

Meeting Notice

Children's Trust of Alachua County
Monday, June 10, 2019 @ 4:00 pm
Alachua County Administration Building
John R. "Jack" Durrance Auditorium, 2nd Floor



CHILDREN'S TRUST
OF ALACHUA COUNTY

Members

Ken Cornell, County Commissioner, Interim Chair
Honorable Susanne Wilson-Bullard, Circuit Judge, Interim Vice-Chair
Tina Certain, Alachua County School Board Member, Interim Treasurer
Karen Clarke, Alachua County School Superintendent
Cheryl Twombly, DCF Community Development Administrator

Children's Trust of Alachua County

Monday, June 10, 2019 @ 4:00 pm

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John R. "Jack" Durrance Auditorium, 2nd Floor

1. Call to Order – Ken Cornell, Interim Chair
2. Agenda Review, Revision, and Approval (Including Approval of Consent Agenda Items)

Regular Agenda Items

3. Approved Budget and Millage Levy
4. Comparison of Executive Director and Other Staff Terms of Employment
5. Finalize Hiring Process
6. Revised Draft Inter Local Agreement for Administrative Services
7. Procurement
8. Guiding Principles and First Year Goals
9. Future Meeting Formats
10. CTAC Gubernatorial Nominees General Comments
11. Call for Public Input
12. Board Member General Comments
13. Adjournment

Consent Agenda Items

14. Approval of May 20, 2019 Meeting Minutes
15. Information Received from Other Children's Services Councils
16. Adoption of Financial and Budget Management Policies



CHILDREN'S TRUST
OF ALACHUA COUNTY

Item # 2

Agenda Review, Revision, and Approval

Background

Member's review the agenda and can ask that items be changed in order, moved from the consent agenda to the regular agenda, and that items be removed or added. Items on the consent agenda include a staff recommendation. When the consent agenda is adopted, the Board is approving the staff recommendation unless the item is "pulled" for discussion. All consent items are approved when the agenda is adopted unless, an item is moved from consent to the regular agenda. Any member or a citizen can ask that an item be moved from consent to regular. Moving an item is done so that it can be discussed and/or a different course of action taken than that recommended by staff.

Attachments

Not applicable

Staff Recommendation

Approve the agenda as presented or alternatively with revision and approve all items remaining on the consent agenda.

Item # 3

Approved Budget and Millage Levy

Background

As directed at the last Trust meeting, staff revised the draft budget to include all items discussed. In order to meet the July 1st statutory deadline for submission of the Trusts' certified budget to the Board of County Commissioners, members should arrive at final budget and millage decisions no later than the June 10th meeting. Doing so will allow staff time to prepare the final budget for adoption at the June 17th meeting, which includes a required Public Hearing scheduled for after 5:01 pm.

Attachments

1. FY20 Tentative Budget
2. TRIM Handout

Staff Recommendation

Adopt the FY 20 Tentative Budget as presented or alternatively with revisions, and establish the millage rate for TRIM purposes.



CHILDREN'S TRUST
OF ALACHUA COUNTY

FY20 Tentative Budget - Children's Trust of Alachua County

Revenue

Ad Valorem Taxes	Taxable Value Estimate = 15,142,709,935	\$ 7,192,787
	Millage Rate = 0.5000 mills	
	Budget at 95% for receipts	
Beginning Fund Balance	1-Oct-19	\$ -
Ending Fund Balance	Maintain 5% of Operating Revenue	\$ (359,639)
Revenue Total		\$ 6,833,148

Expenses

Personal Services

Direct Hires or Interlocal Administrative Contract with the Clerk of the Court and Alachua County \$ 500,000

(Positions discussed include: Executive Director, Administrative Support Manager, Information Systems Analyst, Marketing and Communications Specialist, Administrative Assistant)

Personal Services Total **\$ 500,000**

Operating

Administrative

Tax Collection Fees (2% of collections)	\$ 143,856
Interlocal Administrative Contract with the Clerk of the Court and Alachua County	\$ 163,250
Rent and Utilities	\$ 20,000
Travel and Per Diem	\$ 5,000
Communication Services (Phones, Internet)	\$ 1,848
Rentals and Leases (Copier/Printer)	\$ 2,360
Insurance (Property, Liability)	\$ 1,000
Repair and Maintenance (Software, Vehicle)	\$ 1,000
Other Current Charges & Obligations (Legal Advertising, Printing)	\$ 6,000
Operating Supplies (Fuel, Tools)	\$ 1,000
Administrative Total	\$ 345,314

Program Cost

Professional Services	\$ 20,000
Other Attorney Fees	\$ 20,000
Other Contractual Services (Needs Assessment 0-5 Years Old Update)	\$ 25,000
Other Contractual Services (Needs Assessment 6-18 Years Old)	\$ 250,000
Promotional Activities	\$ 10,000
Subscriptions and Memberships (Florida Children's Council)	\$ 9,351
Assumption of Children's Services Advisory Board Contracts (via County)	
<i>Healthy Start of North Central Florida - Newborn Home Visiting</i>	\$ 400,000
<i>The CHILD Center - Transformative Prof. Dev. for Early Care and Edu. Prog. Providers (TPD)</i>	\$ 439,228
<i>Meridian Behavioral Healthcare - Emotional Dev. and Family Sup. Pilot Prog. (SED)</i>	\$ 354,636
0 -18 Years of Age: Aid to Private Organizations / Program Contracts	\$ 4,048,665
Program Costs Total	\$ 5,576,880

Start-Up Cost

Office Equipment (3 people)	
<i>Computers - Desktop (3) and Laptop (1)</i>	\$ 5,100
<i>Microsoft Software (4)</i>	\$ 1,720
<i>Phones (3)</i>	\$ 495
<i>Desk Chairs Etc</i>	\$ 9,000
Office Supplies	\$ 5,000
Start-Up Cost Total	\$ 21,315

Operating Total **\$ 5,943,509**

Capital

Start-Up Cost

Vehicle	\$ 30,000
Capital - Start-Up Cost Total	\$ 30,000

Capital Total **\$ 30,000**

Reserves

Best Practice is 5% of Revenues

\$ 359,639

Reserves **\$ 359,639**

Expense Total **\$ 6,833,148** **\$ 6,833,148**

Revenue	\$ 6,833,148
Expenses	\$ 6,833,148
	\$ 0

3

TRIM

The Truth in Millage (TRIM) process informs taxpayers and the public about the legislative process by which local taxing authorities determine ad valorem (property) taxes. Florida state laws provide for public input and for governing bodies of taxing authorities to state specific reasons for proposed changes in taxes and the budget.

Trim Process

June 1 - Property Appraiser (PA) provides total assessed value of nonexempt property for budget planning purposes.

July 1 - Property Appraiser (PA) certifies property tax values to Taxing Authorities (TA) and gives TA Form DR420 to complete.

TA has 35 days to complete and return DR420 to PA (August 4).

PA submits DR420 to FL Dept. of Revenue (FDOR).

FDOR reviews DR420 provides feedback to PA or TA if needed.

PA mails TRIM notices to property owners within 55 days of certification of values (August 24).

TA holds public hearing to adopt tentative budget and millage within 65 to 80 days of certification (Sept 3 - Sept 18).

CTAC - Sept. 9

TA advertises notice of final hearing within 15 days of adopting tentative budget and millage.

TA holds final hearing to adopt final budget and millage within 2 to 5 days of advertisement for final hearing. **CTAC - Sept. 16**

TA gives PA, Tax Collector and FDOR a copy of the resolution adopting final budget and millage within 3 days of final hearing.

TA submits TRIM package to FDOR within 30 days of final hearing.

<u>Millage</u>	<u>Estimated 95% Collections</u>
.5000 mills	\$7,192,787
.4000 mills	\$5,754,230
.3000 mills	\$4,315,672
.2000 mills	\$2,877,115
.1000 mills	\$1,438,557

NOTE: Once a tentative millage is agreed upon, decreasing the millage rate is easy, raising the millage rate above the tentative rate is cumbersome and expensive. New TRIM notices must be mailed to the Alachua County property owners as well as new public hearings and advertisements.

What is required to adopt the first years millage rate? Majority vote, no later than June 17th

Adoption requirements for future years (9 voting members)

Majority - 5 votes	The majority vote rate, with one exception, is equal to the rolled-back rate as calculated on form DR-420 adjusted by the percentage change in per capita Florida personal income. In determining this rate, it does not matter if the previous year's adopted rate was greater than the previous year's majority vote rate.
Super Majority - 6 votes	Super majority vote required for levy at rate in excess of 2 percent under ch. 95-290.—A special taxing district may not levy a tax under chapter 95-290, Laws of Florida, at a rate in excess of 2 percent unless the levy of such tax is approved by a super majority (a majority plus one) vote of the members of the governing body of the county in which the special taxing district is located.
Three-fourths - 7 votes	A rate in excess of 110 percent may be adopted if approved by a unanimous vote of the membership of the governing body of the county, municipality, or independent district or by a three-fourths vote of the membership of the governing body if the governing body has nine or more members.
Rolled-back rate	Rate that would generate prior year tax revenues less allowances for new construction, additions, deletions, annexations, and improvements increasing value by at least 100% and tangible personal property value in excess of 115% of the previous year's value.

FDOR Website

<http://floridarevenue.com/property/Pages/TRIM.aspx>

Florida Statute 200.065

<https://www.flsenate.gov/Laws/Statutes/2018/200.065>



Item # 4

Comparison of Executive Director and Other Staff Terms of Employment

Background

The Trust previously asked for a comparison of options for the employment of an Executive Director and other staff. Alachua County employees are subject to personnel policies which specify the "Types and Status of Employment", including but not limited to Classified Service, Part Time Employment, Executive Service, etc. Types and Status also includes a category of "Budgeted Non-Board Employees", i.e., those serving at the pleasure of another Constitutional Officer. County staff have developed a comparison of three options for the Trust to consider as possible employment status for its employees; Regular County Employee, Budgeted Non-Board Employee, and direct hire by CTAC.

Attachments

1. Options for CTAC Staffing Including Executive Director and Other Staff

Staff Recommendation

Provide staff with direction on which of the three options the Trust prefers for employment terms of its personnel.

CHILDREN'S TRUST OF ALACHUA COUNTY
OPTIONS FOR CTAC STAFFING INCLUDING EXECUTIVE DIRECTOR AND OTHER STAFF

Discussion Points to Consider for each Option:		Option A - Regular County Employee	Option B - Budgeted, Non-BOCC Employee	Option C - Direct Hire by CTAC
1 County Personnel Policies or CTAC Personnel Policies		County Personnel Policies	CTAC Personnel Policies	CTAC Personnel Policies
2 Reported to IRS & FRS as County Employee or CTAC		County	County	CTAC
3 Position(s) Report Directly to CTAC (Y or N)		Yes	Yes	Yes
4 Interlocal Agreement or Direct Hire		Interlocal Agreement	Interlocal Agreement	Direct Hire not part of Interlocal
5 Salary and Benefit Package		Costs can be same for Options A-C	Costs can be same for Options A-C	Costs can be same for Options A-C
6 County Reimbursed by CTAC for Salary and Benefits		Yes	Yes	No - paid directly by CTAC
7 Creation of new HR/Payroll Software (Y or N)		No	No	Yes
Financial Impact on Administrative Services:				
1 HR Services		\$0	Per Hour Charge- TBD*	\$8,000
2 Equal Opportunity		\$0	Per Hour Charge- TBD*	Per Hour Charge- TBD*
3 Payroll Services		\$0	\$0	\$10,000
4 Audit Fees		\$0	\$0	\$2,500 - \$4,000
5 Software License Fees for new HR/Payroll System		\$0	\$0	\$5,000
6 Risk Management		\$0	\$0	Per Hour Charge- TBD*
7 Office Space		If new external space- Actual Cost	If new external space- Actual Cost	If new external space- Actual Cost
Option Highlights:		Under this option the Executive Director position would follow all County Personnel Policies. The position's sole purpose would be to serve CTAC but all hiring & firing decisions would be in accordance with the County's Personnel Policies unless specifically amended via terms in the interlocal agreement. County would be reimbursed by CTAC for actual cost of the position, including benefits.	Allowed per County HR Policy 4-2 (1.e.) - The Executive Director position would be funded by the BOCC as an FTE but serve at the pleasure of CTAC pursuant to their employment contract. The Executive Director would receive their paycheck from the BOCC and be reported to the IRS and FRS under the County's Tax ID# but would be exempt from BOCC Personnel Policies. CTAC would adopt their own standalone Personnel Policies. County would be reimbursed by CTAC for actual cost of the position, including benefits.	Executive Director position hired directly by CTAC. Not part of the interlocal agreement. The position would be created in a standalone single use HR/Payroll system. The Executive Director would receive their paycheck directly from CTAC and would have to comply with CTAC's adopted Personnel Policies. If CTAC chooses to offer same benefit packages as other governmental entities would need to enroll with FRS, ICMA or Nationwide 457, Section 125 Cafeteria Plan, & decide on a Health Plan.
Footnotes:		N/A	* Flat hourly rate to be negotiated then billed as incurred.	* Flat hourly rate to be negotiated then billed as incurred.

Item # 5
Finalize Hiring Process

Background

At its last meeting, members heard a presentation on proposed staffing for the Trust. This presentation included draft position descriptions and information on classification, compensation, recruitment, and selection. Action on the matter was tabled and County staff were asked to provide additional information on the hiring process. Heather Akpan, Human Resources Director has developed a table depicting the various steps to create, recruit, and select personnel including points at which the Trust may want to consider seeking public input.

Attachments

1. Recruiting Process Handout

Staff Recommendation

Receive the Recruiting Process Handout



Alachua County

Human Resources Department

Heather D. Akpan, PHR, SHRM-CP, IPMA-CP Human Resources Director
Amy Whitehair, FCLRP, JD, Employee Relations Manager

Recruiting Process

What	How	When	Who
Determine what this position is being created to do	Job Assessment Tool (JAT) using the Ordinance Trust invite public comment	Prior to posting creation of Job Description (June)	"Hiring Manager" with support from HR
Classify position to determine compensation	External job comparisons with similar positions in responsibility, budget, span, education requirements, etc.	After JAT completed by Hiring Manger (takes 7-21 days depending on complexity) (June/July)	HR Sr. Analyst
Create Job Description	HR can provide a template and samples to complete Trust invite public comment	After the position is classified (July/August)	"Hiring Manger"
Post position	Post on County job Board, Other job boards that target diverse candidates. Create a recruiting brochure to sell the position and the County.	After Job Description is finalized (August/September)	HR Generalist

Screen applicants for minimum requirements	Review each applicant for the screening criteria that is in the Job Description minimums	Start as applications come in; finish and refer candidates 3 days post close of position (dependent on when position closes) August/September)	HR Generalist
☒ Determine further screening criteria	Preference list of screening criteria (i.e. all else being equal)	Before review of referred applicants/Anytime	"Hiring Manager" with support from HR
☒ Review referred applicants resume's and applications	Online or printed, using predetermined preference list	After referred (September)	"Hiring Manager" with support from HR
Initial interviews	Skype or in person ≥ Trust invite public comment	September/October	Screening panel - gathering facts and "Hiring Manager" makes decision on who moves forward
☒ Final interviews	In person on site	October – December	Screening panel/ "Hiring Manager"
☒ Determine package	Trust meeting	Anytime (suggest after initial interviews where we will ask what they are looking for in a package)	"Hiring Manager"
Present offer	Phone call/follow up letter	December	HR
Onboarding	In County HR	February	HR

\$ Cost associated

≥ Additional step option

☒ Must be public if entire Trust is participating

“Hiring Manger” = The Children’s Trust as a whole or designated members

Screening Panel = The Children’s Trust as a whole or designated members; can involve HR and/or employees from the County (e.g. CSS Director).

Options for employee status

Executive Director –

1. Contract with benefits and compensation run through County. Can have contractual agreements with County for Back Office Administrative work (e.g. HR, Purchasing, Training, and OMB). There would be cost associated with this option.
2. County Employee – with benefits, compensation and back office run through the County. Policies and due process guidelines would apply. Each department will have to determine if there would be any pass through costs etc.

