicable case law interpreting those provisions, F5SMC and/or its officers, agents, and employees retain the discretion to release or to withhold disclosure of any information submitted in response to this ITN. Submission of a proposal constitutes a complete waiver of any claims whatsoever against F5SMC and/or its officers, agents, or employees that F5SMC has violated a Proposer's right to privacy, disclosed trade secrets, or caused any damage by allowing the proposal to be inspected.

F5SMC's Rights Regarding Funding Investments

F5SMC may, in its sole discretion, enter into one or multiple contracts with qualified agencies/entities. F5SMC also reserves the right not to fund any proposals received through this solicitation.

F5SMC's Right to Modify the ITN

F5SMC may modify the ITN prior to the fixed date for submission of proposals by issuance of an addendum to all parties who have received the ITN.

F5SMC's Rights Regarding Lowest-Cost Proposals

F5SMC reserves the right to accept other than the lowest price when the best interests of F5SMC are served by doing so.

F5SMC's Right Regarding Local Preference

F5SMC reserves the right to give preference to a San Mateo County-based service provider vendor if deemed in the best interest of F5SMC.

C. AGREEMENTS

Proposers' Agreement to Contracting Terms

The Proposer must be able to agree to all of the terms of the F5SMC sample Agreement included in APPENDIX B. If the Proposer cannot agree to each term but still wishes to respond to the ITN, the Proposer must specifically identify in its proposal the terms with which it cannot comply.

Proposers' Agreement to Funding Term and Renewal Language

The Funding Term will be for 36 months, from July 1, 2020 through June 30, 2023. Entering into an Agreement related to this ITN does not guarantee funding beyond June 30, 2023. Furthermore, all F5SMC agreements are subject to Agreement Terms and Termination provisions as stated in Paragraph 3 of the F5SMC Sample Agreement (APPENDIX B).

Proposers' Agreement to Comply with Evaluation Requirements

All funded entities must agree to track process and outcome measures for their specific project. Additionally, funded projects will be expected to participate in a comprehensive evaluation of the effectiveness of efforts under Proposition 10, including but not limited to:

- Collecting, entering and or importing individual-level client data and individual-level service data on all project activities into a central database as determined by F5SMC;
- Administering F5SMC evaluation tools on clients served as required by the F5SMC evaluation design;
- Allocating staffing resources and time to comply with the evaluation requirements;
- Providing additional information as required by F5SMC, F5CA, or other funders.

Proposers' Agreement to Comply with Contract Compliance

A F5SMC Program Specialist will be the direct liaison between F5SMC and the funded partner(s). The Program Specialist will provide technical assistance, monitor for contract compliance, and quality oversight.

The funded partner(s) will be expected to participate in other regularly scheduled or ad hoc meetings as requested by F5SMC staff and is expected to maintain regular communication with F5SMC staff.

Proposers' Agreement to Non Supplantation

In accordance with the Proposition 10 statute, no Commission funds shall be granted or used for any existing project or program funded by state or local general funds unless the proponent demonstrates to the Commission's satisfaction that the Commission's funding will be used to improve the quality or quantity of an existing service, and not to supplant existing funding. Please see Attachment E, F5SMC Supplantation Policy, for more detail.

III. INTRODUCTION

A. INTENT TO NEGOTIATE OVERVIEW

An ITN is a collaborative process that allows multiple agencies to submit proposals together. It allows the Commission to release all data, strategic planning documents and relevant criteria to interested parties to assist them in preparing proposals. Lead applicants are asked to develop a plan, a budget and a group of subcontractors as a complete package. Scope of Work and Budget Request Forms are included in the Appendix X Section of this ITN. F5SMC Commission staff will initiate the ITN with basic guidelines and technical assistance to applicants.

F5SMC welcomes Proposals from all qualified service providers. F5SMC may, in its sole discretion, enter into contracts with multiple qualified providers.

Intent

The intent of this ITN is to solicit Proposal(s) from qualified agencies interested in participating in implementing the Integrated Systems for Children with Special Needs Initiative in San Mateo County. The successful Lead Agency(s) and its subcontractors/partners will be expected to implement the Initiative expeditiously and economically, to promote collaboration and teamwork among key agencies with complementary strengths, to provide fiscal oversight and coordination, and to provide staff time and resources to complete tasks necessary for countywide implementation. F5SMC has approved up to \$3,421,000 for the time frame of July 1, 2020-June 30, 2023 in collaboration with other funders, including the David & Lucile Packard Foundation, Sequoia Health Care District, and Peninsula Health Care District for the Integrated Systems for Children with Special Needs Initiative.

The ITN is intended to bolster the continuum of care to identify and treat children with special needs, and the ongoing efforts to address systemic issues that impact access to and quality of these services. F5SMC seeks to build on the work that we have previously funded to support young children with or at risk of special needs in San Mateo County. We envision this work to capitalize on existing partnerships and models as well as new opportunities and synergies, thereby maximizing impact and resources.

Eligible Applicants

Eligible applicants include local governmental entities, local non-profit agencies with 501(c)(3) status, local pediatric clinics, institutes of higher education, and other local service providers. Applications must be submitted by an identified Lead applicant. A strong partnership structure with partner/subcontractor applicants is essential to deliver the intended service strategies outlined in this ITN. Agencies that submit a Letter of Intent (LOI) by March 16, 2020 may apply to be a Lead or Partner Agency for the Integrated Systems for

Children with Special Needs Initiative. F5SMC reserves the right to contract directly with more than one agency applying as Lead or Partner Agencies, as desired.

B. FIRST 5 SAN MATEO COUNTY 2015-2020 STRATEGIC PLAN

In October 2018, the Commission updated its Strategic Plan for the years 2020-2025. Commission investments will be in three core Focus Areas: Quality Care and Education, Healthy Children, and Resilient Families.

F5SMC has established the following Core Values and Principles to guide the Strategic Plan:

Core Values

1. Support the whole child within the whole family: We understand that young children's social, emotional, physical, and cognitive development are interdependent, and that children grow and learn within their family relationships and the larger community.
2. Build connections between the many systems that serve young children and their parents and caregivers: We recognize the importance of smooth transitions for children and families as they grow from infancy through toddlerhood and preschool, and enter elementary school.
3. Embrace the importance of fathers and male role models in the healthy development of children: We expect intentional inclusion of fathers/male role models and consideration of their needs within the structure and delivery models of family services and supports.
4. Promote positive development in infants and toddlers, and focus on prevention and early intervention: We know that 75% of a child's brain develops before the third birthday, and that it is therefore critical to support pregnant women and to help mothers, fathers, and caregivers establish and maintain stable and loving relationships with their infants and toddlers.
5. Include children of diverse abilities: We support the right of all children to live, grow, and learn in their communities.
6. Respect and engage parents and families: We acknowledge the strength of individual familial structures and cultures, and respect the desire and ability of parents to nurture their children and act as their first teachers.
7. Honor cultural, ethnic, and linguistic diversity: We believe that all services should be delivered in a culturally and linguistically appropriate way.
8. Appreciate strengths: We build upon the positive qualities of children, families, and communities in the design and delivery of programs.
9. Enlarge community capacity: We invest in our community's understanding of and ability to support the healthy development of all children.

Guiding Principles

1. Create value: Invest in approaches that add social and economic value to the landscape of supports for all children and families; and build upon, integrate, and

- collaborate with existing services to improve quality and provide efficient service delivery.
2. Promote equity: Ensure that all children, regardless of circumstance, have the opportunity to reach their full potential, and include families as partners in decisions that affect their service provision.
 3. Foster excellence: Expect excellence and allow for innovation in the development and implementation of initiatives and programs.
 4. Demonstrate effectiveness: Consider the existing evidence of impact when designing and supporting activities, and evaluate our investments to monitor results and inform continuous quality improvement.
 5. Achieve sustainable change: Use Commission investments to effect long-term policy, institutional, funding, and systemic changes that extend the reach and impact of F5SMC activities.

In recent years, many Commissions have been faced with the issue of declining revenues. While F5SMC dollars were never able to meet all needs of children 0-5 and their families, the decrease in funding has resulted in F5SMC prioritizing partnerships with entities that are achieving both direct impact and positive systemic change. This approach fosters sustainable improvement within agencies and systems and allows families beyond the direct service reach to benefit. As noted in the 2020- 2025 Strategic Plan, the Commission strives to strike the right balance between program investments and systems improvements; therefore, the Commission is particularly interested in proposals that address present needs as well as examine and improve the underlying systems. In addition, the Commission is interested in funding projects that maximize its investment through strong collaboration, service integration and continuity, and leveraging of multiple funding sources. The Commission will be seeking to support service projects that can achieve and demonstrate measurable, positive results for the children and families they serve.

For each Focus Area, the Commission has identified specific strategies for investment and population- and participant-level indicators to help track progress towards the Commission's desired outcomes. Proposers should be familiar with the content of the F5SMC 2020-2025 Strategic Plan, APPENDIX F.

