

FY 2018–  
FY 2019

# Nurse Family Partnership Expansion

Request for Applications

Indiana State Department of Health

Division of Maternal and Child Health



## FUNDING OPPORTUNITY DESCRIPTION

The purpose of this Request for Applications (RFA) is to select a vendor(s) that can satisfy the State's need for Perinatal Home Visiting. It is the intent of the Indiana State Department of Health (ISDH) to contract with a vendor(s) that provides quality Nurse Family Partnership (NFP) Programs.

**Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all NFP RFA applicants to submit a letter of support from the NFP National Service Office stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.**

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN

**Friday, August 18, 2017 at 3pm EST**

**SUBMIT APPLICATIONS VIA EMAIL TO: [MCHBusinessUnit@isdh.IN.gov](mailto:MCHBusinessUnit@isdh.IN.gov)**

## SUMMARY OF FUNDING

Governor Eric Holcomb's 2017 Next Level Legislative Agenda to deliver great government service included expanding NFP to combat infant mortality. Since 2010, ISDH-MCH has supported the implementation and expansion of the NFP in Indiana through a combination of federal funds in Delaware, Lake, Marion and Madison counties. With the addition of state funds dedicated in the biennial budget, ISDH MCH will fund the expansion of NFP programs more broadly in Indiana.

NFP helps transform the lives of vulnerable, first-time moms and their babies. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient. From pregnancy until the child turns two years old, NFP Nurse Home Visitors form a much-needed, trusting relationship with the first-time moms, instilling confidence and empowering them to achieve a better life for their children and themselves.

NFP's evidence-based community health program produces long term family improvements in health, education, and economic self-sufficiency. By helping to break the cycle of poverty, NFP plays an important role in helping to improve the lives of society's most vulnerable members, build stronger communities, and leave a positive impact on this and future generations.

The NFP Model Elements are supported by evidence of effectiveness based on research, expert opinion, field lessons, and/or theoretical rationales. When the program is implemented in accordance with these model elements, implementing agencies can have a high level of confidence that results will be comparable to those measured in research.

The Model Elements are as follows:

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.
- Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.
- Element 6: Client is visited in her home as defined by the client, or in a location of the client's choice.
- Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.
- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.
- Element 9: Nurse home visitors and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.
- Element 10: Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.
- Element 11: Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.
- Element 12: A full-time nurse home visitor carries a caseload of 25 or more active clients.
- Element 13: NFP agencies are required to employ a NFP nurse supervisor at all times.

- Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.
- Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.
- Element 16: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.
- Element 17: A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.
- Element 18: A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.
- Element 19: Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

The NFP National Service Office is a non-profit organization that provides implementing agencies with the specialized expertise and support needed to deliver NFP with fidelity to the model, so that each community can see comparable outcomes.

For more information about NFP, please visit the web-site at <http://www.nursefamilypartnership.org/>.

## ELIGIBILITY

**Due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan, in order to be considered for funding the State requires all NFP RFA applicants to submit a letter of support from the NFP National Service Office stating they have a current contract in good-standing or have been deemed conditionally ready to implement the program.**

## TECHNICAL ASSISTANCE

A bidder's conference will be held in Indianapolis on **Monday July 24, 2017 12-3pm ET**. Attendees should register for the bidder's conference by sending an e-mail to [marallen@isdh.in.gov](mailto:marallen@isdh.in.gov) no later than **Thursday July 20, 2017 at 3pm ET** and identify how many team members will attend. Directions for the conference will be sent to those registered by Friday July 21, 2017 at 3pm ET.

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email to [ISDHMCH@isdh.IN.gov](mailto:ISDHMCH@isdh.IN.gov). Applicants are encouraged to submit questions by the designated due date of **3:00 p.m. Eastern Time on July 28, 2017**. The questions will be compiled into a single "E-mail Forum" document that will be posted online for all applicants and will provide answers to the proposed questions by August 4, 2017.

## EVALUATION CRITERIA

Applicants should request the funding they believe is needed to serve their proposed population.

Applications will be evaluated and funds will be awarded based upon the proposed catchment area compared to the assessed need for home visiting throughout the state.

## SUMMARY OF TIMELINE

<b>Event:</b>	<b>Date:</b>
Posting of Request for Applications	July 14, 2017
Register for Bidder's Conference	July 20, 2017
Bidder's Conference	July 24, 2017
Deadline to Submit Written Questions	July 28, 2017 @ 3pm ET
Response to Written Questions	August 4, 2017
<b>Application Due Date</b>	<b>August 18, 2017 @ 3pm ET</b>
Award Announcements	October 1, 2017

## TERMS OF THE CONTRACT

The ISDH intends to sign a contract with one or more respondent(s) to fulfill the requirements in this RFA. The term of the contract shall be for a period of two (2) years from the date of contract execution. There may be two (2) one-year renewals for a total of four (4) years.