Federal Laws that do not apply if not a County employee:

- Title VII – Employment discrimination/harassment – need 15 people employed– (DOL/ EEOC)
- Family Medical Leave Act (FMLA)– requires 50 or more people working within 75 miles of headquarters (DOL)
- Pregnancy Discrimination Act - need 15 people employed– (DOL/ EEOC)
- American with Disabilities Act (ADA) – need 15 or more full time employees each day for at least 20 calendar weeks in a year (DOJ)

Item # 6

Revised Draft Inter Local Agreement for Administrative Functions

Background

At the April 15, 2019 meeting, the Trust adopted "Option A" as described by the Clerk of the Circuit Court and directed that staff return with a draft Inter-local agreement. The Trust reviewed a Draft Interlocal agreement at its May 20th meeting and asked staff to make additional changes. The desired changes are reflected in the attached revised draft.

Attachments

1. DRAFT Interlocal Agreement between the Children's Trust of Alachua County, the Clerk of the Circuit Court of the Eighth Judicial Circuit, and the Board of County Commissioners.

Staff Recommendation

Provide staff with further direction regarding the need for revision to the draft Interlocal Agreement.

**INTERLOCAL AGREEMENT BETWEEN
THE CHILDREN'S TRUST OF ALACHUA COUNTY, THE CLERK OF THE CIRCUIT
COURT OF THE EIGHT JUDICIAL CIRCUIT, AND THE BOARD OF COUNTY
COMMISSIONERS OF ALACHUA COUNTY, FLORIDA**

THIS INTERLOCAL AGREEMENT Made and entered into this _____ day of _____ A.D. 20____, by and between the Children's Trust of Alachua County, hereinafter referred to as "CTAC"; the Clerk of the Circuit Court, Eighth Judicial Circuit, in and for Alachua County, hereinafter referred to as "Clerk"; and Alachua County, a charter county and political subdivision of the State of Florida, by and through its Board of County Commissioners, hereinafter referred to as "County" Collectively, CTAC, the Clerk and the County are hereinafter referred to as the "Parties."

WITNESSETH:

WHEREAS, section 125.901, Florida Statutes, authorizes the County to create an independent special district to provide children's services for all children, from 0 to 18 years of age; and

WHEREAS, the County has determined that it would serve the public interest to establish said independent special district within Alachua County; and

WHEREAS, the County passed Ordinance 18-08 on February 27, 2018, creating Chapter 26, Children's Services Independent Special District with an effective date of December 1, 2018, subject to approval of a majority of the qualified electors of Alachua County voting in a November 6, 2018, referendum; and

WHEREAS, on November 6, 2018, a majority of qualified electors of Alachua County passed the general election ballot question titled Children's Trust of Alachua County – Authority to Levy One-Half Mill Ad Valorem Taxes; and

WHEREAS, Section 26.03 of Alachua County, FL, Code of Ordinances defines the Children's Trust of Alachua County's powers and duties, including the power to enter into agreements with government agencies to provide for administrative services; and

WHEREAS, the County, the Clerk and CTAC are authorized by §163.01, Florida Statutes, to enter into interlocal agreements to cooperatively and efficiently use their powers to provide public services that will advance the general health, safety and welfare of the citizens of the County; and

NOW THEREFORE, in consideration of the premises set forth above and the mutual promises, covenants, duties and benefits set forth herein, and other valuable consideration, the receipt and sufficiency of are hereby conclusively acknowledged, the Parties do agree as follows:

1. Term.

After execution by the Parties, this Interlocal Agreement shall commence on October 1, 2019, and become effective upon filing as provided in paragraph 20, below, and continue through September 30, 2020, unless earlier terminated as provided herein. The Parties have the option to extend the Term of this Interlocal Agreement for additional one-year periods under the same terms and conditions. All extensions shall be in writing, signed by all Parties, and filed as provided in paragraph 20, below.

2. Duties of CTAC.

21. CTAC shall have and perform the duties as detailed in **Attachment "A"**, Duties of CTAC.

3. Duties of the County.

- 3.1. The County shall have and perform the duties as detailed in **Attachment "B"**, Duties of County.

4. Duties of the Clerk.

- 4.1. The Clerk shall have and perform the duties as detailed in **Attachment "C"**, Duties of the Clerk

5. Payment.

- 5.1. In consideration of the provision of services outlined in this Agreement, CTAC shall compensate the County in FY 2019-2020 as set out below:

Clerk Administrative Services:

Auditing, Accounting, and Treasury	\$45,000

County Administrative Services:

Budgeting	No Charge for Option A
Human Resources	No Charge for Option A
Equal Opportunity	No Charge for Option A
Risk Management	No Charge for Option A
ITS (Upfront Web Development)	\$30,000
Purchasing	1% of sum of Aid to Private Organizations plus Contractual Services with max of \$47,500
Legal	\$22,000
Annual Audit Fee	\$10,000
Financial Software Hosting Fee	\$8,750
Subtotal Administrative Fees (Max)	\$163,250

County Management Services:

CTAC Director	Actual Cost - TBD
Administrative Support Manager	Actual Cost - TBD
Administrative Assistant	Actual Cost - TBD
Subtotal Management Services Fees	TBD

TOTAL ADMIN AND MGMT FEES	TBD

Rent & Utilities (External lease - pass through costs only)	Actual Cost

52. CTAC shall make semi-annual payments each fiscal year with the first payment due in March and the final payment due in September upon presentation of an invoice by the Clerk.
53. All invoices shall be processed and paid in accordance with the provisions of Chapter 218, Part VII ("Florida Prompt Payment Act"), Florida Statutes.

6. Notice.

Except as otherwise provided in this Agreement, all notices to be provided under this Agreement from either party to the other party must be by one of the following methods: (i) in writing and sent by certified mail, return receipt requested, (ii) by personal delivery with receipt, or (iii) via electronic mail. All notices shall be deemed two (2) business days after mailing, unless delivery is by personal deliver in which case delivery shall be deemed to occur upon actual receipt by the other party. For purposes of all notices, the County's, Clerks, and CTAC representatives are:

County:	Clerk:	CTAC:
County Chair	J.K. "Jess" Irby, Esq.	Tina Certain, Treasurer
12 S.E. 1 st Street	12 SE 1 st Street	TBD
Gainesville, FL 32601	Gainesville, FL 32601	
	Attn: Finance and Accounting	

A copy of any notice, request, or approval to the County must also be sent to:

Procurement Division
12 SE 1st Street
Gainesville, FL 32601
Attn: Contracts

7. Default and Termination.

71. The failure of either party to comply with any provision of this Agreement will place that party in default. The party claiming default will notify other party in writing. This notification will make specific reference to the provision which gave rise to the default. The defaulting party will have (30) days to cure the default or to submit a plan to cure acceptable to the other party. The County Manager is authorized to provide written notice of default on behalf of the County, and if the default situation is not corrected within the allotted time, the County Chair is authorized to provide final termination notice on behalf of the County to CTAC. The CTAC Director is authorized to provide written notice of default on behalf of CTAC, and if the default situation is not corrected within the allotted time the CTAC Chair is authorized to provide notice of termination on behalf of CTAC to County.
72. Either party may also terminate this Interlocal Agreement without cause by providing no less than one hundred eighty (180) days written notice to the other party (hereinafter, "Termination for Convenience"). The County Manager is authorized to provide written notice of termination on behalf of the County and the CTAC Director is authorized to provide written notice of termination on behalf of CTAC. The Parties will discontinue all services upon the effective date of the termination and either party's recovery against the other shall be limited to that portion of the Agreement amount earned through the date of termination, but neither party shall be entitled to any other or further recovery against the other, including, but not limited to damages, consequential or special

damages, or any anticipated fees or profit.

73. Disputes under this agreement shall be handled in accordance with Chapter 164, Florida Statutes.

8. Project Records.

- 8.1. All records relating in any manner whatsoever to this Interlocal Agreement that are in the possession of either party shall be made available to the other party for inspection and copying upon written request, and shall be retained as required by Florida law and schedules published by the Florida Bureau of Archives and Records Management, or federal requirements, whichever shall be greater. Additionally, said records shall be made available, upon request by either party, to any state, federal, or other regulatory authorities and any such authority may review, inspect and copy such records, except for any records that are exempt from the Florida Public Records Act.

9. Sovereign Immunity.

- 9.1. The Parties intend to avail themselves of the benefits of §768.28 and §163.01(9)(a), Florida Statutes, and of other statutes and the common law governing sovereign immunity to the fullest extent possible. In accordance with §163.01(5)(o), Florida Statutes, therefore, one party shall not be jointly liable for the torts committed by the officers, employees, agents, representative or contractors of the other party. Each party shall be solely responsible for the negligent acts and omissions of its officers, employees, agents, representative and contractors, and then only to the extent of the limited waiver of sovereign immunity or limitation of liability specified in §768.28, Florida Statutes. Nothing in this Interlocal Agreement is intended to inure to the benefit of any third party for the purposes of allowing any claim that would otherwise be barred under the doctrine of sovereign immunity or by operation of law.

10. Assignment of Interest.

- 10.1. Neither party may assign, convey, pledge, sublet, transfer or otherwise dispose any interest in this Interlocal Agreement without prior written consent of the other party.

11. Successors and Assigns.

- 11.1. The County, Clerk and CTAC each bind the other and their respective successors and assigns in all respects to all of the terms, conditions, covenants, and provisions of this Interlocal Agreement.

12. Third Party Beneficiaries.

- 12.1. This Interlocal Agreement does not create any relationship with, or any rights in favor of, any third party.

13. Severability.

- 13.1. If any provision of this Interlocal Agreement is declared void by a court of law, all other provisions will remain in full force and effect.

14. Non-Waiver.

- 14.1. The failure of any party to exercise any right in this Interlocal Agreement shall not be considered a waiver of such right.

15. Governing Law and Venue.

15.1. This Interlocal Agreement is governed and construed in accordance with the laws of the State of Florida. Sole and exclusive venue for all actions arising from or related to this Interlocal Agreement shall be in Alachua County.

16. Attachments.

16.1. All exhibits attached to this Interlocal Agreement are incorporated into and made part of this Interlocal Agreement by reference.

17. Amendments.

17.1. The Parties may amend this Interlocal Agreement only by mutual written agreement that is executed by both Parties and duly recorded in accordance with §163.01(11), Florida Statutes.

18. Captions and Section Headings.

18.1. Captions and section headings used herein are for convenience only and shall not be used in construing this Interlocal Agreement.

19. Construction.

19.1. This Interlocal Agreement shall not be construed more strictly against one party than against the other merely by virtue of the fact that it may have been prepared by one of the Parties. It is recognized that both Parties have substantially contributed to the preparation of this Interlocal Agreement.

20. Counterpart.

20.1. This Interlocal Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which shall constitute but one and the same instrument.

21. Recording of Interlocal Agreement and Amendments.

Upon execution by the Parties hereto, the County shall file a copy of this Interlocal Agreement with the Clerk of the Circuit Court in and for Alachua County, Florida. All subsequent amendments to this Interlocal Agreement, if any, shall be filed with the Clerk of the Circuit Court in Alachua County.

22. Entire Agreement.

22.1. This Interlocal Agreement constitutes the entire agreement and supersedes all prior written or oral agreements, understandings, or representations.

IN WITNESS WHEREOF, the Parties have caused this Interlocal Agreement to be approved by their respective Governing Boards and to be executed and delivered on the day and year first above written.

ALACHUA COUNTY, FLORIDA

CTAC

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

APPROVED AS TO FORM

ATTEST

Alachua County Attorney's Office

ATTEST:

CLERK

CLERK: _____

By: _____

(COUNTY SEAL)

Name: _____

Title: _____

Date: _____

ATTACHMENT A: Duties of CTAC

1. Adopt Budget Management Policy
2. Adopt Financial Management Policy
3. Adopt Investment Policy
4. Adopt Procurement Policy
5. Execute engagement letter with County's external audit firm for annual audit
6. Execute Banking Services Agreement with Qualified Public Depository
7. Designate primary point of contact for all CTAC related business
8. Define job descriptions for all positions hired under the interlocal agreement
 - 8.1. Example - CTAC Director job description
 - 8.2. Example - Administrative Support Manager job description
 - 8.3. Example - Administrative Assistant job description

ATTACHMENT B: Duties of County

1. Provide Management Oversight Services including three positions as described below dedicated to fulfilling CTAC's mission:
 - 1.1. CTAC Director – See Exhibit B-1 for example of duties.
 - 1.2. Administrative Support Manager – See Exhibit B-2 for example of duties.
 - 1.3. Administrative Assistant – See Exhibit B-3 for example of duties.
2. Provide Administrative Services including the following:
 - 2.1. Annual Budgeting Assistance, including requirements for TRIM
 - 2.1.1. Draft and make recommendations for Budget Management Policy; Financial Management Policy; and Procurement Policy.
 - 2.2. Human Resources, including coordination of all hiring processes for management oversight services
 - 2.3. Equal Opportunity
 - 2.4. Risk Management
 - 2.5. Purchasing
 - 2.6. Information Technical Services including hosting CTAC webpage
 - 2.7. Legal
 - 2.8. Annual Audit utilizing same audit firm selected for the County audit
 - 2.9. Financial Software Hosting Services
3. Provide meeting space for official CTAC Board Meetings and office space for management oversight services until permanent space is procured by CTAC.

Attachment C: Duties of the Clerk

1. Provide Auditing, Accounting, and Treasury services including the following:
 - 1.1. Cash Receipts
 - 1.2. Revenue Collections
 - 1.3. Accounts Receivable
 - 1.4. Investments, including recommendations for Investment Policy
 - 1.5. Grants Single Audit Schedule
 - 1.6. Accounts Payable including pre-audit of all payment requests
 - 1.7. Fixed Assets
 - 1.8. Surplus Property
 - 1.9. Financial Reporting
 - 1.9.1. Quarterly financial reports
 - 1.9.2. Audited Annual Financial Report
 - 1.9.3. Annual Comptroller's Report
 - 1.9.4. Single Audit
 - 1.9.5. Post Audit Follow-up

Item # 7
Procurement

Background

At its last meeting, in consideration of the new programs funded through the Children's Services Advisory Board, members asked County staff to provide information on procurement. The three new programs were competitively procured through a written request for proposals method, which was evaluated by a review panel, which subsequently made an award recommendation to the Board of County Commissioners which entered into assignable contracts.

The National Institute of Government Purchasing (NIGP) promotes fundamentals of procurement including obtaining the greatest economic value, assuring vendors are treated equitably, and that procurement practices are transparent and instill public confidence. Recognizing these principles, the NIGP, State laws, and local policies provide for "Piggyback Purchases" made from contracts negotiated by a governmental entity which has no relationship to another governmental entity that seeks to negotiate or enter into the same type of contract which has been competitively awarded.

Attachments

1. Presentation: Piggyback Contracting, Office of Inspector General, Palm Beach County, Florida
2. Chapter 22, Alachua County Purchasing Code
3. Solicitation, Request for Proposals (RFP), NewboRN Proposal, and Board Recommendation for the Healthy Baby Home Visit Program
4. Request for Applications, Meridian Proposal, and Board Recommendation for the Healthy Social and Emotional Development and Family Support program.

Staff Recommendation

Receive the attached information and provide staff with direction.



Piggyback Contracting
Office of Inspector General
Palm Beach County, Florida



Fundamental Elements of Sound Procurement Practice

1. Economic
 - Best value through competition
 - Best value for the dollars spent (public funds)
2. Equitable
 - Fair and equitable contracting opportunities for vendors
 - Qualified vendors have access to the municipal market
3. Transparent
 - Public confidence
 - More information disclosed — the better
 - Improved ethical conduct
 - Maximum disclosure benefits the public



Types of Procurement

1. Open Competitive Solicitation
2. Sole Source
3. Emergency Purchase
4. Cooperative
5. Piggyback



What is Piggyback Contracting?

National Institute of Government Purchasing (NIGP):

- “a form of intergovernmental cooperative purchasing in which an entity will be **extend the pricing and terms of a contract** entered into by a larger entity. Generally a larger entity will **competitively award a contract that will include language allowing for other entities to utilize the contract** which may be to their **advantage in terms of pricing**, thereby **gaining economies of scale** that they normally would not receive if they competed on their own.”



What is Piggyback Contracting?

Palm Beach County Purchasing Code:

- “the **purchase of goods or services** under contract with a federal, state, or municipal government providing that the originating entity **utilized a competitive process** similar to the county’s; and providing that the **county accepts the terms and conditions** specified within the originating contract; and providing that the **contractor extends the terms and conditions of the contract** to the county.”