C. CONTEXT, BACKGROUND RESEARCH AND PROJECT JUSTIFICATION

Experts agree that the foundations of lifelong health are built in the early years¹ and that early detection of developmental concerns and connection to services lead to the best outcomes for young children. Early detection is critical for the 12 to 16 percent of all American children who experience developmental or behavioral problems.² For children who

¹ Center on the Developing Child (2010). The Foundations of Lifelong Health Are Built in Early Childhood. Retrieved from www.developingchild.harvard.edu.

² Boyle CA, Boulet S, Schieve LA, et al. Trends in the prevalence of developmental disabilities in U.S. children, 1997-2008. Pediatrics 2011;127:1034-42.

have developmental delays, early interventions such as developmental behavioral therapies can improve development in many areas such as language and communication,³⁴ cognitive,⁵ and social-emotional⁶⁷ and help to ensure their later success in school and in life.

Families and providers need support to understand and navigate the complex array of community-based services and supports available to promote children's optimal health and wellness.⁸ Yet California's system for early identification and intervention has been failing. Despite developmental screenings receiving more recognition for the important role they play in helping to detect developmental, behavioral, physical delays, our state is 30th in the nation for ensuring early identification and linkage to intervention takes place.⁹ Seventy percent of California's children with delays are not identified until they are in Kindergarten.¹⁰

In San Mateo County, early data indicates that each year 4,000 children ages 0 to 5 years with delays are not being identified or receiving critical early intervention services through the Regional Center, school district or the County Office of Education.¹¹ In addition, children of color are identified at later ages and may not have the opportunity to benefit from early

³ McLean LK, Cripe JW. The effectiveness of early intervention for children with communication disorders. In: MJ Guralnik, ed. The effectiveness of early intervention. Baltimore, MD: Brookes Publishing. 1997:349-428

⁴ American Speech-Language-Hearing Association. Roles and responsibilities of speech-language pathologists in early intervention: Technical report. Rockville, MD: American Speech-Language-Hearing Association; 2008

⁵ Hebbeler K, Spiker D, Bailery D, et al. Early intervention for infants and toddlers with disabilities and their families: participants, services and outcomes. Final report of the National Early Intervention Longitudinal Study (NEILS). Menlo Park, CA: SRI International; 2007

⁶ Landa RJ, Holman KC, O'Neill AH, Stuart EA. Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: a randomized controlled trial. J Child Psychol Psychiatry 2011;52:13-21.

⁷ Bailey DB, Hebbeler K, Spiker D, Scarborough A, Mallk S, Nelson L. Thirty-six month outcomes for families of children who have disabilities and participated in early intervention. Pediatrics 2005;116:1346-52.

⁸ Hughes, D. (2015). In their own words: Improving the care experience of families with children with special health care needs. Lucile Packard Foundation for Children's Health & University of California, San Francisco. Retrieved from: <http://www.lpfch.org/publication/their-own-words-improving-care-experience-families-children-special-health-care-needs>

⁹ Data Resource Center for Child & Adolescent Health (2016). Interactive Data Query, National Survey of Children's Health, Emotional and Mental Health. Retrieved on December 4, 2017, from <http://www.childhealthdata.org/browse/survey>

¹⁰ Rice, C.E. et al: Screening for Developmental Delays Among Young Children – National Survey of Children's Health, United States, 2007. Centers for Disease Control: Supplements: September 12, 2014: 63(02);27-35

¹¹ Source for FY 2017: Part C Early Intervention Numbers and Percentages 2016. Retrieved from <https://www2.ed.gov/programs/osepidea/618-data/static-tables/2016-2017/part-c/child-count-and-settings/1617-cchildcountandsettings-1.xlsx> Citation Source for Part B Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, National Survey of Children with Special Health Care Needs (Dec. 2012)

intervention services.¹² This places an undue burden on our K-12 education system and sets our children up for disadvantaged learning experiences.

While child health care providers strive to provide high quality care in the medical home, the challenges of time and available resources impact their ability to deliver coordinated care and to follow-up on screening results with referrals, particularly for children with special health care needs.¹³ A recent statewide survey of pediatric medical providers in California conducted by the Silicon Valley Community Foundation Center for Early Learning found that 94% of providers would use a centralized access point to connect children with developmental concerns and their families to services, if available.

History of F5SMC Special Needs Initiatives

Since 2007, F5SMC has funded Watch Me Grow, an Early Identification and Special Needs Initiative for Young Children and their Families. This collaborative initiative partners with 15 agencies that serve young children with or at risk of special needs to improve the system of care for these children and to optimize their development. The services provided through Watch Me Grow address specific gaps in the system of care by focusing on particular target populations or communities, helping to build out our system of care.

Systems Change Group

From 2013 to 2015, San Mateo County participated in the 5Cs (California Community Care Coordination Collaborative) funded by Lucile Packard Foundation for Children's Health to improve systems of care for children with special health care needs and their families. The coalition included key providers serving children with special needs and families with representatives from California Children's Services, Regional Center, Family Resource Center, pediatricians, public health nurses, special education and mental health professionals and more. Round II activities included convening the Systems Change Group for information sharing and cross-training and to address systems gaps and barriers to services identified through Watch Me Grow screenings, referral and case discussions, Because the need for centralized access to resources and information for families and providers was identified in Round 1, a report on the feasibility of implementing a centralized access point was produced.

The coalition included the Watch Me Grow lead and partner agencies, in partnership with F5SMC, and continues to meet quarterly as the Systems Change Group for Children with Special Needs and their Families in San Mateo County to address systems gaps and barriers

¹² Liptak, J.S. et al: Disparities in diagnosis and access to health services for children with autism: data from the National Survey of Children's Health, Journal of Developmental Behavioral Pediatrics, 2008 Jun;29(3):152-60.

¹³ Calvin, K., Okumura, M. MD, and Knauer, H.: Challenges and Joys: Pediatricians Reflect on Caring for Children with Special Health Care Needs. Issue Brief: Lucile Packard Foundation for Children's Health, Palo Alto, CA: March, 2017

for children with special needs and families. This group identified the need for families and providers to have access to resources for child development and developmental concerns and recommended implementation of a local Help Me Grow system to help reduce barriers to early identification and access to necessary services.

Recent History

F5SMC's 2015-2020 funding cycle underwrote services and systems investments. These investments included, but were not limited to the following:

WATCH ME GROW

From 2015-2020, Watch Me Grow (WMG) has continued to address systemic gaps and improve the system of care for children with special needs. In collaboration with F5SMC, Gatepath serves as the lead agency and coordinates the 15 WMG partners for the following activities to enhance the system of care for young children with special needs and to foster collaboration and communication among the providers who serve them:

- Outreach to families, child health care providers, community service providers, including development of culturally and linguistically relevant materials and strategies
- Developmental & social-emotional screenings: Screenings are available to any child in the county and administered in-person, through mail-out, or online with The Ages and Stages Questionnaires (ASQ 3 and ASQ: SE-2), standardized screening tools available to families with children from birth to 5 years. WMG has also partnered with pediatric clinics and early learning programs to screen their young children and refer them to services as needed.
- Training and technical assistance to build capacity in the county for family and child serving providers to conduct developmental and social-emotional screenings and follow-up
- Professional capacity building to promote reflective practice, family-centered care, and family engagement
- Rapid Developmental Evaluation by a developmental-behavioral pediatrician in SMC pediatric clinics
- Care Coordination to link children with special needs and families with further assessment and appropriate services
- Child Study Team: multidisciplinary case discussion of children identified through screenings
- Medical-Community Collaborative Roundtable case conferencing of children with complex special health care needs encountering barriers to services
- Legal services for families encountering barriers to mandated and other necessary services
- Gap services, such as parent-child groups for children with mild-to-moderate social-emotional/behavioral needs
- Advocacy to address systems gaps and barriers

- Community Care Coordination Collaborative to engage providers serving children with special needs and families in improving the local system of care

THE HELP ME GROW (HMG) SYSTEM MODEL

Help Me Grow (HMG) is a nationally recognized model to advance developmental promotion, early detection and linkage to services to support healthy development of all young children. Since 2005, the HMG system has been adopted by 31 states across the US and 23 counties within California. The Help Me Grow model is designed to help communities leverage existing resources to provide information on child development, link families to community-based services, identify vulnerable children, and empower families to support their children's healthy development through the implementation of four core components.

Four Core Components

Child Health Provider Outreach supports community-based pediatricians by enhancing their developmental promotion and early detection activities for all children and families. Child health care providers are charged with supporting the health and safety of children. They are uniquely positioned to identify developmentally vulnerable children as collectively they have near universal access to the population of young children. However, child health care providers often face challenges providing the ongoing monitoring of children's developmental status, including identifying early signs of developmental or behavioral concerns. Even when needs are recognized, keeping comprehensive and updated information on community-facing services is difficult and successful connection to those programs is time-consuming.

Family & Community Outreach promotes the HMG system, facilitates provider networking, and bolsters children's healthy development by supporting families. Family & Community Outreach is key to promoting the use of HMG and providing networking opportunities among families and community-based service providers. Family & Community Outreach staff work to engage families by participating in community meetings, forums, public events, fairs, and facilitating sessions that help families learn about child development and the role of HMG. These staff also establish and maintain relationships with community-based service providers and maintain a community resource directory.