## APPLICATION INSTRUCTIONS

**The application, in its entirety including all required attachments, cannot exceed 30 pages with one inch margins, double spaced, Times New Roman 12-point font and should be submitted as a single PDF document.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The budget worksheet is to be submitted with the application as a separate document and does not count towards the above page limit. All required section headings are listed below. Please do not alter the format of the document.

### SECTION 1: APPLICATION COVER PAGE

List the name, title and signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

### SECTION 2: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the applicant's plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

## SECTION 3: APPLICATION NARRATIVE

The following outlines each section that must be completed in the application narrative:

1. What is the name, legal status and brief organizational history of the vendor interested in implementing the Nurse Family Partnership program?
  - Include the name, title, and contact information (phone, email and physical address for the individual responsible for planning to implement the NFP) along with a summary of the organization's experience implementing programs facilitated by nurses, evidence-based home visiting programs and/ or other evidence-based programs to families with young children.
  
2. How does the organization define the "community" or catchment area that the vendor would propose to implement NFP and what is the number of proposed clients to be served annually?
  
3. What is the current need for NFP in the community?
  - Provide a brief overview of current infant mortality rate and causes in the community using data sources that are available to the organization and/or ISDH MCH data available at <https://www.in.gov/isdh/26292.htm> , <http://in.gov/isdh/27281.htm> , <http://www.in.gov/isdh/23506.htm> (include full citations for all data sources)
  
4. Is there a minimum of 400 low-income births per year within the community or catchment area in which the organization would propose to provide NFP services? If so, how was this determined?
  - Include full citation for data source.
  
5. If there is not a minimum of 400 low-income births per year, or if the organization is unsure of the number of such births within the community or catchment area, is the vendor willing to partner with a neighboring community to serve a larger area to meet this minimum number of births? If the organization is willing to partner with a neighboring community, please indicate any relevant working relationships and/or formal agreements that exist that might make this possible.
  
6. What is the current capacity of the organization and the community to support a NFP program?
  - Provide a brief assessment of the current resources available in the community and by the vendor to address Infant Mortality and summarize how implementation of NFP would address any gaps in services that are currently be available.

7. A) If the organization is interested in becoming a new NFP vendor, when did the organization begin engagement with NFP NSO for the development of the Nurse-Family Partnership Implementation Plan?

- Provide written confirmation from NFP NSO that the vendor is engaged in the planning process and summarize progress to date.

**OR**

B) If the organization is already a NFP vendor, is the organization in good standing with NFP NSO?

- Provide written confirmation from NFP NSO that the vendor is in good standing and summarize the progress of NFP implementation to date.

## **SECTION 4: BUDGET**

The budget worksheet to be submitted with the application as a separate Microsoft Excel document. Do NOT substitute a different format. Create separate budgets for calendar year 2018 and 2019 using a tab for each worksheet. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is \$0.38 per mile, \$26 per day per diem, and \$89 plus tax per night of lodging. Please check for consistency among all budget information.

In completing the budget, remember that all amounts should be rounded to the nearest penny.

### **EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED**

- Construction of buildings, building renovations
- Depreciation of existing buildings or equipment
- Contributions, gifts, donations
- Entertainment, food
- Automobile purchase
- Interest and other financial costs
- Costs for in-hospital patient care
- Fines and penalties



- Fees for health services
- Accounting expenses for government agencies
- Bad debts
- Contingency funds
- Executive expenses (car rental, car phone, entertainment)
- Fundraising expenses
- Legal fees
- Legislative lobbying
- Equipment (over \$5,000 per unit)
- Dues to societies, organizations, or federations
- Incentives

## SECTION 5: REQUIRED ATTACHMENTS

- Bio-sketches for key personnel currently in positions
- Job descriptions for all key positions, both filled and to be filled
- Organizational chart

## ADDITIONAL RESOURCES

MARTHA ALLEN

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ISDH Director of Maternal & Child Health

(317) 233-1252

[MarAllen@isdh.in.gov](mailto:MarAllen@isdh.in.gov)

REBECCA CHAUHAN

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ISDH Director of Grants and Contracts

(317) 233-7087

[RChauhan1@isdh.in.gov](mailto:RChauhan1@isdh.in.gov)