Theory Behind Piggyback Contracting

According to the National Association of State Procurement Officials (NASPO):

1. The primary purpose of public procurement is to obtain quality goods and services to support **effective and efficient government**, ensuring the prudent use of government funds.
2. As contracting workloads increase, purchasing requirements become more complex and as budgets and resources decline, procurement staff continually seek new and innovative tools to deliver goods and services through an **effective and efficient procurement process**.



State Policy Encourages Open and Competitive Procurements

Section 287.001, F.S. — The Legislature recognizes that fair and open competition is a basic tenet of public procurement; that such competition reduces the appearance and opportunity for favoritism and inspires public confidence that contracts are awarded equitably and economically.



Policy Reasons for Competitive Procurements

1. Tends to provide best value for the public
2. Provides local businesses the opportunity to compete
3. Are open and transparent



State Law and Local Policies

1. Florida courts understand the policy benefits of competitive procurements and will enforce such requirements when they exist.

Marriott Corp. v. Metro. Dade County, 383 So. 2d 662 (Fla. 3rd DCA 1980)

2. Most state laws which require competitive procurements apply only to state agencies. Where state laws don't apply, local governments are free to develop their own policies.



State Law and Local Policies

1. Where local governments have adopted policies requiring competitive procurements, those policies generally impose informal competitive procedures at lower price points and require a more formal competitive procedure for more expensive purchases.
2. In some cases, local policies don't address "cooperative purchases" or "piggyback purchases."



State Law and Local Policies

- “Cooperative purchases” are purchases made through a cooperative of which you are a member. Because you are a member the purchases are made in your name with your consent.
- “Piggyback purchases” are made from contracts negotiated by another entity which has no relationship with you. You probably were not even aware that the original entity was negotiating for or entering into the contract.



Benefits of Piggyback Contracts

1. Saves Time and Resources
2. Leverage Spending / Economies of Scale



Dangers of Piggyback Contracts

1. You may violate your own local policies. For an example of a Florida court voiding a piggyback contract because it violated the county's policies, see Accela, Inc. v. Sarasota County, 993 So. 2d 1035:

“the County was **not** permitted to use another entity's contracts merely as a “basis to begin negotiations”

2. You may not achieve the goals of allowing local businesses to compete for government business and being open and transparent.

Even if you have a municipal policy which specifically permits you to use piggyback contracts, you should be careful in how you proceed.



Why is Piggybacking sometimes desirable for local governments?

1. Saves Time
 - Developing solicitation document
 - Preparing to advertise the solicitation
 - Accepting responses
 - Performing a responsiveness review
 - Evaluation/scoring, etc.
2. Saves Resources
 - Advertising costs
 - Allows employees to focus on other job assignments



Why is Piggybacking sometimes desirable for local governments?

3. Leverage Spending / Economies of Scale
 - Economies of scale are situations where the average cost of a product (service) decreases when a business production (service) increases. This results in businesses having the ability to share operating costs over a larger number of units, or services.



Provisions that may be advisable in Policies when using Piggyback Contracts

City of Lake Wales

- “Piggybacking Policies & Procedures” Memorandum (April 23, 2009)

http://www.cityoflakewales.com/city/agenda_cc/090428/090428_08.pdf



Provisions that may be advisable in Policies when using Piggyback Contracts

1. Obtain Informal Quotes
 - Entity specific but 3 appears to be a good number
 - If any of the informal quotes results in a lower cost than the contract contemplated for piggybacking, then the goods or services should be competitively procured.
2. Piggyback off contracts competitively procured within last 12 months
3. Limit Piggybacks to identical items
 - Do not use someone else's contract as a starting point for negotiations
 - Consider obtaining the following documents:
 - Copy of the solicitation document
 - Scoring sheets / Bid Tabulation
 - Evidence of Contract Award
 - Executed Contract



Provisions that may be advisable in Policies when using Piggyback Contracts

4. Ensure the contract permits piggybacking

Palm Beach County Language:

“Palm Beach County encourages and agrees to the successful bidder extending the pricing, terms and conditions of this solicitation or resultant contract to other governmental entities at the discretion of the successful bidder.”

5. Ensure the contract has not expired
6. Using a Check List



Pitfalls to Piggybacking

1. Local Preference Policies
 - How do you reconcile piggyback policy with local preference ordinance?
2. Economic and industry fluctuations
 - Volatility of Commodities
 - Gas
 - Petroleum Based Products
 - Market Trends
 - Transportation/Delivery Costs



Examples of Piggyback Situations

Positive:

- Local town purchases police and fire vehicles off statewide contract for significant cost savings
- Local entities purchase computers off multi-state contract for significant cost savings
- Local entity purchases commodities off other local entity's contract for cost savings and efficient process to acquire.



Examples of Piggyback Situations

Not so Positive:

- Article from the Sarasota Herald (2011)
 - Only 10 of Sarasota County's 94 (10.6%) piggyback contracts were with firms based in Sarasota, Manatee, Charlotte of DeSoto counties.
 - Local companies feel they are "being squeezed out" of work "they desperately need."
 - A roofing contractor states they lost a chance to compete a roofing job because the county used a piggyback contract that sent work to a Michigan company. The roofing contractor said they would have installed a better system and with rebates it would have cost \$50,000.00 less.



Questions or Comments

Thank you.

Office of Inspector General
(561)233-2350

CHAPTER 22. - PURCHASING⁷

Footnotes:

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Cross reference— Departments and offices, § 21.50 et seq.; department of administrative services, § 21.52; revenue and finance, tit. 3; appraisal required for purchase of land and improvements, § 30.01; professional services contracts, ch. 31; budgetary funds, ch. 233; capital projects, ch. 234; contracts with public facilities authority, § 235.07; budget system for sheriff's office, § 271.20 et seq.

ARTICLE I. - GENERALLY

Sec. 22.01. - Short title.

This chapter shall be known as the "Alachua County Purchasing Code."

(Ord. No. 86-8, § 1, 3-11-86)

Sec. 22.02. - Definitions.

The following words defined in this section shall have the meanings set forth below whenever they appear in this chapter:

Business shall mean any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Change order shall mean a written order, amending the scope of, amount, or correcting errors, omissions, or discrepancies in a contract or purchase order.

Competitive sealed proposal shall mean a method that requires the vendor to provide a detailed proposal in response to the specifications, which may be more general in nature, and usually results in a contractual agreement. This method allows for negotiation in scope, price, and delivery; whereas the sealed bid allows no substantial changes. Proposals under this process are solicited through a request for competitive sealed proposals.

Construction shall mean the process of building, altering, repairing, improving, or demolishing any public structure or building, or other public improvement of any kind to any public real property. It does not include routine operation, routine repair, or routine maintenance of existing structures, buildings, or real property.

Contract shall mean all types of Alachua County agreements, regardless of what they may be called, for the purchase or disposal of supplies, services, materials, equipment or construction.

Contract modification shall mean any written alteration in specifications, delivery point, rate of delivery, period of performance, price, quantity, or other provisions of any contract accomplished by mutual action of the parties to the contract.

Contractor shall mean any person having a contract with Alachua County.

Data shall mean recorded information, regardless of form or characteristic.

Designee shall mean a duly authorized representative of a person holding a superior position.

Employee shall mean an individual drawing a salary from Alachua County, whether elected or not, and any noncompensated individual performing personal services for Alachua County.

Field change order shall mean a written order for construction projects of the public works department authorizing additional weather days or modifications to the work only for changes in unit quantities and for pay factor adjustments.

Invitation to bid shall mean all documents, whether attached or incorporated by reference, used for soliciting sealed bids for purchases. Once bids are opened by the county, no changes in scope or price shall be allowed.

Person shall mean any business, individual, committee, club, other organization, or group of individuals.

Professional services shall mean services rendered by members of a recognized profession or possessing a special skill. Such services are generally acquired to obtain information, advice, training, or direct assistance.

Purchase order shall mean that contractual document whereby Alachua County requests that a contract be entered into for a specified need, and may include, but not be limited to, the technical description of the requested item, delivery schedule, transportation, criteria for evaluation, suggested sources of supply, and information supplied for the making of any written determination required by this chapter.

Purchasing shall mean buying, procuring, renting, leasing, or otherwise acquiring any materials, supplies, services, construction, or equipment. It also includes all functions that pertain to the obtaining of any material, supplies, services, construction, and equipment, including description of requirements, selection and solicitation resources, preparation and award of contract.

Purchasing manager shall mean any Alachua County officer or employee duly authorized to enter into and administer contracts and make written determinations with respect thereto. The term also includes an authorized representative acting within the limits of authority.

Regulation shall mean a statement by the board of county commissioners having general or particular applicability and future effect, designed to implement, interpret, or prescribe law or policy, or practice.

Request for proposals shall mean all documents, whether attached or incorporated by reference, utilized for soliciting competitive sealed proposals.

Request for quotation shall mean an informal solicitation or request for information, where oral or written quotes are obtained from vendors, without formal advertising or receipt of sealed bids.

Responsible bidder or offeror shall mean a bidder or offeror who has the capability, in all respects, to perform fully the contract requirements, and the experience, integrity, perseverance and reliability, capacity, facilities, equipment, and credit which will assure good faith performance.

Responsive bidder shall mean a bidder or offeror who has submitted a bid which conforms in all material respects to the invitation to bid or request for proposal.

Small business enterprise shall mean an independently owned and operated business currently performing a useful business function, headquartered in the small business enterprise zone, having 25 or fewer permanent, fulltime employees and having a net worth not exceeding \$1,000,000.00.

Small business enterprise zone shall mean the area comprised of Alachua County and neighboring counties as approved by the county manager or designee.

Specification shall mean any description of the physical or functional characteristics of the nature of a material, supply, service, construction, or equipment item. It may include a description of any requirement for inspection, testing, or preparing a material, supply, service, construction, or equipment item for delivery.

(Ord. No. 86-8, § 4, 3-11-86; Ord. No. 90-9, § 1, 2-20-90; Ord. No. 94-8, § 1, 5-24-94; Ord. No. 98-9, § 1, 4-14-98; Ord. No. 08-18, § 1, 8-12-08; Ord. No. 13-16, § 1, 9-10-13)

Cross reference— Definitions and rules of construction generally, § 10.02.

Sec. 22.03. - Purpose of chapter.

This chapter shall be construed and applied to promote the following purposes and policies:

- (1) To simplify, clarify, and modernize the law governing purchasing by the county;
- (2) To permit the continued development of purchasing policies and practices;
- (3) To provide for increased public confidence in the procedures followed by the county in public purchasing;
- (4) To ensure the fair and equitable treatment of all persons who deal with the purchasing and procurement system of the county.
- (5) To encourage the growth of small businesses through aggressively promoting an atmosphere conducive to the development of small business participation in the county's purchasing and procurement system;
- (6) To provide increased economy in county purchasing activities and to maximize to the fullest extent practicable the purchasing value of public funds of the county; and
- (7) To provide safeguards for the maintenance of a purchasing system of quality and integrity in the county.

(Ord. No. 86-8, § 2, 3-11-86; Ord. No. 08-18, § 2, 8-12-08)

Sec. 22.04. - Application of chapter.

- (a) This chapter shall apply only to contracts solicited or entered into after the effective date of Ordinance No. 86-8, unless the parties agree to its application to a contract solicited or entered into prior to that date.
- (b) This chapter shall apply to the following county purchasing activities: materials, supplies, services, construction and equipment. This chapter shall not apply to purchases from the state or other political subdivisions or purchases made pursuant to F.S. § 287.055.

(Ord. No. 86-8, § 3, 3-11-86)

Sec. 22.05. - Purchasing division.

There is hereby created a purchasing division, which shall be headed by the purchasing manager and which division shall be supervised by the director of administrative services.

(Ord. No. 86-8, § 5, 3-11-86; Ord. No. 90-9, § 2, 2-20-90; Ord. No. 92-1, § 1, 1-28-92)

Sec. 22.06. - Purchasing manager—Appointment; qualifications.

The director of administrative services responsible for the purchasing division shall appoint the purchasing manager. The purchasing manager shall be a person meeting the requirements established by the county personnel department for the position, and shall be a person with demonstrated executive and organizational ability.

(Ord. No. 86-8, § 6, 3-11-86; Ord. No. 90-9, § 3, 2-20-90; Ord. No. 92-1, § 2, 1-28-92)

Sec. 22.07. - Same—Tenure; compensation.

- (a) The purchasing manager shall be a division head and full-time employee of the county. The purchasing manager shall report to and be supervised by the director of the department of administrative services.
- (b) The purchasing manager's compensation shall be as provided by the pay plan approved by the board of county commissioners.

(Ord. No. 86-8, § 7, 3-11-86)

Sec. 22.08. - Authority.

- (a) The purchasing manager shall serve as the central purchasing officer of the county.
- (b) Consistent with the provisions of this chapter and subject to supervision by the director of administrative services responsible for the purchasing division, the purchasing manager may prescribe and maintain operational procedures governing the internal functions of the division of purchasing and all using agencies.
- (c) Except as otherwise specifically provided in this chapter, the purchasing manager, or designee, shall, in accordance with regulations promulgated by the board of county commissioners:
 - (1) Purchase or supervise the purchasing of all supplies, services, materials, equipment, and construction needed by the county; and
 - (2) May sell, trade, or otherwise dispose of surplus supplies belonging to the county.
- (d) Subject to regulations adopted by the board of county commissioners and under supervision of the director of administrative services responsible for the purchasing division, the purchasing manager may delegate authority to designee.
- (e) In conjunction with the equal opportunity manager, the purchasing manager shall implement, monitor, and enforce the county's small business enterprise program.

(Ord. No. 86-8, § 8, 3-11-86; Ord. No. 90-9, § 4, 2-20-90; Ord. No. 92-1, § 3, 1-28-92; Ord. No. 94-8, § 2, 5-24-94; Ord. No. 08-18, § 3, 8-12-08)

Sec. 22.09. - Competitive sealed bidding.

- (a) *When required.* All contracts for purchases in excess of \$50,000.00 shall be awarded on the basis of sealed competitive bidding except as otherwise provided in this code.
- (b) *Invitation to bid—Generally.* An invitation to bid shall be issued and shall include a purchase description and all contractual terms and conditions applicable to the procurement.
- (c) *Same—Notice.* Adequate public notice of the invitation to bid shall be given a reasonable time prior to the date set forth therein for the opening of bids in accordance with regulations promulgated by the board of county commissioners. Such notice shall involve publication in a newspaper of general circulation a reasonable time prior to bid opening.
- (d) *Opening bids.* Bids shall be opened publicly in the presence of a deputy clerk, a representative from the division of purchasing, and one or more witnesses at the time and place designated in the invitation to bid. The amount of each bid, and such other relevant information as may be specified by regulation, together with the name of each bidder, shall be recorded; the record and each bid shall be open to public inspection.
- (e) *Evaluation of bids.* Bids shall be unconditionally accepted without alteration or correction, except as authorized in this Code. Bids shall be evaluated based on the requirements set forth in the invitation to bid, which may involve criteria to determine acceptability such as inspection, testing, quality,

workmanship, delivery, and suitability for a particular purpose. Those criteria that will affect the bid price and be considered in evaluation for award shall be objectively measured, such as discounts, transportation costs, and total or life cycle costs. No criteria may be used in bid evaluation that are not set forth in the invitation to bid.

- (f) *Bid award.* Bids will be awarded to the lowest responsive and responsible bidder.
- (g) *Tie bids.* In the evaluation of the bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given first to those vendors certifying a drug-free workplace; secondly, to small businesses enterprises as certified by Alachua County.

(Ord. No. 86-8, § 9, 3-11-86; Ord. No. 88-7, § 1, 2-9-88; Ord. No. 90-9, § 5, 2-20-90; Ord. No. 92-1, § 4, 1-28-92; Ord. No. 94-8, § 3, 5-24-94; Ord. No. 96-24, § 1, 9-24-96; Ord. No. 98-9, § 2, 4-14-98; Ord. No. 00-19, §§ 2, 3, 10-24-00; Ord. No. 08-18, § 4, 8-12-08)

Sec. 22.09.5. - Capital improvements.