Centralized Access Point typically takes the form of a call center and, more recently, an accompanying virtual service, that serves as the “go-to” place for family members, child health care providers, and other professionals seeking information, support, and referrals for children and early development. Telephone and web-based services have proven to be effective primary points of access to community resources. They are cost-effective, easy to promote, efficient in identifying needs, and effective in supporting callers and triaging to appropriate services.

Data Collection and Analysis ensures ongoing capacity for continuous system improvement. Data is collected throughout all components of the HMG system, including child health provider outreach, family and community outreach, and within the centralized access point.

The collection of shared metrics across the HMG National Affiliate Network enables HMG affiliates to benchmark progress, identify areas of opportunity and systemic gaps, determine potentially advantageous partnerships, and guide strategic quality improvement projects. The HMG model depends on three Structural Requirements to provide the foundation for building and managing the components of a HMG System effectively over time: Organizing Entity, Scale and Spread, and Continuous Systems Improvement. In San Mateo County, the Organizing Entity is F5SMC; Scale and Spread will be addressed in the planning process and by the Leadership Advisory Team, and Continuous Systems Improvement will be based on data collection and evaluation of HMG National Common Data Indicators.

HELP ME GROW SAN MATEO COUNTY

Help Me Grow San Mateo County (HMG SMC) aims to develop a universal access system for all parents of young children and their providers to access information and resources about early development and support access to services. HMG SMC is a collective effort led by F5SMC with partners who are invested in ensuring that all children and their parents receive the information and support they need as early as possible in order to realize their child's greatest potential.

Since 2016, San Mateo County has been an Affiliate of Help Me Grow California and Help Me Grow National. In 2016, the California Community Care Coordination Collaborative and F5SMC conducted a landscape analysis to assess the need for and viability of centralized telephone access, and its potential positioning within the current landscape of services and existing call lines for early childhood services. (See Appendix I: CAP Feasibility Study) Beginning in 2017, F5SMC allocated funding and has secured additional revenue streams to help fund the HMG SMC effort and has made strides to build the structure and leadership to help ensure a successful launch and sustainable funding for this initiative.

In 2018, F5SMC identified Cheryl Oku Consulting to oversee the operations and rollout of the local Help Me Grow system. In 2019, F5SMC launched a HMG SMC Leadership Advisory Team, comprised of high-level leaders and decision-makers from several of the most prominent child-serving institutions to provide strategic visioning and feedback on the rollout of this model.

In October 2018, F5SMC selected Gatepath to implement the HMG Centralized Access Point and Family & Community Outreach Components. The HMG SMC staff conducted outreach to families and community partners, gathered resources for the community resource directory and launched the Call Center in January 2019. Runyon Saltzman, Inc. (RSE) was contracted by F5SMC as Communications Consultant to develop outreach strategies, messages and materials and launched the bilingual HMG SMC website in early 2020.

High pediatric utilization rates among San Mateo County children and new state-facilitated incentives for conducting developmental screenings has led to a focus on partnering with pediatric clinics to increase screenings and referrals to services. In December 2018, Dr. Neel Patel, pediatrician and F5SMC Commissioner, was identified as the HMG SMC Physician Champion. Under his leadership, HMG SMC convenes a Pediatric Advisory Group to inform

and guide efforts in partnership with the medical community. In January 2019, F5SMC selected Stanford Children's Health Community and Government Relations to implement the Child Health Provider Outreach Component. Staff developed outreach and training materials, conducted a needs assessment and provided outreach to pediatric practices and trainings on screening tools, billing and referral pathways.

Despite F5SMC's investment and progress, much work still remains to be done in order to meet the needs of young children with special needs and their families, as well as their service providers, in a coordinated and comprehensive way. Through the upcoming funding cycle (2020-2025), F5SMC intends to capitalize on the progress made to-date to continue bolstering the system of care for young children with special needs in San Mateo County, as well as continuing to support all families of young children and their providers with resources and information to promote their development and connect them to needed services.

D. PURPOSE, SERVICE STRATEGIES, AND AREAS OF SPECIAL INTEREST

Purpose

The purpose of this ITN is to bolster the systems that identify and treat children with special needs. Specifically, F5SMC intends to ensure that every family and child-serving provider in San Mateo County has access to high-quality child development information and the resources necessary to support the positive development of the children in their care.

To achieve this, F5SMC seeks lead and partner applicants to build on the rich foundation of Watch Me Grow and Help Me Grow, the two F5SMC-funded initiatives that are currently being implemented, to create an enhanced continuum of care to link children from early identification to the services and supports they need to thrive. This continuum will include implementation of the local Help Me Grow system with fidelity to national standards, including all four core components, and would also offer targeted opportunities to address barriers or fill critical gaps within the system of care for children with or at risk of special needs. The ideal proposal would carry forward the core elements of the work of both previously funded initiatives that have shown positive or promising outcomes. It would also leverage new opportunities and resources, create efficiencies, and improve on current approaches through continued innovation.

Service Strategies

Specifically, we are interested in supporting the following elements within the system of care:

1. Advocacy for policies and legislation (e.g. to improve access to services, increase reimbursement rates, and reduce barriers for families related to socioeconomic status)
2. Centralized Access Point and care coordination services to support timely access to information, resources, linkages, and services for children requiring additional assistance
3. Multidisciplinary case conferencing to promote a deeper understanding of the needs of individual children and families across disciplines, to coordinate services among agencies who may share clients, and to document barriers to services
4. Systems-building, integration, and improvement (e.g. data sharing agreements and practices, cross-sector collaboration, aligning referral protocols, other systemic issues that impact access to and quality of services for children with special needs and their families)
5. Strategic services to fill gaps and reduce barriers (e.g. mental/behavioral health services, parent-child groups for children with mild-to-moderate concerns, legal services, access to inclusive child care settings, language access)
6. Provider capacity building (e.g. technical assistance, training, and/or consultation for primary care providers, early educators, and other key providers)
7. Developmental screenings (e.g. facilitate access to tools via primary care providers, connect families to online screening tools)
8. Outreach to promote the HMG system with pediatric medical providers, general community-providers, and families

Funding is not intended to support the following:

- The full array of existing activities funded via WMG. Activities with the greatest value-add will be prioritized.
- Direct services that have the potential to leverage other public funding streams, are otherwise covered by insurance, or are required to be provided by legal mandate.
- A full-scale, multidisciplinary, medical case conferencing model.
- Direct services for children with special needs in early learning settings.

Areas of Special Interest

TARGET POPULATIONS

In California, one in four children 0-5 are at moderate or high risk for developmental, behavioral or social delays and 1 in 68 are at risk for autism spectrum disorder¹⁴. Given the prevalence and breadth of special needs, the Integrated Systems for Children with Special Needs Initiative will provide a universal opportunity for all children ages 0-5 and their families to access information and support around child development.

¹⁴ Help Me Grow California: <http://helpmegrowca.org/index.php/resources/>

Importantly, however, some children are at higher risk for a developmental delay, and disparities also exist for certain children regarding timely identification and diagnosis of concerns. Therefore, the work of this funded initiative intends to spotlight these particular populations as targets of our collective efforts:

- Children at risk for developmental delays due to adverse childhood experiences (ACEs) or trauma
- Black and Latinx children
- Children living in poverty
- Underinsured children in working families
- Infants and toddlers 0-3 years

Additionally, several components of the Integrated Systems for Children with Special Needs Initiative, focus on child-serving providers and the systems that they work in as their targets. These populations include:

- Pediatricians, other primary health care providers, and health clinic staff
- Early care and education professionals
- Family support professionals
- Leadership of various child- and family-serving organizations

BARRIERS AND GAPS

Certain barriers present difficulties for families of children with special needs to access needed services. In addition, certain gaps in the landscape of services contribute to the challenge of connecting children with the supports they need to grow and thrive.

Critical gaps and barriers include:

- Low reimbursement rates and inadequate funding for services which lead to:
 - Long wait lists for some services
 - Lack of specialized service providers
- Access to inclusive environments and services
- Services for children with mild-to-moderate behavioral health concerns
- Culturally- and linguistically-responsive services
- Engagement with agencies and programs serving children with special needs, i.e. Regional Center, school districts, special education, and Title V MCH
- Public awareness of the importance of developmental promotion, early identification and intervention
- Legislative awareness of early identification and treatment as a looming public health crisis

Therefore, the Commission is interested in proposals that include a focus on addressing one or more of the following targeted improvement areas:

For children with special needs and their families:

- Timely access to services through care coordination
- Access to information about available inclusive services and environments, including early learning programs
- Availability of supports and services for children with mild-to-moderate behavioral health concerns
- Services and supports that are culturally- and linguistically-responsive

For providers serving children with special needs and families:

- Sharing data and information for purposes of providing seamless, coordinated services for children with special needs and their families
- Understanding of the system of care, including eligibility requirements and protocols for programs serving children with special needs and families
- Use of valid, reliable developmental screening instruments in accordance with recommendations of the American Academy of Pediatrics (AAP)

For improvement to the system of care:

- Public education and advocacy on issues related to early identification and intervention services for children with special needs and families, including reimbursement rates
- Greater engagement among service providers, in particular with mandated service agencies and programs such as Regional Center, school districts, Special Education, and Title V MCH
- Data sharing for purposes of needs assessments, continuous quality improvement

E. LEAD AND PARTNER ROLES

The Integrated Systems for Children with Special Needs Initiative is one of F5SMC's signature investments. The lead agency will work closely with F5SMC staff and any designated consultants to co-lead the effort, which we envision will continue throughout the three-year funding term as a countywide, highly visible model.