- (a) *Bid changes, withdrawals, etc.* Correction or withdrawal of inadvertently erroneous bids before or after award, or cancellation of awards or contracts based on such bid mistakes, shall be permitted in accordance with regulations promulgated by the board of county commissioners. After bid opening, no changes shall be permitted in bid price or other provisions of bids prejudicial to the interest of the county or fair competition. In implementing this requirement, the purchasing manager shall be guided by the standards set forth in section 3-202(6) of the Model Procurement Code. Except as otherwise provided by regulation, all decisions to permit the correction or withdrawal of bids or to cancel awards or contracts based on bid mistakes shall be made with reasonable promptness after bid opening and shall be supported by a written determination made by the purchasing manager and concurred with by the director of administrative services.
- (b) *Award of contract.* The bid report, in the case of bids that would contain a price not to exceed \$25,000.00 shall be presented to the purchasing manager or designee for approval and authorization to make such a purchase. The bid report, in the case of bids that would contain a price greater than \$25,000.00 and up to and including \$50,000.00, shall be presented to the director of administrative services or designee for approval and authorization to make such a purchase. The bid report, in the case of bids that would contain a price in excess of \$50,000.00, shall be placed before the board of county commissioners for final approval. Following final approval by the board of county commissioners, the contract shall be awarded with reasonable promptness to the lowest responsive and responsive bidder whose bid meets the requirements and criteria set forth in the invitation to bid.
- (c) *Change in contract price of capital improvements—Generally.* In the case of capital improvement projects where there is a change in the size of the original project and where such change increases the original contract price by 20 percent or more, but in any case not less than \$5,000.00, then it shall be necessary to utilize the bidding procedure described above for such change.
- (d) *Approval of change order and field change order.* The following procedure shall apply for approval of change orders and field change orders for capital improvement projects:
 - (1) The county manager may approve change orders and field change orders that, either cumulatively or individually, increase the contract price up to ten percent of the original contract price or \$500,000.00, whichever is less. The board shall approve change orders that, either individually or cumulatively, increase the contract price by more than ten percent of the original contract price or \$500,000.00, whichever is less.
 - (2) The administrative services director or public works director may approve change orders of up to \$100,000.00 each when immediate approval is required to avoid delay or prevent an increase in cost, provided that the cumulative total of these change orders does not exceed ten percent of the original contract price or \$500,000.00, whichever is less.

- (3) The county manager, administrative services director or public works director may approve all change orders and field change orders that do not increase the cost to the county.
- (4) The public works director may approve field change orders, provided that the cumulative total of all change orders and field change orders does not exceed ten percent of the original contract price or \$500,000.00, whichever is less.
- (5) Only the board may approve a change order or field change order that expands the size, function, or intended use of the project from that stated in the contract documents, regardless of cost.
- (6) Contract time may be adjusted in any change order.
- (7) All change orders and field change orders approved by the county manager, administrative services director, or public works director shall be reported to the board as information items to be included in its consent agenda.

(Ord. No. 08-18, § 5, 8-12-08; Ord. No. 13-16, § 2, 9-10-13)

Sec. 22.10. - Informal bids.

The following procedure shall govern in all purchases up to and including \$50,000.00.

- (1) In the case of purchases of a value not greater than \$2,500.00 the purchasing manager, or designee, shall be authorized to make such purchases on the basis of one telephone quotation.
- (2) In the case of purchases of a value greater than \$2,500.00, but not more than \$10,000.00, the purchasing manager, or designee shall be authorized to make such purchases on the basis of two telephone quotations.
- (3) In the case of purchases of a value greater than \$10,000.00, but not more than \$25,000.00, the purchasing manager, or designee shall be authorized to make such purchases on the basis of three telephone quotations; however, in cases where time permits and written quotations can be obtained, then such purchases shall be made on the basis of three written quotations.
- (4) In the case of purchases of a value greater than \$25,000.00, but not more than \$50,000.00, the purchasing manager, or designee shall be authorized to make such purchases on the basis of three written quotations, whenever possible.
- (5) For purchases of \$25,000.00 or less the purchasing manager, or designee shall have signature authority to make the purchase. Where the value of the purchase is greater than \$25,000.00 and up to and including \$50,000.00, the director of administrative services, or designee responsible for purchasing shall have signature authority to make the purchase.

(Ord. No. 86-8, § 10, 3-11-86; Ord. No. 88-7, § 2, 2-9-88; Ord. No. 90-9, § 6, 2-20-90; Ord. No. 92-1, § 5, 1-28-92; Ord. No. 94-8, § 4, 5-24-94; Ord. No. 96-24, § 2, 9-24-96; Ord. No. 98-9, § 3, 4-14-98; Ord. No. 08-18, § 6, 8-12-08)

Sec. 22.11. - Exemption from bidding process.

The following types of purchasing activities shall be exempt from any bidding requirements. The purchasing manager may, in the best interest of the county, require a competitive procurement process for any exempt item. Contractual agreements or purchase orders signed in accordance with guidelines established in this code may be required for exempt items.

- (1) All purchases of services from a utility whose rates are determined and controlled by the public service commission of the state or other governmental authority; this includes routine overhead costs such as natural gas, electricity, water, phone and recurring garbage collection;

- (2) All supplies, materials, equipment, or services purchased at a price established by the State of Florida purchasing agency, or at a price equal to or less than the price established by the state agency;
- (3) All supplies, materials, equipment, construction, or services purchased from another unit of government;
- (4) Emergency purchases as provided in section 22.13;
- (5) Sole source purchases as provided in section 22.12;
- (6) All purchases of perishable items such as fresh vegetables, fruit, fish, meat, eggs, and milk;
- (7) All purchases of real property having a value of \$20,000.00 or less; however, each such purchase shall be supported by an opinion of value from the property appraiser's office;
- (8) All purchases of real property having a value greater than \$20,000.00 and up to and including \$500,000.00; however, each such purchase shall be supported by an independent appraisal report prepared by a state certified general real property appraiser and an opinion of value from the property appraiser's office;
- (9) All purchases of real property having a value greater than \$500,000.00; however, each such purchase shall be supported by two independent appraisal reports prepared by different state certified general real property appraisers within eight months of the proposed purchase;
- (10) All purchases of used equipment having a value of \$2,500.00 or less;
- (11) All purchases of used equipment having a value greater than \$2,500.00; however, each such purchase shall be supported by one independent equipment appraisal reports;
- (12) Supplies, materials, or services purchased under an annual or other time contract awarded by the board of county commissioners;
- (13) Services of a professional nature, including engineering, architectural, land surveying, and landscape architectural services which are controlled by F.S. § 287.055, and medical and legal services. Other services of a professional nature whose estimated cost does not exceed \$50,000.00 are also exempt. For landscape architects, plans may only be submitted by persons registered as landscape architects in Florida under F.S. ch. 481, pt. II (F.S. § 481.201 et seq.);
- (14) Direct purchases by the county as part of a construction manager agreement;
- (15) Purchases of supplies, materials, equipment and services under contract with federal, state, or municipal governments or any other governmental agency or political subdivision providing the vendor extends the same terms and conditions of the contract to the county, based on the determination by the purchasing manager and director of administrative services of such purchases off these contracts being in the best interest of the county;
- (16) Administrative hearing officer services;
- (17) Advertisements;
- (18) Airline tickets;
- (19) Ambulance billing;
- (20) Appraisals up to \$5000.00;
- (21) Artistic services and works of art;
- (22) Brokerage and actuarial services;
- (23) Cable TV and internet services;
- (24) Cellular telephone services in accordance with the county's cellular telephone policy;
- (25) College tuition, educational fees and materials;

- (26) Court orders and other court ordered disbursements;
- (27) Court reporter services;
- (28) Expert witness fees and/or services; also includes travel in accordance with Florida statutes;
- (29) Instructors, lecturers, presenters and trainers fees and materials;
- (30) Interpreter services;
- (31) Lobbying services;
- (32) Membership dues;
- (33) Maintenance and service agreements of \$5,000.00 or less;
- (34) Notary public applications;
- (35) Odd-lots and closeout materials;
- (36) On-going payments and fees for maintenance and support of existing software technology which has been purchased in accordance with existing procurement requirements;
- (37) Petty cash purchases in accordance with established county procedures;
- (38) Postage and postage meter rentals and maintenance, does not include mailing or stuffing services;
- (39) Purchases of \$2,500.00 or less;
- (40) Purchases made with a county issued credit card in accordance with the purchasing card program policies and procedures;
- (41) Purchases covered by board approved public purpose statements;
- (42) Purchase of good or services from non-profit organizations (organized under chapter 501c of the IRS code);
- (43) Social services indigent care;
- (44) Software packages for personal computers approved by the county's ITS department;
- (45) Subscriptions, subscription renewals, audio, audio disk, audio tape, video, video disk, video tape, film, books, e-books periodicals or similar materials;
- (46) Test items when it is probable that such purchases will result in formulating future bid specifications for such items;
- (47) Title searches/title insurance;
- (48) Travel expenses in accordance with the county's travel policy and procedures;
- (49) Veterinarian services;

(Ord. No. 86-8, § 11, 3-11-86; Ord. No. 86-17, § 1, 7-15-86; Ord. No. 90-9, § 7, 2-20-90; Ord. No. 90-12, § 1, 4-10-90; Ord. No. 92-1, § 6, 1-28-92; Ord. No. 94-8, § 5, 5-24-94; Ord. No. 95-4, § 1, 4-18-95; Ord. No. 98-9, § 4, 4-14-98; Ord. No. 05-01, § 1, 1-25-01; Ord. No. 08-18, § 7, 8-12-08; Ord. No. 13-16, § 3, 9-10-13)

Sec. 22.12. - Sole source purchases.

A contract may be awarded for a supply, service, material, equipment, or construction item without competition when the purchasing manager, with the concurrence of the director of administrative services, certifies in writing that there is only one source for the required material, supply, service, equipment, or construction item. When over \$50,000.00, such contract shall not be awarded until the same has been

approved by the board of county commissioners. Contracts awarded pursuant to this section with a value in excess of \$50,000.00 shall be executed by the chairman of the board of county commissioners. Approval of a sole source certification by the board of county commissioners shall be considered final.

(Ord. No. 86-8, § 12, 3-11-86; Ord. No. 88-7, § 3, 2-9-88; Ord. No. 90-9, § 8, 2-20-90; Ord. No. 94-8, § 6, 5-24-94; Ord. No. 00-19, § 4, 10-24-00)

Sec. 22.13. - Emergency purchases.

- (a) During a state of emergency, the requirements of this chapter shall be waived for purchases made pursuant to authority provided by section 27.10 of this Code.
- (b) Notwithstanding any other provision of this chapter, the purchasing manager or a department head may make or authorize others to make emergency purchases when there exists a threat to public health, welfare, or safety under emergency conditions, as specified in regulations developed by the board of county commissioners, which shall be considered to mean those situations where the operation of a division or department would be seriously impaired if immediate action were not taken. The following procedures shall govern:
 - (1) The division or department head shall contact the purchasing manager and relate the emergency condition.
 - (2) The purchasing division shall obtain the best possible purchase price for the item or service to be purchased by the quickest possible means. Where feasible, an attempt shall be made to obtain three telephone quotes.
 - (3) The division or department head shall prepare a requisition and forward to the purchasing division. The purchasing division will then transmit a purchase order to the vendor.
 - (4) Where the emergency occurs after normal working hours, on weekends or holidays, and any delay would be detrimental to the county, then the division or department head shall initiate the emergency purchase, and notify the purchasing division by 5:00 p.m. on the next work day for issuance of a confirming purchase order.
 - (5) All emergency purchases shall be accompanied by a written determination of the basis for the emergency which shall be signed by the division or department head and shall be included in the purchase file.
 - (6) In addition to the above requirements any division or department head seeking an emergency purchase shall also have the following approvals, which apply to all contracts and purchase orders, emergency or otherwise:
 - a. In the case of purchases \$25,000.00 or less, either the county manager, or the director of administrative services, or the purchasing manager or their designee;
 - b. In the case of purchases greater than \$25,000.00 up to and including \$50,000.00, the county manager, the director of administrative services or their designee; and
 - c. In the case of all purchases over \$50,000.00, the chairman of the board of county commissioners.

(Ord. No. 86-8, § 13, 3-11-86; Ord. No. 88-7, § 4, 2-9-88; Ord. No. 90-9, § 9, 2-20-90; Ord. No. 94-8, § 7, 5-24-94; Ord. No. 98-9, § 5, 4-14-98; Ord. No. 00-19, § 5, 10-24-00; Ord. No. 08-18, § 8, 8-12-08)

Sec. 22.14. - Small purchases.

Purchases under this section shall be considered as purchases from any petty cash fund and shall be allowed and governed by the following:

- (1) No purchase of any single item from any petty cash fund shall exceed \$100.00, unless authorized by finance and accounting.
- (2) No single total purchase from any petty cash fund shall exceed \$150.00, except where authorized by the purchasing manager.
- (3) Reimbursement for employee travel expenses from a petty cash fund shall not exceed \$50.00.
- (4) Funds contained within a petty cash fund shall not be expended for the purchase of equipment or the payment of salaries.
- (5) Expenditures from a petty cash fund shall be reimbursed, provided:
 - a. They are supported by itemized, signed vouchers, signed by the division or department head or designee.
 - b. They qualify as a proper public purpose.
 - c. They are included within the approved annual budget of the division or department.
- (6) Petty cash funds shall be subject to a full accounting requirement, which report shall be made to a representative of the auditor general's office or to finance and accounting in the course of periodic reviews of accounts and records of the county commission.
- (7) Petty cash funds established in bank accounts are to be in a name other than the county, since such funds are not county deposits within the meaning of F.S. chs. 280 and 136.

(Ord. No. 86-8, § 14, 3-11-86; Ord. No. 90-9, § 10, 2-20-90; Ord. No. 94-8, § 8, 5-24-94)

Sec. 22.15. - Prequalification of suppliers and bidders.

Prospective suppliers or bidders may be prequalified for particular types of materials, supplies, services, construction, and equipment. Solicitation mailing lists of potential contractors shall include, but shall not be limited to, such prequalified suppliers or bidders.

(Ord. No. 86-8, § 15, 3-11-86)

Sec. 22.15.5. - Denial or revocation of qualification to bid of persons convicted of contract crime.

The county reserves the right to deny or revoke the qualification to bid to persons convicted of contract crime in accordance with F.S. 287.133;

(Ord. No. 87-15, § 1, 6-30-87; Ord. No. 90-9, § 11, 2-20-90; Ord. No. 92-1, § 7, 1-28-92; Ord. No. 08-18, § 9, 8-12-08)

Sec. 22.16. - Right of county to inspect place of business of contractors.

The county may, at reasonable times, inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded, or to be awarded, by the county. The right expressed in the preceding sentence shall be included in all contracts or subcontracts that involve the performance of any work or service involving the county.

(Ord. No. 86-8, § 16, 3-11-86)

Sec. 22.17. - Right of county to audit records of contractors.

The county shall be entitled to audit the books and records of a contractor or any subcontractor under any county contract or subcontract. Such books and records shall be maintained by the contractor for a period of three years from the date of final payment under the prime contract and by the subcontractor for a period of three years from the date of final payment under the subcontract, unless a shorter period is otherwise authorized in writing. The requirements of this section shall be included in all contracts or subcontracts where materials, supplies, services, construction, and equipment are being provided to the county.

(Ord. No. 86-8, § 17, 3-11-86)

Sec. 22.18. - Competitive sealed proposals.

- (a) *Conditions for use.* When the purchasing manager determines that the use of competitive sealed bidding is either not practicable or not advantageous to the county, a contract for materials, supplies, services, construction, and equipment may be entered into by the use of competitive sealed proposals. Some of the considerations as to where this method may be utilized include, but are not limited to, the following:
- (1) Whether or not to utilize a fixed-price or cost-type contract under the circumstances.
 - (2) Whether quality, availability, or capability is overriding in relation to price in procurement of services, technical goods, research and development, or testing services.
 - (3) Whether the initial installation needs to be evaluated, together with subsequent maintenance and service capabilities and what priority should be given these requirements in terms of the best interest of the county.
 - (4) Whether the market place will respond more favorably to a solicitation permitting not only a range of alternate proposals, but also permitting evaluation and discussion by the county with responders before making the award.
 - (5) Whether a performance specification is deemed more appropriate than a technical specification, thus taking advantage of vendor expertise and allowing the purchase of standard items available in the market place as opposed to custom-designed.
- (b) *Request for proposals.* Proposals shall be solicited through a request for proposals.
- (c) *Public notice.* Adequate public notice of the request for proposals shall be given in the same manner as provided in section 22.09(c) for competitive sealed bidding.
- (d) *Evaluation factors.* The request for proposals shall state the relative importance of price and other evaluation factors.
- (e) *Discussions with responsible offerors and revisions.* As provided in the request for proposals, and under regulations promulgated by the board of county commissioners, discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing offerors.
- (f) *Award.* The award shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the county, taking into consideration price (where applicable) and the evaluation factors set forth in the request for proposals. No other factors or criteria shall be used in the evaluation.

(Ord. No. 86-8, § 18, 3-11-86; Ord. No. 90-9, § 12, 2-20-90; Ord. No. 94-8, § 9, 5-24-94; Ord. No. 08-18, § 10, 8-12-08)

Sec. 22.19. - Cancellation of invitations to bid or requests for proposals.

An invitation to bid, a request for proposals, or other solicitation may be cancelled, or any or all bids or proposals may be rejected in whole or in part as may be specified in the solicitation, when it is in the best interest of the county in accordance with regulations promulgated by the board of county commissioners. The substance of this section shall be restated in all invitations to bid, requests for proposals, or other solicitations.

(Ord. No. 86-8, § 19, 3-11-86)

Sec. 22.19.5. - Suspension and debarment of nonresponsible bidders and responders.

Nonresponsible bidders and responders may be suspended or debarred from participating in the county's competitive sealed bidding and competitive sealed proposal processes in accordance with the operating policies and procedures set forth by the purchasing manager.

(Ord. No. 00-19, § 6, 10-24-00)

Sec. 22.20. - Specifications.

- (a) The purchasing manager, with advice and assistance from using departments and divisions, shall promulgate regulations governing the preparation, maintenance, and control of specifications for materials, supplies, services, construction, and equipment by the county.
- (b) The purchasing manager shall prepare, issue, revise, maintain, and monitor the use of specifications for materials, supplies, services, construction, and equipment required by the county.
- (c) The purchasing manager shall obtain expert advice and assistance from personnel of the various departments in the development of specifications and may delegate in writing to a department the authority to prepare and utilize its own specifications; provided that such specifications shall be reviewed by the purchasing division prior to implementation.
- (d) All specifications shall seek to promote overall economy for the purposes intended and encourage competition in satisfying the county's needs, and shall not be unduly restrictive.
- (e) The requirements of this section regarding the purposes and nonrestrictiveness of specifications shall apply to all specifications, including, but not limited to, those prepared by architects, engineers, designers, draftsmen and others retained or working for and on behalf of the county.

(Ord. No. 86-8, § 20, 3-11-86)

Sec. 22.21. - Unauthorized purchases and special pay requests.

- (a) All requests for approval for payment of purchases in excess of \$2,500.00 acquired without prior purchase order approval shall be processed as follows:
 - (1) The department head of the department involved shall submit a detailed memorandum of explanation to the board of county commissioners explaining and justifying the after-the-fact purchase.

- (2) The department head shall be responsible for scheduling the item on the board of county commissioners meeting agenda and shall be present at the board of county commissioners meeting to provide any explanation or clarification needed.
 - (3) The board of county commissioners may: (i) approve the item for payment; (ii) disapprove the item for payment; or (iii) hold the item for further information.
 - (4) The county manager and the county attorney shall have the sole authority to approve any after-the-fact travel request. If such travel is not approved, it shall be the responsibility of the department head to make restitution to the employee for the expense incurred.
- (b) All requests for payment of purchases \$2,500.00 or less acquired without prior purchase order approval shall be processed as follows:
- (1) The request shall be reviewed for propriety by the director or assistant director of finance.
 - (2) The request shall be audited for correctness, proper signatures, and receiving report.
 - (3) If the request is appropriate, it shall be paid and the county manager notified in writing of its payment.
- (c) All requests for payments for which a purchase order exists, but the request for payment contains differences in terms, quantities, or price which are not of a material nature; the maximum amount of such differences must be \$2,500.00 or less, and shall be processed as follows:
- (1) The request shall be reviewed for propriety by the director or assistant director of finance.
 - (2) The request shall be audited for correctness, proper signatures, and receiving report.
 - (3) If the request is appropriate, it shall be paid and the administrative services director notified in writing of its payment.

(Ord. No. 86-8, § 21, 3-11-86; Ord. No. 88-7, § 5, 2-9-88; Ord. No. 90-9, § 13, 2-20-90; Ord. No. 94-8, § 10, 5-24-94; Ord. No. 00-19, § 7, 10-24-00; Ord. No. 08-18, § 11, 8-12-08)

Sec. 22.22. - Reserved.

Editor's note— Ord. No. 08-18, § 14, adopted Aug. 12, 2008, repealed former § 22.22 in its entirety which pertained to conflicts with provisions relating to small and minority businesses and derived from Ord. No. 86-8, § 31, adopted March 11, 1986.

Sec. 22.23. - Chapter to be liberally construed.

This chapter shall be liberally construed in order to effectively carry out the purposes hereof, which are deemed to be in the best interest of the public health, safety, and welfare of the citizens and residents of the county.

(Ord. No. 86-8, § 32, 3-11-86)

Sec. 22.24. - Vendor complaints or grievances.

Any vendor complaints or grievances shall first be submitted in writing to the purchasing manager. The purchasing manager will investigate the validity of the complaint and present the findings in writing to the vendor. If the vendor is dissatisfied with the purchasing manager's remedies, he may make an appeal to the county manager. The county manager will render a written response to the vendor. All decisions by the county manager shall be considered final, and no further appeal will be allowed.

(Ord. No. 90-9, § 14, 2-20-90)

Editor's note— Ord. No. 90-9, § 14, adopted Feb. 20, 1990, amended the Code by the addition of § 22.39. At the discretion of the editors, for purposes of classification, said provisions have been included herein as § 22.24.

Sec. 22.25. - Design-build contracts.

(a) *Definitions.* For the purpose of this section, the following terms have the following meanings:

County means the Board of County Commissioners of Alachua County, Florida, or its authorized representative.

Design-build contract means a single contract with a design-build firm for the design and construction of a public construction project.

Design-build firm means a partnership, corporation, or other legal entity which:

- (1) Is certified under F.S. § 489.119 to engage in contracting through a certified or registered general contractor or a certified or registered building contractor as the qualifying agent; and
- (2) Is certified under F.S. § 471.023 to practice or to offer to practice engineering, certified under F.S. § 481.219 to practice or to offer to practice architecture, or certified under F.S. § 481.319 to practice or to offer to practice landscape architecture.

Design criteria package means concise, performance-oriented drawings or specifications of the public construction project. The purpose of the design criteria package is to furnish sufficient information so as to permit design-build firms to prepare a bid or a response to a request for proposal, or to permit the county to enter into a negotiated design-build contract. The design criteria package shall specify such performance-based criteria for the public construction project, including, but not limited to, the legal description of the site, survey information concerning the site, interior space requirements, material quality standards, schematic layouts and conceptual design criteria of the project, cost or budget estimates, design and construction schedules, site development requirements, provisions for utilities, stormwater retention and disposal, and parking requirements, as may be applicable to the project.

Design criteria professional means a firm who holds a current certificate of registration under F.S. ch. 481 to practice architecture or landscape architecture, or a firm who holds a current certificate as a registered engineer under F.S. ch. 471 to practice engineering and who is employed by or under contract to the county for the providing of professional architect services, landscape architect services, or engineering services in connection with the preparation of the design criteria package.

(b) *Evaluation team.* For each separate project, a design-build evaluation committee shall be established to review design-build proposals, to determine the best qualified design-build firms for specific projects, to analyze bids for design-build projects, and to recommend to the board of county commissioners the award of design-build contracts. The members of the design-build evaluation team shall be selected by the head of the department or agency for which the project is to be constructed and should include, but not be limited to, the following individuals, or their designees:

- (1) The county manager;
- (2) The director of finance and accounting;
- (3) The county attorney;
- (4) The facilities manager;
- (5) The county engineer; and
- (6) The head of the department or agency for which the project is to be constructed, who shall serve as chairman of the evaluation team.

The board may appoint technical advisors. Such technical advisors shall be subject to the conflict provisions of F.S. ch. 112. Operational and administrative support for the design-build evaluation team shall be provided by the purchasing manager.

- (c) *Preparation of design criteria package.* A design criteria package shall be prepared and sealed by a design criteria professional employed by or retained by the county. If the county elects to enter into a professional services contract for the preparation of a design criteria package, then the design criteria professional shall be selected and contracted with in accordance with the requirements of F.S. § 287.055, the Consultants Competitive Negotiations Act. A design criteria professional who has been selected to prepare the design criteria package shall not be eligible to render services under a design-build contract executed pursuant to the design criteria package.
- (d) *Rules and procedures.* The purchasing manager shall promulgate rules and procedures for the implementation of this chapter, subject to the approval of the county manager. The purchasing manager shall also recommend necessary revisions to the rules and procedures from time to time, subject to the approval of the county manager. The rules and procedures shall, as a minimum, provide for the following:
 - (1) The preparation of a design criteria package for the design and construction of the public construction project.
 - (2) The qualification and selection of no fewer than three design-build firms as the most qualified, based on the qualifications, availability, and past work of the firms, including the partners or members thereof.
 - (3) The criteria, procedures, and standards for the evaluation of design-build contract proposals or bids, based on price, technical, and design aspects of the public construction project, weighted for the project.
 - (4) The solicitation of competitive proposals, pursuant to a design criteria package, from those qualified design-build firms and the evaluation of the responses or bids submitted by those firms based on the evaluation criteria and procedures established prior to the solicitation of competitive proposals.
 - (5) Consultation with the employed or retained design criteria professional concerning the evaluation of the responses or bids submitted by the design-build firms, the supervision or approval by the county of the detailed working drawing of the project; and for evaluation of the compliance of the project construction with the design criteria package by the design criteria professional.
 - (6) In the case of public emergencies, for the board of county commissioners to declare an emergency and authorize negotiations with the best qualified design-build firm available at that time. The failure of at least three qualified design-build firms to submit bids shall constitute a public emergency.

(Ord. No. 90-9, § 15, 2-20-90)

Editor's note— Ord. No. 90-9, § 15, adopted Feb. 20, 1990, amended the Code by the addition of § 22.40. At the discretion of the editors, for purposes of classification, said provisions have been included herein as § 22.25.

ARTICLE II. - SMALL BUSINESS ENTERPRISE PROGRAM

Sec. 22.30. - Purpose and intent of article.

The lack of small business participation in the national economy is reflected in state and local contracting for the purchasing of commodities, services, and capital improvement contracts. Therefore, the purpose and intent of this article is to provide the maximum opportunity for increased participation of small businesses in the county's procurement system.

(Ord. No. 86-8, § 22, 3-11-86; Ord. No. 94-8, § 11, 5-24-94; Ord. No. 06-28, § 1, 9-12-06)

Sec. 22.31. - Certification.

For the purposes of this chapter, the following certification requirements shall govern:

- (1) The equal opportunity division (EO division) shall certify small business enterprises (SBE) for use by the county in its purchasing and procurement process. The EO division will maintain an up-to-date electronic list of SBE.
 - a. To become certified, a small business must be currently performing a useful business function, located in the SBE zone, have 25 or fewer permanent, full-time employees and have a net worth not exceeding \$1,000,000.
 - b. A "useful business function" is one which results in the provision of materials, supplies, equipment, or services to customers. For this reason, merely acting as a financial conduit to transfer funds to a non-SBE will not constitute a useful business function, unless it is done as a part of normal industry practices.
 - c. The county manager or designee will approve a list of neighboring counties to comprise the SBE zone.
 - d. Certifications for SBE are valid for one year from certification date.
- (2) The purchasing division shall secure a list of SBE from the EO division for use in the bid solicitation process, and encourage the use of this list by all departments in their procurement activities.
- (3) The county's purchasing and EO divisions shall continually endeavor to identify small businesses which are eligible for certification in all areas of county procurement.
- (4) Any change of ownership or circumstances that may affect certification eligibility of an SBE must be reported to the EO division, within 14 days of the change taking place. In the event of a change, the current owner is responsible for fulfilling this reporting requirement prior to seeking business with the county.

(Ord. No. 86-8, § 23, 3-11-86; Ord. No. 06-28, § 2, 9-12-06; Ord. No. 08-18, § 14, 8-12-08)

Sec. 22.32. - False representation.

- (a) It is unlawful for any individual or entity to knowingly submit false information in order to qualify for SBE certification.
- (b) Any contractor that falsely represents to the county that it is an SBE, or knowingly submits false information or represents that it will use the services or commodities of an SBE and subsequently does not, shall be deemed in breach of contract. Upon a determination that a breach has occurred, all payments under the contract or any other arrangement shall be immediately suspended. The contractor may show that it attempted in good faith to comply with the terms of the contract but was unable to comply. If the county determines that the contractor did not act in good faith, all amounts paid to the contractor under the county contract or agreement intended for expenditure with the SBE shall be forfeited and recoverable by the county. In addition, the contract or agreement may be rescinded and the department or division may return all unused goods received and recover all amounts paid under the contract.

- (c) Any contractor or affiliate determined to have falsely represented that it or a subcontractor is an SBE, or determined to have not acted in good faith to fulfill the terms of a contract calling for it to use the services or commodities of an SBE, will be considered under the county's suspension and debarment policy.

(Ord. No. 86-8, § 24, 3-11-86; Ord. No. 06-28, § 3, 9-12-06)

Sec. 22.33. - Acquisition of professional services.

When procuring professional services, the county shall endeavor to include SBE. The county's administrative procedures for the formal evaluation of professional services shall include but not be limited to, capabilities, adequacy of personnel, past record, experience, SBE status, and such other relevant factors.

(Ord. No. 86-8, § 25, 3-11-86; Ord. No. 06-28, § 4, 9-12-06; Ord. No. 08-18, § 15, 8-12-08)

State Law reference— Florida Small and Minority Business Assistance Act of 1985, F.S. § 288.702 et seq.

Sec. 22.34. - Reservation of contracts.

- (a) The county may reserve contracts to be awarded only to SBE. The county shall review all of its needs and requirements in each fiscal year, and shall determine which contracts may be reserved for bidding only by SBE. This reservation may only be used when it is determined, before dissemination of the request for proposals or invitation to bid, that there are capable, qualified, SBE available within the SBE zone who are interested and willing to bid on these contracts in order to provide for effective competition. Once a decision has been made to reserve a contract the county shall estimate what it expects the dollar amount of the contract to be, based on the nature of the contract and its value under prevailing market conditions. If all the bids received are over this estimate, the county may reject the bids and open the bidding to all vendors and contractors. Before contracts can be reserved for bidding only by SBE, the county manager, in conjunction with the equal opportunity manager and purchasing manager, must determine that such a reservation is in the best interest of the county.
- (b) The county may reserve any construction contract for competitive bidding only among contractors who agree to utilize SBE as subcontractors or subvendors. The percentage of funds which must be expended with SBE subcontractors and subvendors shall be determined by the county before the contract is reserved. In order to bid on a construction contract so reserved, the contractor shall identify those SBE which will be utilized as subcontractors or subvendors. Once a decision has been made to reserve a contract, but before bids are requested, the county shall estimate what it expects the amount of the contract to be, based on the nature of the contract involved and its value under prevailing market conditions. If all the bids received are over this estimate, the county may reject the bids and open the bidding to all vendors and contractors. It is the express responsibility of the contractor to verify that all SBE which will be utilized as subcontractors or subvendors are currently certified by the county.

(Ord. No. 86-8, § 26, 3-11-86; Ord. No. 90-9, § 16, 2-20-90; Ord. No. 94-8, § 12, 5-24-94; Ord. No. 06-28, § 5, 9-12-06)

Sec. 22.35. - SBE preference.

- (a) The county will award a five-percent bid price preference, not to exceed \$50,000.00 on any single bid, to any SBE that submits a bid to the county.

- (b) The county will award a three-percent bid price preference, not to exceed \$50,000.00 on any single bid, to any contractor that agrees to use SBE for at least 15 percent of the dollar value of the bid.
- (c) The monetary value of the bid price preference given to a certified SBE in any particular procurement shall not exceed \$50,000.00.
- (d) If the adjusted bid price of the SBE vendor is equal to or lower than the original lowest responsive bid, the SBE will be awarded the contract.
- (e) The county will award a preference in evaluation points to SBE or contractors that meet the SBE participation goal in its RFP response.
- (f) The EO and purchasing divisions will formulate and present for adoption any rules necessary to implement the SBE preference in order to guide the county toward having a certain percentage of its expenditures for materials, supplies, equipment, services or construction placed with SBE.
- (g) SBE preference does not apply to contracts that are reserved in accordance with section 22.34 above. SBE bid preferences will not be combined.