Key Characteristics of Lead Agency Applicant(s)

F5SMC seeks a Lead Agency that has an extensive history of administering large-scale programs with multiple partners and providing services similar to those outlined in this ITN; the ability to promote collaboration and teamwork among key agencies with complementary strengths; experience launching and maintaining new service components with varied modalities; the capacity to provide fiscal oversight and coordination; the ability to set performance expectations, monitor and evaluate performances of all partners and provide regular program reports to F5SMC. These expectations require the Lead Agency to be visionary and nimble, and to have the ability to allocate staff time and resources to

complete all tasks necessary for countywide implementation. The recommended Lead Agency will be expected to meet independently with proposed partner agencies to develop the proposal throughout the ITN period.

Key Characteristics of Partner/Subcontractor Applicant(s)

F5SMC seeks partners/subcontractors with/to the Lead Agency that also have a history of providing services similar to those desired in this ITN; working collaboratively with other key agencies and providers; demonstrating complementary strengths to those of the Lead Agency applicant; and a record of completing tasks in the assigned time frame. Partners can submit a Letter of Intent (See Appendix H for Partner LOI template) as a funded or unfunded partner but do not directly apply to F5SMC.

First 5 SMC reserves the right to contract directly with selected partners/subcontractors if deemed necessary or preferable during the ITN process or contract negotiations.

F. DEFINITIONS

For the purposes of this ITN and the service components F5SMC seeks to fund, we are providing the following definitions:

Lead Proposer/Applicant

The terms Lead Proposer and Lead Applicant are used interchangeably and refer to the Lead agency/entity applying for Integrated Systems for Children with Special Needs Initiative funding. The designation of “Lead” or “Partner” becomes important as applications are collaborative in nature. The “Lead” is the official Proposer/Applicant (and most likely will serve as the fiscal agent), while the “Partner(s)” are the agencies collaborating on the project.

Children with Special Needs¹⁵

Children with Special Needs are those who have or are at increased risk for chronic physical, developmental, behavioral or emotional conditions and who also require services of a type or amount beyond that required by children generally.

System of Care¹⁶

A system of care is not a specific type of program; rather it is an approach that combines a broad array of services and supports with a set of guiding principles and core values. Services and supports are provided within the context of the core values. Services should be family-centered, community based and culturally and linguistically competent. Most

¹⁵ McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Shonkoff J, and Strickland B. A new definition of children with special health care needs. *Pediatrics* 1998;102(1):137-140.

¹⁶ Casey Family Programs, February 2018, <https://www.casey.org/can-you-tell-us-about-a-few-agencies-that-have-systems-of-care/>

important, services and supports are individualized to address the unique strengths and needs of each child and family. Each system of care develops its own principles, but they should be aligned with these core values.

Terms like “system of care” are often used to refer to the panoply of services available to children with special needs in California. In fact there is no “single system” but rather a complex “series of systems” that exist independently of each other, occasionally overlapping and sometimes conflicting. These coexisting, overlapping, and contradictory systems and funding mechanisms result in an extraordinarily complex maze of services, dueling eligibility criteria, and financing approaches that can confuse even the savviest advocate and result in delayed or denied services for children and major financial outlays for families.

Developmental Screening¹⁷

The administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder (speech, language, cognitive, motor, and personal-social). While children develop at different paces, developmental screening tools highlight potential areas where the child is behind his or her peers.

Care Coordination

A process that links children with special needs and their families to services and resources in a coordinated effort to maximize the potential of children and provide them with optimal health care. High-quality care coordination is proactive, planned and comprehensive, and it emphasizes cross-organizational relationships.

Care Coordination Collaboratives¹⁸

Care Coordination Collaboratives are local coalitions of people representing all sectors related to early childhood development, health, early childhood care and education, family advocacy, law, home visiting programs and state agencies and more. They come together to learn from one another, identify areas of shared need, develop inter-agency solutions to common problems, and discuss emerging challenges and connect with others engaged in improving access to services for vulnerable children and families.

Family Centered Care¹⁹

Family centered care is an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes that families are the ultimate decision makers for their children, with children gradually taking on more and more of this decision-making themselves.

¹⁷ Accardo PJ, Whitman BY, Behr SK, Farrell A, Magenis E, Morrow-Gorton J. Dictionary of Developmental Disabilities Terminology, 2nd ed. Baltimore, MD: Paul H. Brookes Publishing Co Inc; 2003

¹⁸ Carey, M., Roman, S., Care Coordination Collaboratives Manual, Help Me Grow National Center, Hartford, CT, 2015

¹⁹ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2001. Rockville, Maryland: U.S. Department of Health and Human Services, 2004

A Family Centered Care System begins with the acknowledgement that the family is the constant in a child's life, and that the best outcomes are achieved when families and professionals work together respectfully in the best interest of the child. This kind of partnership requires frequent, open communication and information sharing that is the basis of mutual decision-making. Family-centered care also supports families, not only in the decision-making process, but also by striving to enhance the capacity of families to meet the needs of their children, other family members, and other families in their community.

ACEs (Adverse Childhood Experiences)²⁰

Potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. Unmitigated ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.

Capacity Building

Supporting child health care providers, community service providers and others who engage in collaborative efforts on behalf of children with special needs and families in order to: increase provider knowledge of developmental milestones, developmental screening, care coordination, referral pathways and resources for children with special needs and families which increases the potential to provide coordinated, collaborative care.

G. DESIRED OUTCOMES

Successful proposals in response to this ITN will demonstrate that their proposed program activities will help F5SMC achieve the relevant Desired Outcomes listed in F5SMC Strategic Plan and below:

- Children have access to and are utilizing appropriate health care services to meet their health and developmental needs;
- Families feel connected to and supported by their community and able to nurture their children's health and development;
- Communities provide a safe and healthy environment for young children; and
- San Mateo County will give priority to young children and their families.

In service of these larger strategic outcomes, F5SMC anticipates that funding this strategy will impact participant-level indicators, such as:

- Decrease in percentage of parents reporting difficulty accessing services for mental health, developmental, or behavioral concerns; and
- Increase in percentage of parents reporting that they are able to access the services their family needs.

²⁰ CDC Centers for Disease Control and Prevention: <https://www.cdc.gov/injury/>

H. FUNDING AMOUNT AND AVAILABLE TERM

F5SMC has allocated a maximum of \$3,421,000 in total for the fiscal years 2020-2021, 2021-2022, and 2022- 2023 to meet the goals and objectives detailed in this ITN. The Integrated Systems for Children with Special Needs allocation for Fiscal Years 20-21 through 22-23 was established and approved by the Commission in October of 2018 as part of the Long Term Financial Plan. To support stability and effectiveness, F5SMC is inviting proposals for projects covering the 3-year term of July 1, 2020 through June 30, 2023. However, funding for years 2 and 3 of approved contracts is not guaranteed and will be contingent upon satisfactory project performance in the previous year.

Lead and partner applicants are encouraged to work together to propose the amounts needed to support the effectiveness of their portion of the project. Applicants should be mindful of the intentional focus on partnership in this process and the importance of allocating resources amongst partners in order to achieve the desired outcomes for children and families. It may also be helpful to note that the amount available for this cycle of funding represents approximately 20% less than the amount allocated for the similar strategy in the previous cycle.

The table below outlines a proposed budget allocation for one year of funding by percentage and service component area. More detailed descriptions of each service component area are provided in the *Purpose, Service Strategies, and Areas of Special Interest* section.

Integrated Systems for Children with Special Needs Initiative Proposed Year One Budget: Percentage Allocation: \$1,140,333	
1. Advocacy for Policies and Legislation	7%
2. Centralized Access Point and Care Coordination	30%
3. Multidisciplinary Case Conferencing	10%
4. Systems-Building, Integration, and Improvement	10%
5. Strategic Services to Fill Gaps and Reduce Barriers	15%
6. Provider Capacity Building	10%
7. Developmental Screenings	8%
8. Outreach	10%

**Please Note: The proposed budget allocations in the chart above are intended to serve as an example of a budgetary breakdown by service strategy only and are merely suggestions. Not included in the above percentages are allocations for project management and administration, operational expenses (including communications, resource/client database), and indirect costs of up to 12%. These costs can vary considerably based on proposed structure of the initiative, but are expected to constitute a material percentage of the overall annual budget.*

I. INVITATION TO SUBMIT

F5SMC welcomes proposals from all qualified entities. Qualified applicants may include community-based (501)(c)(3) organizations, coalitions, government agencies/departments, and collaboratives. F5SMC is interested in applicants who exhibit expertise in providing services to children prenatally through age five and their families, as well as applicants that serve culturally diverse communities.

V. Proposal

A. CONTENT AND SEQUENCE OF PROPOSAL

Proposers shall adhere strictly to the format set forth below. Each of the required sections identified must be addressed and specifically labeled.

The content and sequence of the proposal submission should be as follows:

Section	Title
1	Cover Sheet
2	Table of Contents
3	Project Narrative
4	Attachments:
	4a Scope of Work Form
	4b Budget Request and Budget Narrative Forms
	4c Resumes of All Key Staff
	4d Job Descriptions
	4e Proof of Insurance
	4f CEO or Board Authorization
	4g References
	4h Letter(s) of Commitment
	4i Miscellaneous

Please refer to the following descriptions of the material that must be included in this proposal.

1. **COVER SHEET:** Proposer shall complete and append to the front of the submission the Cover Sheet, APPENDIX A. The Cover Sheet should identify the name of the lead agency that will be responsible for providing the services offered in the proposal. The name, address, telephone number, and e-mail address of a principal contact for information regarding the proposal shall also be supplied. The Cover Sheet should also include the names of partner agency applicants.
2. **TABLE OF CONTENTS:** Immediately following the Cover Sheet, provide a comprehensive Table of Contents of the material included in the proposal. The Table of Contents must clearly identify the proposal sections and the applicable page numbers.
3. **PROJECT NARRATIVE:** A narrative description of the proposed project is required and is limited to 30 doubled-spaced pages with 1 inch margins and utilizing 12 point Arial font. The narrative should address all of the requirements listed below in the same sequence and using the same headings and numbering. Additional content areas are

permitted; however, they must remain within the 30-page limit for the narrative. Please refer to the review criteria of this ITN to ensure that adequate and complete responses to the project narrative questions are provided.

The project narrative should include the following content areas, 3a through 3e:

3a. Executive Summary (3-page limit)

Please provide a brief summary of the goals of the proposed Integrated Systems for Children with Special Needs Initiative, the specific elements and services you propose to implement, how the proposed services contribute to an integrated, county-wide service delivery model, how services will be tailored to meet the needs of all service recipients, the results for children, families, and/or communities that you expect the project to achieve, and the role of the Lead Agency and its partners/subcontractors in implementing the system. Proposers should view this summary as a form of “elevator speech” that can quickly provide the reader an understanding of your project. The Executive Summary of the successful proposal will be repurposed by F5SMC to inform the community, other practitioners and funders, and other interested parties about your project specifically and F5SMC’s portfolio generally.

3b. Lead Agency Capability (5-page limit)

Please describe how your organization is uniquely qualified to successfully Lead the implementation of the Integrated System for Children with Special Needs Initiative in San Mateo County.

Agency Qualifications

- Agency's primary mission. Provide a brief overview of the services and programs currently being offered.
- Describe the agency's capability and resources to manage the proposed project, including timely start-up and implementation.
- Describe the agency's approach to professional development and performance management of its staff.
- Describe how the project will be culturally- and linguistically-responsive to the population(s) served.
- Describe the experience and unique skills of the staff for the positions listed in the project budget.
- Indicate whether staff supported by these funds will be new hires or are in existing positions. If existing positions, please describe how these positions were previously funded and how those responsibilities will not conflict with this project if funded. Prop 10 funds CANNOT be used to supplant state and local general funds (please see Supplantation Policy in APPENDIX E).
- Attach job descriptions/resumes/consultant qualifications for key roles (does not count toward the 30-page limit).

Please describe the Lead applicant's relevant experience in the following areas:

Leadership and Coordinated Services

- Successful administration of large-scale, integrated programs/initiatives with multiple partners, including subcontractors;
- Collaborative service delivery with other providers in San Mateo County to achieve common goals on a defined timeline;
- Flexibility and nimbleness to adapt to changing landscape and resources;
- Accurate and transparent fiscal and programmatic management, evaluation, and reporting for significant, complex programs with multiple partners;
- Providing technical assistance to partners to support grant deliverables;
- Credibility as a leader with First 5 SMC, publicly-funded, and privately-operated programs and service providers in the health, special needs and family support sectors.

Systems Leadership and Sustainability

- Driving systems-level collaboration toward shared goals between key stakeholders in the special needs, healthcare and family support fields;
- Gauging community needs and capacities, and matching resources and services appropriately to meet these needs within fiscal and other constraints;
- Co-developing the vision for the initiative to complement, integrate with, or fill gaps unaddressed by similar services or efforts;
- Accomplishing program goals in a cost-effective manner (i.e. procuring fiscal leveraging, in-kind resources).

Governance and Oversight

- Discuss your approach to promoting an organizational culture that demonstrates flexibility in working with multiple partners.
- Share how you intend to promote openness and willingness amongst staff and partners to adapt the proposed delivery system based on effectiveness and available resources.
- Describe your commitment to listening to and soliciting input from families, providers and others interested members of the community.
- Briefly describe how the agencies proposed as partners were selected and specifically involved in the planning and development of this proposal.
- Describe the meeting structure, communication, and governance system you will use to ensure that partners/subcontractors provide on-going input into the development and implementation of the Integrated System for Children with Special Needs Initiative.
- Include an organizational chart or graphic indicating the relationship between the Lead applicant and its partners (both funded and unfunded).

***Note:** Please attach a Letter of Commitment for each subcontractor/partner, signed by both Lead and Partner applicants. The Letter of Commitment should indicate the specific responsibilities and services to be provided by the Partner agency (does not count toward the 30-page limit).

3c. Partnership Structure and Subcontractor Applicant Capability (10-page limit, not including agency budgets and other required attachments)

The ideal proposal will feature a common vision and strong collaboration between the Lead Agency and its partners, capitalizing on complementary strengths. Please describe briefly the qualifications/capacity of each of the other key agencies proposed to be subcontractors and partners (with budgets of \$25,000 per year or more) in the implementation of the Integrated Systems for Children with Special Needs Initiative in San Mateo County.

For each partner agency:

- I. Provide the formal name of the agency, its primary mission, and a description of the services it currently offers.
- II. Describe how the agency will prioritize cultural competence.
- III. Describe how the agency will ensure effective interagency coordination.
- IV. Describe the agency's proposed role in the Integrated System for Children with Special Needs Initiative, its capability, and its resources to manage its proposed portion of the initiative, including timely start-up and implementation.
- V. Describe the agency's capacity in managing and reporting individual scopes of work and budgets.
- VI. Describe the agency's proposed role in providing or hosting direct services to the community or supporting other functions related to the network of care.
- VII. Describe the agency's financial ability to conduct its proposed portion of the initiative. Include: budget; staff size, fiscal leveraging and whether it has audited financial statements.
- VIII. Describe each agency's capacity to comply with all reporting, evaluation and contracting requirements.

3d. Project Description and Initiative Elements (10-page limit)

The Integrated Systems for Children with Special Needs Initiative will encompass the service strategies listed below. Describe how your proposed project will implement the Help Me Grow model with fidelity and will expand on it in the areas outlined below. Please include: the rationale for service delivery strategies; the expected results of service delivery; the process for garnering community involvement to implement services/activities and assessing the availability of funding streams/leveraged resources to support services. Include any relevant data about the services proposed.

Describe how, through your proposed initiative, you intend to:

- I. Partner with F5SMC to advocate for policies and legislation that could have positive impacts on children with or at risk of special needs and their families. This may include:
 - Coordinating with other national, statewide, or regional stakeholders to align priorities,
 - Working with local decision-makers to draw attention to local policy priorities,
 - Supporting parents and families of young children to share their stories and perspectives with decision-makers,
 - Focus on issues such as improving access to services, increasing reimbursement rates for providers, and reducing barriers for families
- II. Provide a centralized access point and care coordination services for young children, their families, and their providers. This may include:
 - Universal access portal (e.g. phone, text, email, website) to information about child development for families and providers
 - Clearly defined and institutionalized processes to triage families following developmental screening and/or ACEs screening and develop a plan of care based on the family's priorities and level of necessary support
 - A continuum of care coordination from virtual support through limited in-person support based on complexity and level of need
 - Accessible, timely, culturally responsive service delivery
 - Building deep knowledge and relationships to facilitate successful linkages between families and service providers
- III. Offer multidisciplinary case conferencing. This may include:
 - A cost-effective, sustainable model of multidisciplinary case conferencing
 - A consistent group of cross-sector providers who meet with a defined frequency to review select cases with systemic barriers or complexity
 - A skilled facilitator able to guide participating providers towards a deeper understanding of the needs of the individual children and families discussed who may have experienced trauma or cultural barriers to services; to convene and coordinate the case discussion; document recommendations and systems barriers; and arrange follow-up with the family to ensure timely linkage to services.
 - Through case discussion, providers contribute their expertise and are able to make recommendations to maximize access to available, appropriate, affordable services
- IV. Promote systems-building, integration, and improvement. This may include:
 - Creating and implementing data sharing agreements
 - Cross-sector collaboration, particularly with mandated service providers
 - Development of referral pathways for children with high ACEs

- Systematizing the connections between resource and referral agencies and alternative settings (such as libraries and park & rec departments) for children with special needs
- Innovative solutions to other systemic issues that impact access to and quality of service for children with special needs and their families
- Leveraging additional resources and partnerships to help sustain and implement the goals of the initiative