(Ord. No. 86-8, § 27, 3-11-86; Ord. No. 90-9, § 16, 2-20-90; Ord. No. 06-28, § 6, 9-12-06)

Sec. 22.36. - Responsiveness of bids—Good faith efforts.

- (a) Every competitive bid or proposal, if not submitted by a SBE, must demonstrate good faith efforts to utilize SBE as subcontractors or subvendors.
- (b) The county may consider written documentation submitted with the bid package or proposal in determining whether a contractor has made one or more good faith efforts including, but not limited to:
 - (1) Whether the contractor attended any presolicitation or prebid meeting that was scheduled by the county to inform SBE of contracting and subcontracting opportunities;
 - (2) Whether the contractor advertised in a general circulation, trade association, and/or SBE focus media concerning the subcontracting opportunities;
 - (3) Whether the contractor provided written notice to a reasonable number of SBE that their interest in the contract was being solicited in sufficient time to allow the SBE to participate effectively;
 - (4) Whether the contractor followed up initial solicitations of interest by contacting SBE to determine whether a SBE is interested;
 - (5) Whether the contractor selected portions of the work to be performed by SBE in order to increase the likelihood of meeting the SBE goals of the county, including, where possible, breaking down contracts into economically feasible units to facilitate SBE participation;
 - (6) Whether the contractor negotiated in good faith with interested SBE, not rejecting SBE as unqualified without sound reasons based on investigation of their capabilities;
 - (7) Whether the contractor made efforts to assist interested SBE in obtaining bonding, lines of credit, or insurance required by the county and/or the contractor; and
 - (8) Whether the contractor effectively used the services of available small business community organizations; small business contractors' groups; local, state, and federal business assistance offices; and other organizations that provide assistance in the recruitment and placement of small businesses.
- (c) The county may waive the good faith requirement for procurement where sub-contracting is not applicable or in order to ensure adequate competition.

(Ord. No. 86-8, § 28, 3-11-86; Ord. No. 90-9, § 16, 2-20-90; Ord. No. 06-28, § 7, 9-12-06)

Sec. 22.37. - Assistance program.

The SBE assistance program is established within the department of administrative services under the EO division and will report all recommendations and activities associated with the SBE program directly to the county manager. This program will assist, encourage, and serve as a liaison for a SBE to become a supplier of materials, supplies, equipment, or services to the county government. In addition, the EO and purchasing divisions shall:

- (1) Review and comment on any changes to a county policy, rule or regulation relating to SBE procurement;
- (2) Receive, compile and disseminate information on procurement opportunities, availability of SBE and available technical assistance;
- (3) Refer all information on any business suspected of misrepresenting its SBE status to the county manager's office;
- (4) Maintain a central list of certified SBE, provide it upon request, and maintain a process for timely and independent verification of the status of businesses currently certified and seeking certification from the County as an SBE; and
- (5) Host, not less than annually, a workshop to assist small businesses located in the SBE zone to obtain SBE certification and to do business with the county.
- (6) Present a written report to the board of county commissioners quarterly on the SBE Program.

(Ord. No. 86-8, § 29, 3-11-86; Ord. No. 90-9, § 16, 2-20-90; Ord. No. 94-8, § 13, 5-24-94; Ord. No. 06-28, § 8, 9-12-06)

Sec. 22.38. - Implementation of policy; monitoring of compliance.

In order to systematically augment a viable SBE component within the county's purchasing and procurement system, the EO manager and the purchasing manager shall be delegated the following powers and duties to fulfill their responsibilities and functions:

- (1) Establish and compile a system of coordinated, uniform procurement policies, procedures, and practices to implement the SBE program.
- (2) Establish and strongly encourage the expenditure of 15 percent of the total competitive procurement monies with SBE for materials, supplies, equipment, services and construction.
- (3) Formulate and establish a system to record and measure the use of SBE in county contracting. This system shall maintain information and statistics on SBE participation, in order to analyze the progress of the SBE program.
- (4) The purchasing manager shall annually report the contractual or procurement disbursements made to SBE to the county manager. This information shall be made available to the board of county commissioners as well as the public at large. The purchasing division shall be responsible for the accuracy of information provided.

(Ord. No. 86-8, § 30, 3-11-86; Ord. No. 90-9, § 16, 2-20-90; Ord. No. 06-28, § 9, 9-12-06)

ARTICLE III. - ALACHUA COUNTY GOVERNMENT MINIMUM WAGE

Sec. 22.45. - Definitions.

County means the Alachua County Board of County Commission, its departments and divisions.

Cooperative purchasing agreement means services purchased under the terms and conditions of another local, state, federal, or other public agency's bid or cooperative bids put together by agencies.

Covered employee is a person paid by a contractor or subcontractor directly involved in providing covered services pursuant to the contractor or subcontractor's contract with the county, during the period of time he or she is providing the services. Covered employee does not include an inmate, a student enrolled in a degree program who is employed under the auspices of the educational institution, a person who is employed through an ongoing written job training program, or a worker with a disability as defined in 29 CFR 525.3.

Covered services:

- (a) Are defined as the following services purchased by the county under a single contract that is over the current bid threshold as defined in section 22.09(a) of this Code, and are any of the following:
 - (1) Agriculture and forestry.
 - (2) Clerical or other non-supervisory office work, including secretarial, typing, data entry, filing, transcription, specialized billing, sorting or completing forms, and word, data, and information processing.
 - (3) Construction.
 - (4) Food preparation and distribution.
 - (5) Janitorial and custodial.
 - (6) Landscaping and grounds maintenance.
 - (7) Facilities maintenance.
 - (8) Refuse removal and recycling.
 - (9) Printing and reproduction.
 - (10) Security.
- (b) However, covered services are excluded from the article when:
 - (1) The funds used to pay for the services do not allow for increased cost due to local procurement requirements;
 - (2) Non-profit organizations established under a 501(c) offering services to the community and citizens; or
 - (3) Exempt from bidding under section 22.11 (2), (3), (4), (5), (15) of this Code.

Health benefits are any plan, fund, or program established or maintained by the service contractor or subcontractor for the purpose of providing for its participants or beneficiaries, through the purchase of insurance or otherwise, medical, surgical, or hospital care or benefits.

Health benefit wage is equivalent to the wage of the lowest paid classified employee of the county.

Non-health benefit wage is the health benefit wage plus the average premium under the Affordable Care Act (Gold Plan) for Alachua County based on a non-smoking individual 40 years of age with allowed subsidies.

Inmate is a person who is providing services while under the supervision of state or county probation or corrections.

Payroll records are the name, address, employee classification, rate of pay, daily and weekly number of hours worked, deductions made and actual wages paid and, if applicable, those records necessary to determine whether health benefits, as described herein, are being provided or offered to covered employees.

Service contractor or subcontractor is an individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, providing a covered service to the county, but not including employees of any subsidiaries, affiliates or parent businesses. The calculation of number of employees is made as of the date of execution of the contract for covered services.

(Ord. No. 2016-05, § 1, 4-12-16)

Sec. 22.46. - Alachua County Government Minimum Wage.

- (a) A contractor or subcontractor of the county providing a covered service to the county shall pay to all of its covered employees an Alachua County Government Minimum Wage of either the health benefit wage and provide health benefits or pay a non-health benefit wage.
- (b) If the health benefit program of a contractor or subcontractor requires an eligibility period of employment for a new employee to be eligible for health benefits, then such contractor or subcontractor, in order to comply, may pay the non-health benefit wage until such time as the new employee is offered or provided health benefits.
- (c) The health benefit wage and non-health benefit wage shall be recalculated on October 1st of each year.
- (d) The contractor shall certify to the county that it will pay each of its covered employees the Alachua County Government Minimum Wage, and ensure that it will require that of its subcontractors. Upon execution, the certification shall become an obligation under the contract. The certification must also include, at a minimum, the following:
 - (1) The name, address, and phone number of the service contractor or subcontractor and a local contact person;
 - (2) The specific project for which the service contract is sought;
 - (3) An agreement to comply with the terms of this article as part of its contractual obligations.
- (e) A copy of the Alachua County Government Minimum Wage rate shall be posted by the contractor in a prominent place where it can easily be seen by the covered employees and shall be supplied to any covered employee upon request. In addition, it is the responsibility of the contractor to make any person submitting a bid for a subcontract providing covered services aware of the requirements of this article.

(Ord. No. 2016-05, § 1, 4-12-16)

Sec. 22.47. - Application and enforcement.

- (a) The Alachua County Government Minimum Wage shall be a requirement in all solicitations of covered services.
- (b) If such solicitation results in no responsive bids, the purchasing manager may solicit the covered services after notification is provided to the county manager and the board a second time without requiring compliance with the Alachua County Government Minimum Wage requirement.
- (c) The requirements of this article shall apply to contracts for covered services that are amended or solicited after the effective date of this ordinance. However, regarding amendments, contracts that have been awarded via a request for proposals shall be adjusted after negotiation, and contracts that have been awarded by bid will not be adjusted until after they are rebid.
- (d) The county shall include in its contracts for covered services the requirements that:

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- (1) The contractor comply with the provisions of the Alachua County Government Minimum Wage requirements, and that failure to do so shall be deemed a breach of contract and shall authorize the county to withhold payment of funds in accordance with Chapter 218, FS.
 - (2) The contractor will include necessary provisions in each of its subcontracts for covered services to ensure compliance with this article. However, the county shall not be deemed a necessary or indispensable party in any litigation between the contractor and a subcontractor.
- (e) A person who claims that he or she is a covered employee and that the employer is not complying with the requirements of this article may file a written complaint with the Alachua County Equal Opportunity Office. A covered employer may be required to produce payroll and other records deemed relevant to the investigation of a complaint. This remedy is not exclusive or in any way meant to prohibit any relief afforded by a court of law, or otherwise prohibit the county from terminating a contract or taking other action as allowed by law.
- (f) A contractor or subcontractor shall not discharge, reduce the compensation of, or otherwise discriminate against any covered employee for filing a written complaint or otherwise asserting his or her rights under this article, participating in any of its proceedings or using any available remedies to enforce his or her rights under this article. A person who claims that he or she has been a victim of a violation of this subsection may file a written complaint with the Alachua County Equal Opportunity Office

(Ord. No. 2016-05, § 1, 4-12-16)

**ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS REQUEST FOR SOURCES SOUGHT
FOR THE PROVISIONS OF A HEALTHY BABY HOME VISIT (HBHVP) PROGRAM**

Notice is hereby given that the Alachua County, Board of County Commissioners (BoCC) is calling for and requesting Sources Sought for the Healthy Baby Home Visit Program (HBHVP) initiative for all children born and residing in Alachua County.

The purpose of this Sources Sought Announcement is for a request for proposal from Alachua County based agencies. The BoCC invites your participation in submitting a proposal to provide a Healthy Baby Home Visit Program (HBHVP) proposal for all children born and residing in Alachua County. As more fully described below, the involvement of Alachua County hospitals and the Healthy Start program is essential in our effort. We are also asking other individuals and organizations providing birthing services to participate and collaborate with known resources. This request provides important background information on the initiative and information about funding, working collaboratively, and the minimum requirements we envision for the HBHVP. As stated, the County highly recommends collaboration and partnerships among the sources sought to address these needs.

A Pre-Proposal conference will be held on February 24, 2017, from 2:00-5:00 pm that will convey the County's intent for this request and clarify any questions. This conference will provide pertinent information about this initiative and how we can help make it a success. The conference will take place at the Alachua County Health Department, Thomas Coward Auditorium. As stated, the Children's Services Advisory Board (CSAB) will provide an overview of its initiative and invite your thoughts, questions, and comments. IT IS HIGHLY RECOMMENDED THAT YOU ATTEND THIS CONFERENCE.

POINT OF CONTACT

Tom Tonkavich, Assistant Director
Alachua County Community Support Services
ttonkavich@alachuacounty.us
352-264-6738

1. BACKGROUND

1.1. Children's Services Advisory Board (CSAB)

The Alachua County Board of County Commissioners (BoCC) created the Children's Services Advisory Board in August 2016. The BoCC also appropriated \$1.2 million to fund programs directed at early childhood development with an emphasis on children, prenatal to age 5, and their families. The overarching goal is to assure all children are ready to enter kindergarten. This ten member board comprised of individuals with expertise in the area of early childhood development has identified three initiatives to improve outcomes for children prenatal to age 5. The Healthy Baby Home Visit Program (HBHVP) is the first initiative to be implemented.

1.2. St. Lucie County Healthy Baby Nurse Home Visitation Model

The HBHVP is designed to be innovative but based on a similar model implemented in St. Lucie County, Florida. The CSAB envisions that the HBHVP will be modeled after the St. Lucie collaborative program and will make every effort to obtain very close collaborations between our local hospitals, the Healthy Start program, and others, including birthing centers.

Healthy Baby Home Visit Program (HBHVP) Initiative

1.3. Collaborative Procurement Process

Alachua County procurement policies allow for the Community Support Services Department to solicit proposals outside the purchasing process regarding medical services including nurse home visits. It is the CSAB's desire to work collaboratively with those interested to implement the BoCC's vision for the HBHVP for all children born and residing in Alachua County. A collaborative process will occur in accordance with Florida Sunshine laws, meaning all meetings and materials will be subject to public disclosure. There will be an initial Pre-Proposal Conference to further discuss the CSAB requirements and clarify any questions/concerns. Following this, we will finalize the requirements and ask for proposals including budget and personnel requests. Proposal submittals will be evaluated by the CSAB and Alachua County Community Support staff and, if deemed the most responsible and responsive submittal, a contract will ensue for further negotiation. The CSAB will make its final recommendation(s) regarding funding and contracts to the BoCC.

1.4. Anticipated Funding

The CSAB anticipates that no more than \$400,000 of its \$1.2 million will be allocated to this initiative annually. This is premised on providing home visits for all newborn residents of Alachua County each year. It is anticipated the unit cost of each visit will be approximately \$150 dollars.

2. SCOPE OF SERVICE(S)

The Contractor shall be responsible for providing:

2.1.1. Essential Program Requirements

The focus of the HBHVP is to ensure that every baby, born in and residing in Alachua County, is a healthy baby by focusing on the physical health of the mothers and babies, family bonding and the social and emotional well-being of parents and babies. Home visits by a registered nurse will include physical assessments of mother and baby, and a review of healthy infant care, parent-baby bonding, breast feeding support, healthy sleeping and infant growth and development. Also addressed will be an assessment of infant safety, e.g., home, fire, car seat, and pool safety. A key component of this visit will be the early identification of needs and referrals for appropriate services.

2.1.2. The HBHVP Providers will create an innovative program that involves close collaboration with providers of early childhood services in order to close current service gaps and reduce duplication.

2.2 The HBHVP Providers

2.2.1 Review hospital censuses and establish a list of potential clients. It is expected that 100% of Alachua County mothers will be offered the home visit.

2.2.2 Contact potential clients and establish rapport before discharge from birth hospital or center.

2.2.3 Provide one home visit to postpartum mothers between three (3) and seven (7) days after discharge from birth hospital or birthing center.

2.1.4 At time of visit, conduct a post-partum and newborn assessment, including an evaluation of mother's and baby's physical condition and caregivers' mental and social health history and service needs.

- 2.1.5 Provide education and referrals regarding post-partum and infant care as indicated, including infant health, immunization, infant sleep position, infant dietary intake, home safety, fire safety, the importance of follow-up appointments with primary care providers, referral sources, understanding of the importance of birth spacing, understanding of postpartum depression and knowledge of available resources to address mental and behavioral health concerns.
- 2.1.6 Facilitate medical and social service follow up as indicated for caregivers and infant.
- 2.1.7 Connect participants and their families to community resources to meet needs that cannot be met by the program.
- 2.1.8 Promote partnerships with other community programs and resources through an integrated system of care.
- 2.1.9 Incorporate parent involvement and feedback to maximize participation and support long term change.
- 2.1.10 Provide second visit for Infants meeting criteria (e.g., jaundice, ineffective breast feeding patterns, preterm birth).