V. Support strategic services to fill gaps and reduce barriers. This may include:

- Gap services such as parent-child playgroups to support children with mild/moderate developmental or behavioral concerns and those who do not otherwise qualify for services
- Bridge services to support children and families in the interval between screening, referral and evaluation by the Regional Center or school district special education or who are pending services, i.e. qualify but on wait lists for services
- Smooth transitions for children with special needs to inclusive settings
- Culturally- and linguistically-responsive services to facilitate access to the HMG centralized access point and subsequent linkages
- Legal advocacy and representation when necessary

VI. Engage in provider capacity building for child health care providers to support the implementation and integration of standardized screening tools care, coordination, and linkages to community resources. This may include:

- Providing information and resources about the Help Me Grow system
- Technical assistance to develop screening systems, implement screening protocols, and integrate screening results into electronic medical records
- Train providers on screening tools
- Providing technical assistance and guidance to child-serving professionals on referral pathways for children with high ACEs scores

VII. Facilitate access to developmental screening tools. This may include:

- Building awareness of the importance of developmental screening amongst parents, caregivers, and providers of young children, including directing them to their child's primary care provider for screening
- Offering an online screening option for families of young children in English and Spanish, at minimum
- Scoring of screening tools, reviewing screening results, and following up to share results with families and primary care providers
- Exploration of a developmental screening registry for San Mateo County

VIII. Outreach to pediatric medical providers, general community-providers, and families. This may include:

- Promotion of the Help Me Grow system
- Promotion of the importance of developmental screening and the direction for child health providers to screen at recommended intervals

- Gathering of agency information to populate and update the Help Me Grow resource database

3e. Financial Summary (2-page limit)

Please provide a brief description that describes your agency's overall budget, including a summary of your agency's annual income and expenditures.

I. Project Financials: Provide a synopsis of the anticipated budget for each fiscal year of the project including the process used to determine budgetary needs. F5SMC's Fiscal Year runs July 1 - June 30. Detailed financial information for each year of the project FY 20-21, FY 21-22, and FY 22-23) will be included as attachments, using the Budget Request and Budget Narrative form in APPENDIX D and described below in Attachments Section 4b)

II. Project Sustainability: San Mateo County Proposition 10 funds are expected to decrease in future years. The Commission does not intend to maintain funding at this level in future years. Please describe how the project will be sustained beyond the availability of this level of funding.

- Describe how the proposed project will complete its intended objectives and move towards becoming more self-sustaining.
- Explain how the proposed project activities may reduce costs elsewhere in the system.
- If there is a need and/or opportunity to raise or leverage funds from other sources, explain how this will be accomplished. Be specific about the funding sources (public and private) to be targeted and the fundraising or billing strategies to be utilized.

4. ATTACHMENTS:

4a. Scope Of Work Form

For each entity (Lead and Partners) complete the template provided in APPENDIX C, including detailed deliverables that show how the proposed activities (described in the Narrative) will be implemented for the agreement period. Each agency should complete separate templates and submit a Scope of Work for three fiscal years: July 1, 2020 through June 30, 2023 (one SOW form for each of the three fiscal years per agency). For the tabs labeled either "Lead" or "Partner", applicants should complete only those relevant to their applicant status in addition to the project component tabs.

Description of Scope of Work (SOW) Components and Instructions:

Applicants are required to submit a Scope of Work Form for each year of the three years of the proposed project (see Excel workbook template, APPENDIX C: Scope of Work Form).

The Scope of Work should directly tie to the narrative of the project. The SOW form has 12 tabs: the first tab is an example tab of how to populate Program Component tabs; the next 5 tabs are blank Program Component tabs for applicants to complete in their entirety; the final 6 tabs are standard tabs with pre-set activities, applicants need only provide the missing information.

PROGRAM COMPONENT EXAMPLE TAB: The first tab is an example of how to populate the Program Component tabs. Notice that service target numbers may be duplicated in the top portion of the form where the Activities are delineated, but must be unduplicated in the Unduplicated Target Numbers Table at the bottom of the tab.

PROGRAM COMPONENT TABS (PC): The 5 tabs following the Program Component Example tab are Labeled “PC #1 Name”, “PC #2 Name” etc. These tabs are blank and are to be individualized by the proposer.

At the top of each PC sheet enter the Name of the Lead or Partner applicant agency, the Name of the Program (i.e. Integrated Systems for Children with Special Needs, or whatever name the Lead proposer assigns to the proposal), the fiscal year, the number of the Component Strategy and brief descriptor of the strategy, i.e., “PC #1: Outreach”. Also, number and name the Excel tab at the bottom of the sheet.

The proposer is to group activities that the project intends to accomplish by program components, for example outreach activities may go on one program component tab and care coordination on another. The applicant should copy and add additional program component tabs if more than 5 are needed. Conversely, if the project has less than 5 distinct program components the applicant can leave the unneeded program component tabs blank or delete them. Below the Program Component title applicants are to list the specific project activities associated with that program component. The SOW form is pre-populated with activity lines labeled A through D. Applicants should add more activity lines if needed.

Each activity will include the following information in the designated spaces of the Program Component tabs:

- Specific description of the Activities
- The Timeframe span of dates by quarter and/or specific dates that the activities are planned to take place
- Primary person[s] Responsible for enacting the activity
- The Documentation method that will be employed to track/document the activities [i.e., sign in sheets, screening tools, etc.]
- Indication of Yes/No/NA - is used in lieu of client target numbers for activities that do not directly serve clients. For example, the Yes/No/NA designation would be

used if the activity involved writing a handbook to be utilized during parent education sessions. There are no people being served by the actual writing of the handbook, but it is an integral part of the program and warrants being listed as an activity.

- The # Parents/Caregivers Served is the area to quantify how many parents and caregivers will be served on an annual basis. Applicants need only fill out the Annual Target box of this section.
- The # Other Family Members Served is the area to quantify how many family members who are not parents/primary caregivers will be served (i.e., grandparents, aunts, etc.). Applicants need only fill out the Annual Target box of this section.
- The # Children Served is the area to quantify how many children will be served. Applicants need only fill out the Annual Target box of this section.
- The # Providers Served is the area to quantify how many providers will be served. Applicants need only fill out the Annual Target box of this section.
- Notes is a space to provide any additional, critical information that does not fall within the other provided categories.

Each Program Component tab contains an Unduplicated Target Numbers Table at the bottom for indicating UNDUPPLICATED target numbers.

Each unduplicated table is to be populated by filling out the first line across with the annual, unduplicated target number of all people served through the Program Component, without counting anyone twice. These numbers should be derived from the activity target numbers above, accounting for anyone who was counted more than once. The goal is to provide the actual, unique number of clients served by category according to:

- # Parents/Caregivers
- # Other Family Members
- # Children Ages 0-2
- # Children ages 3-5
- # Children Age Unknown
- # of Providers

Applicants need not complete the bottom two lines of the unduplicated table.

STANDARD TABS: The final 6 tabs of the SOW Form are tabs containing standard activities that all F5SMC grantees are required to perform. These tabs are prepopulated to an extent. Proposers are not to delete information from the standard tabs. Proposers should add information to each standard tab as called for by the proposed project. The standard activities are divided into three major areas: F5 Standard Activities, Standard Communications Activities, and Standard Evaluation Activities. These tabs are further organized by Lead agency and Partner agency(s).

The standard SOW tabs are summarized below:

- I. F5 Standard Activities:
 - a. Distribute the F5SMC Kit for New Parents to clients
 - b. Participate in F5SMC grantee convenings, trainings, and other collaborative efforts
 - c. Place F5SMC Tobacco-Free Premises placard in a prominent area where services take place
 - d. Make tobacco education and cessation resources provided by F5SMC readily available
 - e. Report on this project using Persimmon, the F5SMC on-line grants-management system
- II. Standard Communications:
 - a. Distribute F5SMC materials to project clients and at community events
 - b. Put out press releases using template provided by F5SMC announcing receipt of F5SMC funding for your program/agency
 - c. Recognize F5SMC by placing the F5SMC logo and/or the phrase “Funding provided by First 5 San Mateo County” in your agency’s annual report, public education materials, outreach materials, website, media communications, and presentations and papers on work funded (wholly or in part) by F5SMC
 - d. Place a placard announcing project funding by F5SMC in a prominent area where services take place
 - e. Participate in F5SMC Communications Workgroup and other communications activities as requested, and follow the recommendations of the Communications Workgroup regarding use of the F5SMC Style Guide
 - f. Attend trainings on and utilize as appropriate the F5SMC Social Media Toolkit
- III. Standard Evaluation:
 - a. Collect and enter/upload into Persimmon individual-level client data and individual-level service data on all project activities as required.
 - b. Administer F5SMC data collection and evaluation tools on clients served as required.
 - c. Participate in the F5SMC Systems Change Evaluation as required
 - d. Participate in data collection and evaluation activities such as planning meetings and trainings as required by F5SMC
 - e. Participate in data-sharing and data-linking conversations and projects within San Mateo County as required.

4b. Budget Requests and Budget Narrative Forms

Using the templates in APPENDIX D, provide Budget Request and Budget Narrative Forms for the Lead Agency detailing information about how this initiative will be staffed, financed and operated during the agreement period of July 1, 2020 through June 30, 2023. A Budget Request and Budget Narrative form must be completed for

each of the three funding years (FY 20-21, FY 21-22, FY 22-23). Narratives must include calculations for each line item. Lead agencies must note each subcontractor/partner agency total budget amount as a Subcontractor in the Lead applicant budget regardless of annual amount requested.