3. Ongoing Collaborative Efforts and Quality Improvement

- 3.1. The HBHVP Providers will closely collaborate with related early childhood services in order to close current service gaps and reduce duplication.
- 3.2. The HBHVP Providers' staff will meet on a regular basis to review process, client participation, and quality improvement needs.
- 3.3. The HBHVP Providers will collect and analyze process and outcome data, and utilize information to improve program quality.
- 3.4. The HBHVP Providers will propose a plan to share data as appropriate to support measuring long term outcomes.
- 3.5. The HBHVP Providers will detail the sustainability of the program and what other sources of funding will be relied upon to maintain the program.

4. Data Sharing

The CSAB and BoCC require assurance that data will be collected, analyzed and shared. Data sharing will occur between the HBHVP providers and other agencies, as appropriate, as well as with the CSAB and Alachua County staff. HBHVP providers will propose how each would share data to measure outcomes, to coordinate services and to reduce duplication. Data that would assist the CSAB to ultimately measure how this initiative prepares children for kindergarten is of particular interest. It is the BoCC and CSAB intent to create a centralized data base for all providers to participate in entering data to measure outcomes.

5. Other Considerations

- 5.1.1. The HBHVP Providers will notify the BoCC prior to any significant change(s) in the delivery of the services as set forth in their proposal. Significant changes that require notification to the BoCC would include, but not be limited to, the commencement or conclusion of employment of key staff and any material change(s) in the delivery of services set forth in its proposal.
- 5.1.2. Material change(s) would include, but not be limited to, location of facilities where services are being provided or the number of staff assigned to a service delivery site.
- 5.1.3. The HBHVP Providers agree to permit the BoCC and its staff to conduct site visits.
- 5.1.4. The HBHVP Providers will assign appropriate staff as necessary to attend meetings with CSAB, BoCC and/or Alachua County staff to discuss issues and recommendations including,

but not limited to, quality of service, service delivery systems, coordination of services, client satisfaction, records, maintenance, and funding maximization.

- 5.1.5. The HBHVP Providers will provide full access at administrative and service delivery sites to CSAB, BoCC and staff during all announced and unannounced visits, for the purpose of examination of records and data as well as observation of service delivery.
- 5.1.6. The HBHVP Providers will maintain the confidentiality of client services and records.
- 5.1.7. The HBHVP Providers will submit quarterly program reports.
- 5.1.8. The HBHVP Providers will share with the CSAB and BoCC and other agencies as specified such information and data as the CSAB and BoCC determine to be appropriate.
- 5.1.9. The HBHVP Providers will create a program to raise public awareness of the purposes and benefits of the HBHVP program.



Request for Proposals (RFP)

Alachua County Children's Services Advisory Board (CSAB)

Healthy Baby Home Visit Program (HBHVP)

**Proposals Must Be Submitted No Later Than 5:00 pm on Friday,
May 12, 2017 at the Offices of Alachua County Community Support
Services, 218 SE 24th St., Gainesville, FL**

For More Information or Questions Contact:
Thomas Tonkavich, Assistant Director
352-264-6738
ttonkavich@alachuacounty.us

General Information

This Request for Proposals (RFP) is issued in conjunction with the Request for Sources Sought solicitation for the Healthy Baby Home Visit Program (HBHVP). Those responding to this RFP should ensure their proposal responds to the requirements listed in Attachment including:

- Section 2, Scope of Services,
- Section 3, Ongoing Collaborative Efforts and Quality Improvement,
- Section 4, Data Sharing, and
- Section 5, Other Considerations

Proposal Due Date

Proposals must be received at the Office of Alachua County Community Support Services, 218 SE 24th Street, no later than **5:00 pm on Friday, May 12, 2017.**

Pre-Proposal Conference Minutes

On February 24, 2017 the Children's Services Advisory Board (CSAB) held a pre-proposal conference with sources interested in proposing a response to the RFP to obtain input. Is the CSAB open to other names for the program? Yes. Could the CSAB use the data system at the UF Institute for Child Health Policy? The CSAB is still reviewing its need for data and analysis. It was also noted the criteria for a second visit needs further clarification as well as babies who need intensive care for a period of time. Additionally, it is thought having the nurse connect with the new mom in the hospital will not be cost efficient. Nurse home visit safety concerns have been considered. It is also important to engage the Pediatricians and Obstetricians as well. The CSAB determined that the Solicitation as drafted doesn't require substantial changes. The ideas and items brought forth during the pre-proposal conference can be included within a submitted proposal.

Required Contents of a Complete Submission

One (1) paper copy containing original signatures, including the following items:

1. Completed Cover Page
2. Project Narrative (maximum 20 pages addressing the RFP questions, not including the budget template), 12 point font, pages printed one side only, single spaced, with minimum 1" margins.
3. Completed Budget Template (Attachment B) including additional information as desired on a separate page

Proposal Evaluation and Funding Award

Members of the CSAB will review each proposal submitted by the due date and score it using predetermined evaluative criteria (Attachment C). Proposals scoring highest will be considered for a funding recommendation by the CSAB. The CSAB will determine to what extent each proposal will be awarded funding and may make a recommendation to the Alachua County Board of County Commissioners to award such funding. The CSAB and Alachua County staff may discuss modifications to the proposed scope of services and budget with those recommended for funding.

COVER PAGE

Name of Agency:

Address:

Telephone:

Email:

Contract Signatory:

Title:

Signature:

Date:

AGENCY TYPE

☐ Government

☐ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)

☐ Other, specify:

PROGRAM

Contact Person Name:

Name of Program:

Address:

Telephone:

Email:

Number of Proposed Home Visits:

Cost per Home Visit:

Amount Requested:

RFP Narrative Outline

Abstract/Executive Summary

1. On a separate page, and not included in the 20 page limit, provide a summary abstract of the proposal suitable for publication, generally two to three paragraphs is sufficient.

Project Narrative (20 page limit)

Describe in detail how you will meet each of the essential program requirements listed in Attachment A.
(Section 2, Scope of Services)

1. Resources/Organizational Capacity

- a. Describe the personnel resources you have available to commit to the HBHVP initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational and experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.
- b. Describe others available or needed to support the HBHVP which are not directly funded.
- c. Describe your organization's experience providing similar services.
- d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the HBHV program.

2. Population to be Served

- a. Estimate the number of births expected in calendar year 2017, 2018.
- b. Estimate the number of women to be invited to participate in the program:
- c. Estimate the number of women consenting to participate:

3. Program Approach

- a. Describe how expectant mothers will be informed of the program, how consent to participate will be obtained, and scheduling of the initial home visit. Describe the criteria used to determine if subsequent visits are needed.
- b. List all items included in the physical assessments of mother and baby, and how your project will promote healthy infant care, parent-baby bonding, breast feeding support, healthy sleeping and infant growth and development. Describe how infant safety including pool safety is assessed. Identify any environmental concerns assessed, i.e., lead paint, tobacco use, etc. Include a copy of assessment tools as an attachment.
- c. Describe the process to assess the caregiver's mental and social health, history, and service needs.
- d. Describe how home visits will be scheduled and what sequence of events will occur once at the home. Describe safety plans for the home visit including staff training, policies, and procedures.

- e. How will the project identify unmet needs and make referrals for appropriate services? How will your project assure referrals are accepted and acted upon? Describe how your project will connect families to community resources.

4. Marketing and Outreach/Community Education

- a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education campaign.
- b. How will you reach out to those mothers that may be reluctant to participate?

5. Collaborations and Partnerships

- a. Identify and describe the essential collaborators and partners of your project. What activities are each expected to complete. Are the collaborations/partnerships formal or informal, new or existing and related to other similar projects?
- b. Describe how you will collaborate with others providing early childhood services to close current service gaps and reduce duplication of effort.

6. Timeline

- a. Briefly, describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.

7. Data Collection, Data Analysis, and Data Sharing

- a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.
- b. Identify who will complete the data analysis, the frequency and type of analysis completed. Explain the types of data reports created.
- c. Propose how you will share outcome data with others including other healthy baby home visit program providers, the CSAB, and County staff, to coordinate services and to reduce duplication.

8. Outcomes to be Addressed and Measures Used

- a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

9. Overall Impact on Health and Wellbeing of Alachua County Children and Families

- a. The CSAB has adopted the Results Based Accountability Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.

- b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

Project Budget and Budget Narrative

10. Project Budget

- a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e., personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.
- b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.
- c. Complete and attach a detailed line item budget using the Budget Template or a similar document.

11. Insurance Requirements

- a. Applicants responding to this RFP must indicate compliance with TYPE "C" INSURANCE REQUIREMENTS "Professional or Consulting Services" (Attachment D)

Attachment A

ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS REQUEST FOR SOURCES SOUGHT FOR THE PROVISIONS OF A HEALTHY BABY HOME VISIT (HBHVP) PROGRAM

Notice is hereby given that the Alachua County, Board of County Commissioners (BoCC) is calling for and requesting Sources Sought for the Healthy Baby Home Visit Program (HBHVP) initiative for all children born and residing in Alachua County.

The purpose of this Sources Sought Announcement is for a request for proposal from Alachua County based agencies. The BoCC invites your participation in submitting a proposal to provide a Healthy Baby Home Visit Program (HBHVP) proposal for all children born and residing in Alachua County. As more fully described below, the involvement of Alachua County hospitals and the Healthy Start program is essential in our effort. We are also asking other individuals and organizations providing birthing services to participate and collaborate with known resources. This request provides important background information on the initiative and information about funding, working collaboratively, and the minimum requirements we envision for the HBHVP. As stated, the County highly recommends collaboration and partnerships among the sources sought to address these needs.

A Pre-Proposal conference will be held on February 24, 2017, from 2:00-5:00 pm that will convey the County's intent for this request and clarify any questions. This conference will provide pertinent information about this initiative and how we can help make it a success. The conference will take place at the Alachua County Health Department, Thomas Coward Auditorium. As stated, the Children's Services Advisory Board (CSAB) will provide an overview of its initiative and invite your thoughts, questions, and comments. IT IS HIGHLY RECOMMENDED THAT YOU ATTEND THIS CONFERENCE.

POINT OF CONTACT

Tom Tonkavich, Assistant Director
Alachua County Community Support Services
ttonkavich@alachuacounty.us
352-264-6738

1. BACKGROUND

1.1. Children's Services Advisory Board (CSAB)

The Alachua County Board of County Commissioners (BoCC) created the Children's Services Advisory Board in August 2016. The BoCC also appropriated \$1.2 million to fund programs directed at early childhood development with an emphasis on children, prenatal to age 5, and their families. The overarching goal is to assure all children are ready to enter kindergarten. This ten member board comprised of individuals with expertise in the area of early childhood development has identified three initiatives to improve outcomes for children prenatal to age 5. The Healthy Baby Home Visit Program (HBHVP) is the first initiative to be implemented.

1.2. St. Lucie County Healthy Baby Nurse Home Visitation Model

The HBHVP is designed to be innovative but based on a similar model implemented in St. Lucie County, Florida. The CSAB envisions that the HBHVP will be modeled after the St. Lucie collaborative program and will make every effort to obtain very close collaborations between our local hospitals, the Healthy Start program, and others, including birthing centers.

Healthy Baby Home Visit Program (HBHVP) Initiative

Attachment A

1.3. Collaborative Procurement Process

Alachua County procurement policies allow for the Community Support Services Department to solicit proposals outside the purchasing process regarding medical services including nurse home visits. It is the CSAB's desire to work collaboratively with those interested to implement the BoCC's vision for the HBHVP for all children born and residing in Alachua County. A collaborative process will occur in accordance with Florida Sunshine laws, meaning all meetings and materials will be subject to public disclosure. There will be an initial Pre-Proposal Conference to further discuss the CSAB requirements and clarify any questions/concerns. Following this, we will finalize the requirements and ask for proposals including budget and personnel requests. Proposal submittals will be evaluated by the CSAB and Alachua County Community Support staff and, if deemed the most responsible and responsive submittal, a contract will ensue for further negotiation. The CSAB will make its final recommendation(s) regarding funding and contracts to the BoCC.

1.4. Anticipated Funding

The CSAB anticipates that no more than \$400,000 of its \$1.2 million will be allocated to this initiative annually. This is premised on providing home visits for all newborn residents of Alachua County each year. It is anticipated the unit cost of each visit will be approximately \$150 dollars.

2. SCOPE OF SERVICE(S)

The Contractor shall be responsible for providing:

2.1.1. Essential Program Requirements

The focus of the HBHVP is to ensure that every baby, born in and residing in Alachua County, is a healthy baby by focusing on the physical health of the mothers and babies, family bonding and the social and emotional well-being of parents and babies. Home visits by a registered nurse will include physical assessments of mother and baby, and a review of healthy infant care, parent-baby bonding, breast feeding support, healthy sleeping and infant growth and development. Also addressed will be an assessment of infant safety, e.g., home, fire, car seat, and pool safety. A key component of this visit will be the early identification of needs and referrals for appropriate services.

2.1.2. The HBHVP Providers will create an innovative program that involves close collaboration with providers of early childhood services in order to close current service gaps and reduce duplication.

2.2 The HBHVP Providers

- 2.2.1** Review hospital censuses and establish a list of potential clients. It is expected that 100% of Alachua County mothers will be offered the home visit.
- 2.2.2** Contact potential clients and establish rapport before discharge from birth hospital or center.
- 2.2.3** Provide one home visit to postpartum mothers between three (3) and seven (7) days after discharge from birth hospital or birthing center.
- 2.1.4** At time of visit, conduct a post-partum and newborn assessment, including an evaluation of mother's and baby's physical condition and caregivers' mental and social health history and service needs.

Attachment A

- 2.1.5 Provide education and referrals regarding post-partum and infant care as indicated, including infant health, immunization, infant sleep position, infant dietary intake, home safety, fire safety, the importance of follow-up appointments with primary care providers, referral sources, understanding of the importance of birth spacing, understanding of postpartum depression and knowledge of available resources to address mental and behavioral health concerns.
- 2.1.6 Facilitate medical and social service follow up as indicated for caregivers and infant.
- 2.1.7 Connect participants and their families to community resources to meet needs that cannot be met by the program.
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3. Ongoing Collaborative Efforts and Quality Improvement

- 3.1. The HBHVP Providers will closely collaborate with related early childhood services in order to close current service gaps and reduce duplication.
- 3.2. The HBHVP Providers' staff will meet on a regular basis to review process, client participation, and quality improvement needs.
- 3.3. The HBHVP Providers will collect and analyze process and outcome data, and utilize information to improve program quality.
- 3.4. The HBHVP Providers will propose a plan to share data as appropriate to support measuring long term outcomes.
- 3.5. The HBHVP Providers will detail the sustainability of the program and what other sources of funding will be relied upon to maintain the program.

4. Data Sharing

The CSAB and BoCC require assurance that data will be collected, analyzed and shared. Data sharing will occur between the HBHVP providers and other agencies, as appropriate, as well as with the CSAB and Alachua County staff. HBHVP providers will propose how each would share data to measure outcomes, to coordinate services and to reduce duplication. Data that would assist the CSAB to ultimately measure how this initiative prepares children for kindergarten is of particular interest. It is the BoCC and CSAB intent to create a centralized data base for all providers to participate in entering data to measure outcomes.

5. Other Considerations

- 5.1.1. The HBHVP Providers will notify the BoCC prior to any significant change(s) in the delivery of the services as set forth in their proposal. Significant changes that require notification to the BoCC would include, but not be limited to, the commencement or conclusion of employment of key staff and any material change(s) in the delivery of services set forth in its proposal.
- 5.1.2. Material change(s) would include, but not be limited to, location of facilities where services are being provided or the number of staff assigned to a service delivery site.
- 5.1.3. The HBHVP Providers agree to permit the BoCC and its staff to conduct site visits.
- 5.1.4. The HBHVP Providers will assign appropriate staff as necessary to attend meetings with CSAB, BoCC and/or Alachua County staff to discuss issues and recommendations including,

Attachment A

but not limited to, quality of service, service delivery systems, coordination of services, client satisfaction, records, maintenance, and funding maximization.

- 5.1.5. The HBHVP Providers will provide full access at administrative and service delivery sites to CSAB, BoCC and staff during all announced and unannounced visits, for the purpose of examination of records and data as well as observation of service delivery.
- 5.1.6. The HBHVP Providers will maintain the confidentiality of client services and records.
- 5.1.7. The HBHVP Providers will submit quarterly program reports.
- 5.1.8. The HBHVP Providers will share with the CSAB and BoCC and other agencies as specified such information and data as the CSAB and BoCC determine to be appropriate.
- 5.1.9. The HBHVP Providers will create a program to raise public awareness of the purposes and benefits of the HBHVP program.