Separate Budget Request and Budget Narrative forms must be completed for any subcontractor/partner agency whose annual budget exceeds \$25,000. For those subcontractor/partner agencies with annual budget amounts less than \$25,000, the Lead applicant should list these in the master Budget Request and Budget Narrative submitted by the Lead applicant.

- Include personnel, operating, indirect costs, and other relevant expenditure categories.
- Include information on any other sources that will fund the proposed program; list them in the leveraged column.
- Identify and submit Budget Request and Budget Narrative Forms for any subcontractors or partner agencies whose budgeted amount exceeds \$25,000.
- F5SMC allows a maximum amount for indirect costs of 12% of total direct costs (excluding subcontractor, consultant and capital costs).

4c. Resumes of All Key Staff

4d. Job Descriptions

Provide job descriptions containing the minimum qualification for all positions to be supported with F5SMC funds.

4e. Proof of Insurance

Attach current insurance certificates indicating liability insurance of a minimum of \$1,000,000 for each of the following: comprehensive general, motor vehicle, professional, and worker's compensation.

4f. CEO or Board Authorization

Private organizations must submit an original, signed statement from your chief executive officer (CEO) verifying support for your proposal. If the timing of your Board meeting is such that it is not possible to obtain a signature on the statement of support when submitting your proposal, please note that on the cover sheet and tell us when you expect to submit the executed Board Authorization Letter. If needed, this item can be handled during contract negotiations.

4g. References

Include three reference letters of agencies or individuals recently familiar with the quality and reliability of the Lead Agency's work. Include the name; mailing address, contact person, email address and phone number for each reference.

4h. Letter(s) of Commitment

Please attach a Letter of Commitment for each subcontractor/partner, signed by both Lead and Partner applicants. The Letter of Commitment should indicate the specific responsibilities and services to be provided by the Partner agency (does not count toward the 30-page limit).

4i. Miscellaneous

- For non-profit organizations, include a copy of the 501(c)3 letter
- Include a copy of your most recent audited financial statement

VI. F5SMC EVALUATION PROTOCOL AND POTENTIAL RESULTS

A. EVALUATION PROTOCOL

Lead and partner entities must agree to track process and outcome measures for their specific project. The Lead Agency will be responsible for ensuring that partner agencies fulfill these requirements. Additionally, funded projects will be expected to participate in a comprehensive evaluation of the effectiveness of efforts under Proposition 10, including but not limited to:

- Collecting individual-level client data and individual-level service data on all project activities and providing this data to F5SMC either via data exports or direct data entry into a centralized data system determined by F5SMC.
- Administering F5SMC evaluation tools on clients served as required by the F5SMC evaluation design.
- Allocating staffing resources and time to comply with the evaluation requirements.
- Administering/using any and all survey instruments as directed by F5SMC, and/or any F5SMC Evaluation Consultant, including outcomes and satisfaction measurement instruments.

Successful proposers will be expected to comply with evaluation requirements as specified by F5SMC. Data collection activities will include:

- Obtaining informed consent from service recipients to share personally identified information with F5SMC for purposes of program evaluation, continuous quality improvement efforts, and needs assessments.
- Individual-level client data, including demographic information (e.g. age, race/ethnicity, language, income, educational attainment, zip code of residence); indicator data (e.g. child care arrangements, access to services, social support); and self-reported parenting behaviors and confidence (e.g. frequency of early literacy activities).
- Agency-level information, such as wait-list length; time spent by staff on activities relevant to the program's desired outcomes; referral protocols; or information-sharing practices.
- Systems-level information, such as the extent of cooperation and coordination amongst participating agencies; perceived quality and availability of relevant services within the County.

Grantees will be expected to comply with the evaluation and data requirements for the Help Me Grow System, including but not limited to the common data and impact indicators, regular review and utilization of data for continuous quality improvement, annual Help Me Grow National Fidelity Assessment and annual Help Me Grow CA Data Report. Each Partner Agency will enter data into their respective client/service database, send the requested data and information to the Lead Agency. The Lead Agency will report HMG data to F5SMC. F5SMC will submit required reports to Help Me Grow National and Help Me Grow CA.

Grantees will be expected to comply with the evaluation and data requirements for additional funding streams that F5SMC and the initiative are able to access in the course of the funding cycle. Partner Agencies will report data to the Lead Agency. The Lead Agency will report to F5SMC and F5SMC will submit reports to funders.

VII. PROPOSAL PROCESS, FORMAT, & SUBMISSION INSTRUCTIONS

A. GENERAL

Intent to Negotiate Characteristics

An ITN is not a commitment or contract. There is no guarantee that the submission of a Proposals will result in funding, or that funding will be awarded at the level requested. The Commission and its delegates shall be the sole evaluator of the contents of the Proposals submitted in response to this ITN and will make the final selection of final contractors, if any.

Prior to award of a contract to implement the Integrated Systems for Children with Special Needs strategy, selected applicants will be asked to enter into a discussion with F5SMC to negotiate improvements/resolve any differences. Applicants will be required to designate their representative to receive all correspondence and to serve as the entity's lead negotiator. F5SMC may request revisions in work plans as part of the contracting or post-contracting process.

B. FORMAT GUIDELINES

Proposals must be submitted both electronically and in paper format. Both electronic and paper copies must be received by the filing deadline.

Paper copies must be typed in Microsoft Word, one-sided, double-spaced in no smaller than 12-point Arial font, have margins no less than 1" on any side, and have consecutively numbered pages.

Project narratives are limited to 30 double-spaced pages. Please label any exhibits, charts, or other attachments included.

The Cover Page and Table of Contents do not count towards the Project Narrative page limit. Similarly, the Scope of Work Form, Budget and Budget Narrative Forms, and Reference Letters are considered attachments and do not count toward the Project Narrative page limit. Any materials in excess of the limit shall not be considered.

C. SUBMISSION INSTRUCTIONS

Proposers must submit both electronic copies and paper copies of the proposal and the proposal attachments. Submit electronic, non-PDF copies on a flash drive labeled with the Proposer organization's name.

The original, paper copy of the proposal should be submitted unbound, along with seven copies securely bound by an industrial/heavy duty stapler/binder clip in the upper left-hand corner. No facsimile or telephone proposals will be accepted.

Proposal Filing Deadline: 4:00 p.m. on Thursday April 16, 2020

Submit electronic and paper proposals to:

Emily Roberts
First 5 San Mateo County
1700 S. El Camino Real, Suite 405
San Mateo, CA 94402-3050

VIII. Proposal SOLICITATION Process

A. ITN RELEASED

Tuesday, March 3, 2020

B. ITN CONFERENCE #1

Attendance at the two ITN Conferences is strongly suggested for those who intend to apply as leads or partners. If you are unable to make either meeting, but are still interested in being considered in the process, please email Emily Roberts at eroberts@smcgov.org at least two hours prior to the meeting start time to let us know of your interest and so we can be sure to include you and your agency in any follow up correspondence.

Conference #1 will cover the overall content of this ITN including the application process, available funding amount and term, and the purpose and service strategies. Applicants will also have an opportunity to ask questions about the ITN and the funding process, as well as have time to converse with others in attendance (without F5SMC staff present) in order to initiate conversations regarding potential collaborations in response to this ITN.

Monday, March 9, 2020
2:30 p.m. - 4:45 p.m.
Refreshments will be provided

Silicon Valley Community Foundation
~~1300 South El Camino Real #100, San Mateo, CA 94402~~
~~Large Conference Room~~

VIRTUAL MEETING
[Join Microsoft Teams Meeting](#)

Please download Microsoft Teams App.

If you have problems accessing the above link, please call 605.475.4855, Access code: 344025

C. LETTERS OF INTENT (LOI) DUE

Monday, March 16, 2020 by 5:00 p.m. The LOI template for Lead Applicants is APPENDIX G. The LOI template for Partner Applicants is APPENDIX H. Letters of Intent are mandatory but not binding for Lead applicants and strongly encouraged for Partner applicants as this information will be shared with potential Lead applicants to help them identify potential partners. Letters of Intent must be emailed to both Emily Roberts at eroberts@smcgov.org and Mai Le at mle@smcgov.org.

D. LEAD AGENCY PROPOSER INTERVIEWS

F5SMC will be conducting phone and/or in-person interviews with Lead agency applicants on either **March 18 or 19, 2020**. The specific date and time frame for these interviews will be shared at ITN Conference #1 on March 9, 2020. Proposers should ensure that appropriate program, fiscal and management staff are available to participate in the interview during the designated time.

E. POSTING OF ANSWERS TO ITN CONFERENCE & WRITTEN QUESTIONS & ANNOUNCEMENT OF RECOMMENDATION FOR LEAD AGENCY

F5SMC will accept written questions regarding this ITN through **March 16, 2020**, sent via email to eroberts@smcgov.org AND mle@smcgov.org. All questions and answers, whether posed during ITN Conference #1 or afterward in writing, will be posted to the F5SMC website by March 20, 2020 and emailed to all contacts who submitted LOIs. F5SMC, at its sole discretion, may choose to provide additional information following receipt of the questions.

Similarly, after the Lead Applicant Review Panel on March 18 or 19, F5SMC will post the recommendation to the F5SMC website by March 20, 2020 and email it to all contacts who submitted LOIs.

F5SMC is responsible only for what is expressly stated in this ITN and authorized written addenda thereto. F5SMC is not responsible for, and shall not be bound by, any non-authorized person acting or purporting to act on its behalf.

F. ITN CONFERENCE #2

Attendance at both ITN Conferences is strongly encouraged for applicants. If you are unable to make either meeting, but are still interested in being considered in the process, please email Emily Roberts at eroberts@smcgov.org at least two hours prior to the meeting start time to let us know of your interest and so we can be sure to include you and your agency in any follow up correspondence.

Conference #2 will take place following the identification of a recommended lead agency. The recommended lead applicant will likely have met with prospective partners in the weeks prior, and a portion of this convening will be facilitated by an external consultant who will work with applicants to gain a greater understanding of desired roles and functions of the various applicants.

**Thursday, April 2, 2020
1:00 p.m. - 2:45 p.m.
Refreshments will be provided**

Silicon Valley Community Foundation
1300 South El Camino Real #100, San Mateo, CA 94402
Large Conference Room

G. SUBMISSION OF PROPOSAL

All proposals submitted in response to this ITN shall become the exclusive property of F5SMC.

The proposal shall be used to determine the Proposers' ability to render the services to be provided. The failure of a Proposer to comply fully with the instructions in this ITN may eliminate its proposal from further evaluation as determined at the sole discretion of F5SMC. F5SMC reserves the sole right to evaluate the contents of proposals submitted in response to this ITN and to select a successful contractor, if any.

All proposals must remain valid for a period of not less than one hundred twenty (120) days from the closing date for submission.

H. PROPOSER INTERVIEWS

If F5SMC determines, in its sole discretion, that additional information is required or desirable beyond that provided in the proposal(s) of any of the Proposer(s), F5SMC may call the Proposer(s) for additional information or invite the Proposer(s) to make oral and/or written presentations to the Proposal Review Panel.

Proposers should ensure that appropriate program, fiscal and management staff are available to participate in a phone interview on either **April 21 or 22, 2020**.

IX. PROPOSAL SELECTION PROCESS AND REVIEW CRITERIA

A. FINAL FILING DATE

Proposal must be received at the F5SMC office by **4:00 p.m. on Thursday, April 16, 2020.**

B. LATE PROPOSALS

Any proposals received AFTER 4:00 p.m. on Thursday, April 16, 2020 may be rejected by F5SMC as not meeting the requirements of this ITN. Emailed proposals will not be accepted.

C. REJECTION OF PROPOSALS

1. F5SMC may reject any proposal not meeting the minimum requirements of this ITN.
2. F5SMC reserves the right to reject any and all proposals.
3. F5SMC reserves the right to waive any requirements of this ITN when it determines that waiving a requirement is in the best interest of F5SMC. F5SMC's waiver of an immaterial requirement shall not excuse the Proposer from full compliance with remaining requirements and the contents of its proposal in the event it is awarded the contract.

D. ERRORS OR CHANGES IN THE PROPOSAL

If errors are found in a proposal, F5SMC may reject the proposal; however, F5SMC may, in its sole discretion, correct arithmetic and/or transposition errors. The Proposer will be informed of the errors and corrections.

If an item is described in the narrative and omitted from the cost data, the proposal will be interpreted to mean that the Proposer will provide the item at no cost. If this is a significant item, the Proposer will be notified.

Clarification of and changes to proposals prior to contract award are permissible provided that each Proposer is treated fairly and equally.

E. PROPOSAL REVIEW PANEL

The evaluation of proposals will be made by a Proposal Review Panel comprised of F5SMC staff and outside experts in Early Learning, Child Health and Development, and Family Support and Engagement. The review panel will be selected by the Executive Director of

First 5 San Mateo County. The Proposal Review Panel will objectively and fairly assess each proposal (including leads and any partners and/or subcontractors) and the qualifications of Proposers submitting proposals. Their review will include their individual reading and scoring of proposals, and participation in one or more meetings of reviewers designed to determine funding recommendations and amounts.

Additional Information

If F5SMC determines, in its sole discretion, that additional information is required or desirable beyond that provided in the Proposals(s) of any of the Proposer(s), F5SMC may call the Proposer(s) for additional information or invite the Proposer(s) to make oral and/or written presentations.

F. PROPOSAL REVIEW CRITERIA

Proposals will be evaluated on their strength, relevance to F5SMC's goals, and the quality of partnerships to facilitate their overall success. Proposed initiatives should be consistent with the Desired Outcomes detailed in the Commission's Strategic Plan.

Among the criteria that F5SMC will weigh in its selection of grantees will be the ability of the proposer to provide a clear and strong rationale that their activities will be strategic, coordinated and positioned to achieve measurable outcomes.

The review panel will use the following criteria to weigh the relative benefits of the projects being proposed.

1. ITN Purpose and Areas of Interest

- How closely the applicant responds to the purpose of the ITN
- Whether -- and to what degree -- the applicant responds to/incorporates the areas of interest and service strategies in their proposed project
- To what degree the applicant proposes to reach the target populations

2. Agency Capacity

- The degree to which the lead applicant demonstrates the organization's ability to manage the project
- The level of experience and skills of staff related to the service strategies being addresses
- The ability of the lead applicant to develop a shared vision in collaboration with partners to respond to areas of need
- The ability of the lead applicant and its partners to deliver culturally responsive, family-centered solutions in a cost-effective manner

3. Project Description and Initiative Elements

- The degree to which the applicant is responsive to each of the proposed service strategies and works with partners to thoughtfully outline a coordinated system of care
- Creates an overarching structure and vision for the initiative
- Proposes to address identified critical gaps and barriers in the system of care for children with special needs
- Strategically brings critical partners to the table to provide the highest quality and most resource-effective solutions to the proposed initiative

4. Sustainability

- The level of clarity and detail regarding how the project will be sustained with a reduced amount/no F5SMC funding after the term of the project.

5. Scope of Work

- The level of clarity and detail in the scope of work
- If SOW docs for lead and partner applicants are complete for each proposed year of work
- If SOWs include defined and measurable objectives
- How closely the SOW correlates to and quantifies the Project Narrative

6. Project Budget and Budget Narrative

- Is the Budget Narrative clear, realistic and specific? Does the Budget Narrative demonstrate a thoroughly planned Initiative?
- Are budget justifications, including administrative costs, reasonable? Are staffing patterns adequate?
- Are funding allocations balanced to cover costs of the various proposed service strategies?

G. NOTIFICATION

Notification of the announcement of recommendation may be done by certified or registered mail, email, and/or phone.

H. INABILITY TO NEGOTIATE AN AGREEMENT

After a Proposer has been recommended for funding by the Proposal Review Panel and selected for funding by F5SMC, negotiations will commence to institute a contract. If a satisfactory contract cannot be negotiated, F5SMC may, in its sole discretion, defer the amount of funding to another date or award the funds to another Proposer.

I. APPEAL PROCESS

An email informing unsuccessful Proposers that their proposal has not been selected for funding will be sent by Tuesday, April 28, 2020, to the contact person identified on the ITN Cover Sheet.

A Proposer must submit a written appeal via email by midnight, May 7, 2020 to the attention of the Executive Director of F5SMC and copied to the Program staff as indicated below. Appeals may be written in the body of the email itself or sent as an attachment to the email.

Appeals shall be emailed to: Kitty Lopez, Executive Director, F5SMC at klopez@smcgov.org and copied to: Emily Roberts, Health & Development Specialist at eroberts@smcgov.org; and Mai Le, Program Associate at mle@smcgov.org

Mailed or hand-delivered appeals will not be accepted.

Appeals shall be submitted as stated above and shall be limited to the following grounds:

1. Any failure of F5SMC to follow ITN procedures as articulated in the ITN; and/or
2. The ITN review criteria were not appropriately applied to the proposal.

The Proposer must include a statement of explanation in the appeal letter describing the specific reasons that form the basis of the appeal.

The Executive Director of F5SMC will respond in writing to the appeal within 10 calendar days of the receipt of the written appeal. F5SMC staff may establish a meeting with the Proposer in order to discuss the concerns. The decision of the Executive Director of F5SMC is final.

If the proposer fails to follow any of the instructions set forth in this ITN, Proposer will waive the right to file an appeal with the Commission.

X. Appendices

Appendices are available for download in the “Funding Opportunities” section of the F5SMC website: https://first5sanmateo.org/partners/funding_opportunities/

Appendix A: Cover Sheet

Appendix B: F5SMC Sample Agreement

Appendix C: Scope of Work Form

Appendix D: Budget Request and Budget Narrative Forms

Appendix E: F5SMC Supplantation Policy

Appendix F: F5SMC 2020-2025 Strategic Plan

Appendix G: Letter of Intent Form LEAD Agency

Appendix H: Letter of Intent Form PARTNER Agency

Appendix I: CAP Feasibility Study