Alachua County Children's Services Advisory Board Health Baby Home Visit Program Budget Template

List each position proposed to provide services under the project. Add or delete rolls as needed.

List all fringe benefits separately

Operating Expenses	Monthly Cost	Annual Cost
Supplies		
Travel		
Equipment		
Printing		
Training		
Insurance		
Contractual		
Other		
Total Operating Exepenses		
Total Project Expenses		

Provide a general description of items purchased using funds provided
Add rows as needed

Include start up equipment

Specify type of training, who will be attending length and duration, travel costs including mileage, per diem, etc.

Identify the organization contracted with and a brief description of the planned scope of services

Project Revenues	Annual Total
Amount Requested from the CSAB	
Other Funds	
Total Project Revenues	

Describe any other funds leveraged or contributed to the project including in-kind

Attachment C

QUALIFICATIONS EVALUATION

PROJECT: Healthy Baby Home Visit Program

EVALUATOR: _____

FIRM NAME: _____

DATE: _____

TECHNICAL QUALIFICATIONS	POINT VALUE	POINTS AWARDED	STRENGTHS/OPPORTUNITIES
• Resources/Organizational Capacity	10		
• Proposed Budget	10		
• Proposed Timeline	5		
• Overall Impact on Health and Wellbeing of Alachua County Children & Families	10		

Attachment C

• Program Approach	10		
• Population to be Served	5		
• Marketing and Outreach/Community Education	10		
• Collaboration/Partnerships	15		
• Outcomes to be Addressed and Measures to be Used	15		
• Data Collection, Data Analysis and Data Sharing	10		
Total Points Possible/Awarded	100		

85

Attachment D

TYPE "C" INSURANCE REQUIREMENTS "Professional or Consulting Services"

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, his agents, representatives, employees or subcontractors.

I. COMMERCIAL GENERAL LIABILITY.

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

II. AUTOMOBILE LIABILITY.

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

III. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY.

- A Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.
- B Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

IV. PROFESSIONAL LIABILITY or ERRORS AND OMISSIONS LIABILITY (E&O).

Professional (E&O) Liability must be afforded for not less than \$1,000,000 each claim, \$1,000,000 policy aggregate

V. OTHER INSURANCE PROVISIONS.

- A The policies are to contain, or be endorsed to contain, the following provisions:
- B Commercial General Liability and Automobile Liability Coverages
 - 1 The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor; products and completed operations of the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor.
 - 2 The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employee's or volunteers shall be excess of Contractor's insurance and shall be non-contributory.
- C All Coverages
 - 1 The Contractor shall provide a Certificate of Insurance to the County with a Thirty (30) day notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made form the certificate will show a retroactive date, which should be the same date of the contract (original if contract is renewed) or prior.

Attachment D

VI. SUBCONTRACTORS

Contractors shall include all subcontractors as insured under its policies. All subcontractors shall be subject to the requirements stated herein.

CERTIFICATE HOLDER:

Alachua County Board of County Commissioners

MAIL, EMAIL or FAX CERTIFICATES TO:

Risk Management
12 SE 1st Street, 3rd Floor
Gainesville, FL 32601
dryon@alachuacounty.us
Phone: 352-374-5297
Fax: 352-381-0168
Attn: Darlene Ryon

NewboRN Home Visiting



Name of Agency: Healthy Start of North Central Florida

Address: 1785 NW 80th Blvd., Gainesville, FL 32606

Telephone: (352) 313-6500 ext. 116

Email: jmoderie@wellflorida.org

Contract Signatory: Julie Moderie, MPH

Title: Chief Operations Officer

Signature:

Date:

AGENCY TYPE

- ☐ Government
- ☒ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)
- ☐ Other, specify:

PROGRAM

Contact Person Name: Julie Moderie, MPH

Name of Program: NewboRN Home Visiting Program

Address: 1785 NW 80th Blvd., Gainesville, FL 32606

Telephone: (352) 313-6500 ext. 116

Email: jmoderie@wellflorida.org

Number of Proposed Home Visits: 2,100

Cost per Home Visit: \$190.48

Amount Requested: \$400,000

NewboRN Home Visiting Program (NHVP)

Abstract/Executive Summary

The NewboRN Home Visiting Program (NHVP) is an innovative initiative that involves close collaboration with all childbirth providers and programs providing early childhood services, to create an integrated system of care that can help close current service gaps and facilitate the linkage of families with newborns and young children to the programs that will most effectively meet their needs. After childbirth and before discharge from the hospital, a Family Partner will meet with each mother that resides in Alachua County and delivers at UF Health Shands or North Florida Regional Medical Center to introduce the NHVP and obtain her consent to participate in the program. For the newborns delivered at home or in a birthing center the attending licensed midwife will provide the Newborn Home Visit and link the family with one of the Family Partners if the parents need additional supports or services after the home visit is completed.

Within one week of returning home from the hospital, birthing center, or after a home delivery, a registered nurse or licensed midwife will provide a voluntary home visit to all consenting Alachua County families with newborn babies delivered at the two local hospitals, the birthing centers or through home births. The purpose of the visit is to identify any early risk factors that may require community or provider follow-up and referrals for additional supports and services. The visit will include a postpartum and newborn assessment, which will focus on family bonding and the well-being of the mother, father, or other caregiver and the baby. The home visit assessment will include a physical assessment of the mother and baby, infant care and feeding with an emphasis on breastfeeding support and education, immunizations, and follow-up appointments for primary care. Home, sleep, fire, car seat, infant and water/pool safety, assessment and education will also be included. In addition, perinatal mental health (i.e., post-partum depression), intimate partner violence and adverse childhood experiences may also be discussed and/or assessed. If the mother or infant needs any follow-up care for any medical issues they will be referred to the OB/GYN or pediatrician they have chosen for ongoing medical care. In addition, if they need any other services or supports they will be referred to the Family Partner who they met at the hospital or whom is partnering with the licensed midwives and he/she will link the parents to the services or resources they need and provide short-term case management until referrals and linkages are made to the appropriate programs.

Project Narrative (20 page limit)-describe in detail how you will meet each of the essential program requirements listed in Attachment A (Section 2, Scope of Services)

1. Resources/Organizational Capacity (10 points)

a. Describe the personnel resources you have available to commit to the HBHVP initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.

There will be a team of registered nurses (RN) available through UF Health Shands HomeCare (UFHC) and North Florida Regional Medical Center (NFRMC) to conduct the Newborn Home Visits. In addition, the licensed midwives conducting home births will also be part of the home visiting team and will provide the home visits to their patients. There will be one full time Family Partner (FP) at each of the two hospitals and the FP will be responsible for meeting with each mother who delivers at UF Health Shands (Shands) or NFRMC to introduce the Newborn Home Visiting Program (NHVP) and obtain their consent for participation. In addition, the FP will work with the RN's and licensed midwives to provide short-term case management to all families that need additional supports or services after the home visit is completed.

The organizational structure that has been created for this project is similar to what has been implemented by the Healthy Start of North Central Florida Coalition (HSNCF). HSNCF will subcontract with UFHC and NFRMC to hire and supervise the RN's who will conduct the home visits. At UFHC the nurses will be supervised by the Director of Nursing at UFHC, Christine Knowles. At NFRMC the nurses will be supervised by the Nurse Manager at the Mom/Baby Unit, Tracy Lewis and the Nursing Supervisor Melissa Wiles. The licensed midwives are self-employed, however, HSNCF will subcontract with the Florida School of Traditional Midwifery (FSTM) to provide a stipend to the licensed midwives for each home visit they conduct. The two Family Partners will be employed by HSNCF and will be supervised by the Coordinated Intake and Referral Program Manager who will be hired prior to the implementation of the program. The NHVP project will be managed by Dr. Mona Gil de Gibaja, who is a consultant with HSNCF. The Director of HSNCF, Julie Moderie will be responsible for contract management and overall project outcomes, in coordination with the subcontractors and HSNCF staff and consultants. The chart below provides a summary of the key personnel for this project. Job descriptions for new personnel that will be paid for through this grant are included in the appendix.

Personnel	Position	Roles and Responsibilities	Education/Credentials	Experience
Christine Knowles	Director of Nursing-UF Health Shands HomeCare	Will train and supervise the team of RN's providing home visits to mothers who deliver at Shands	RN	More than 10 years experience in nursing and/or nurse management
Tracy Lewis	Nurse Manager-Mom/Baby Unit-NFRMC	Will train and supervise the team of RN's providing home visits to mothers who deliver at NFRMC	RN	More than 25 years experience in nursing and/or nurse management
Melissa Wiles	Director of Labor and Delivery/Postpartum/Intermediate NICU	Will train and supervise the team of RN's providing home visits to mothers who deliver at Shands	RN, MSN, RNC-OB	More than 20 years experience in nursing and/or nurse management
Home Visiting RN's	Home Visiting RN's	Meet with mothers to complete the home visit and enters required data into excel spreadsheet or database.	RN	Varying levels of experience in nursing
Licensed Midwives	Licensed Midwives	Directly communicate with mothers to schedule and complete the home visit and enter required data into excel spreadsheet or database.	Licensure by the State of Florida/DOH	Clinical experience commensurate with requirements for graduation and licensure
CI&R Manager (will be hired by HSNCF)	Coordinated Intake and Referral Manager	Supervises the two Family Partners and works with community partners to develop interagency agreements.	Bachelors degree in social services	At least 5 years of experience in social services
Family Partners (will be hired by HSNCF)	Family Partner	Responsible for meeting with mothers in hospital to educate them about NHVP and get consent to participate in program, link families with supports and services needed and provide short term case management.	Bachelors degree in social services	At least 3 years experience in social services
Mona Gil de Gibaja	Program Coordinator-Consultant	Coordinate all partners' activities and ensure successful implementation of the program.	BSW, MSW, Ph.D.	More than 30 years of program development and management experience
Julie Moderie	Director of HSNCF	Supervise CI&R Manager and other HSNCF staff responsible for implementation of the program; provide oversight and support to consultant; subcontract with hospitals and Florida School of Midwifery	BS, MPH	More than 15 years of experience with maternal, infant and child health; Director of HSNCF for 10 years

During the first few months of the project, weekly team meetings or conference calls will be held with all collaborative partners to ensure processes are in place to effectively implement the program with fidelity across all sites and with all staff. In addition, throughout the implementation of this project continuous quality improvement (CQI) techniques will be used to implement "small tests of change" that will provide staff with opportunities to try innovative ways of engaging families in this program and providing them with the supports and services they need to help them thrive as parents.

b. Describe others available or needed to support the HBHVP which are not directly funded.

After the Newborn Home Visit is completed the RN or licensed midwife will contact the Family Partner (FP) so he/she can help facilitate the linkage of families to the supports, services and resources they may want and need. The FP will develop and maintain partnerships with all the agencies in Alachua County that provide supports and services to families with young children, however the agencies that will most likely receive the majority of the referrals and will have an ongoing collaborative relationship with the FP include:

- Healthy Start provides home visiting services to pregnant women and families with children up to age 3. Services include: care coordination, breastfeeding support, parent education, child development education, tobacco cessation, birth spacing, mental health counseling and referrals to other community supports and services.
- Healthy Families provides home visiting services to pregnant women and families with young children. Services include: parent education, child development education, child abuse prevention, mental health counseling, referrals to other community supports and services.
- MIECHV (Maternal, Infant, Early Childhood, Home Visiting) Parents as Teachers program provides home visiting services to families with young children.-Services include: parent education, child development education and assessment using the ASQ and the ASQ-SE, assessment of intimate partner violence, assessment of post- partum depression and life skills, mental health counseling for post-partum depression and referrals to other community supports and services.
- WIC (Woman Infants and Children) provides breastfeeding support, nutrition information and infant/toddler nutritional resources until the child turns five years of age.
- Early Steps provides home visiting, assessments, education and ongoing support for infants and toddlers with developmental delays and special needs.
- Early Learning Coalition provides resources and referrals for child care and early learning programs.

c. Describe your organizations experience providing similar services.

Healthy Start of North Central Florida (HSNCF): The Florida Healthy Start program provides voluntary, universal screening of pregnant women and newborns to identify those at risk of poor birth, health and developmental outcomes. Based on the risks and needs identified,

voluntary services are available for the family. Services include home visiting, care coordination, childbirth education, tobacco cessation, breastfeeding education and support, parenting education and support, mental health counseling, and prenatal care. For more than 25 years, HSNCF has been subcontracting with various agencies throughout the area to provide these services. Agencies that HSNCF has experience contracting with include the University of Florida, county health departments, community based care lead agencies, federally qualified health centers, and not-for-profit agencies.

UF-Health Shands- Nearly 900 expert UF College of Medicine and community physicians along with more than 9,000 skilled Shands nursing and support staff provide comprehensive high-quality patient care, from primary care and family medicine to subspecialty tertiary and quaternary services for patients with highly complex medical conditions. The faculty from the UF College of Medicine includes nationally and internationally recognized physicians whose expertise is supported by intensive research activities. UF Health Shands Hospital's specialty programs are consistently ranked among the nation's best in U.S. News and World Report Hospital ranking. In addition, UF Health Shands Hospital is one of just seven hospitals in the state of Florida to receive the Baby-Friendly designation, an international initiative that aims to improve breastfeeding support for new mothers sponsored by UNICEF. Lastly, UF Health is now offering a model of group prenatal care at its women's centers to help reduce the risk of premature birth. Both UF Health Women's Center Medical Plaza and UF Health Women's Center – Springhill offer the group prenatal care model. The UF Health Women's Center – Medical Plaza will be designated as the first Centering Pregnancy site in North Florida by the Centering Healthcare Institute over the next year. Pregnant women who wish to participate in the Centering Pregnancy model are grouped by their due dates. After a standard visit to their provider, the women join a group during their fourth month of pregnancy and meet monthly for 1.5-hour sessions. During these sessions, the women receive all the components of individual prenatal care. The women and their provider also discuss birth and newborn care as well as overall health and stress management. HSNCF is partnering with UF-Health and March of Dimes on the CenteringPregnancy and CenteringParenting Programs.

UF-Health Shands HomeCare (UFHC) provides home care services twenty-four (24) hours per day, seven (7) days per week including weekends and holidays. UFHC is a private, not-for-profit affiliated with the University of Florida. The agency provides nurses, medical social workers, physical, speech and occupational therapists, home health aides, personal care aides and infusion therapy.

North Florida Regional Medical Center (NFRMC) is committed to enriching the community through extraordinary healthcare with unmatched dedication and compassion. Their core values are: **Quality**-Pursuing the highest standards of clinical and service excellence; **Innovation**-Developing new ways to enhance patient care through best practices and advanced technologies; **Trust**-Inspiring confidence in the healthcare and support teams through competence, integrity and accountability; believing that the best from each of us inspires the best in all of us; and **Empowerment**-Strengthening patient participation in their healthcare decisions and encouraging employee voice by recognizing their contributions.

Florida School of Traditional Midwifery- For 23 years, the Florida School of Traditional Midwifery has been committed to providing quality educational programs for those who share their desire to provide the best care for childbearing women and their families. Graduates of the midwifery program are eligible to become Florida Licensed Midwives (LM) and Certified Professional Midwives (CPM). FSTM offers direct-entry midwifery educational programs, which are based on combining the art of traditional midwifery with current knowledge of medical science and evidence-based practice. Their students' clinical experiences take place in a variety of settings: home birth practices, community-based birth centers, clinics, and hospitals, located throughout Florida. Their goal is to educate and prepare students to become skilled, caring midwives who will be available to serve women and families in their communities. Upon graduation, midwifery students are eligible to practice as Licensed Midwives (LM) in Florida. Licensed Midwives are trained professionals with the skills and expertise to provide care to low-risk, healthy individuals during the childbearing cycle. Licensed midwives monitor the physical, psychological, and social well-being of their patients, providing individualized education, counseling, prenatal care, continuous hands-on assistance during labor and delivery, and postpartum care to mother and newborn. This care includes preventative measures, the promotion of normal birth, and the detection of complications in mother and newborn. They are trained to identify when the care required is outside the midwife's scope of practice or expertise, and refer to other health care providers when needed for additional consultation or care. In Florida, licensed midwives typically work in the home or birth center setting.

Through this grant student assistance will be available through preceptorships. During the spring semester (January – April), fifteen (15) to twenty (20) first year midwifery students will be available to accompany the RN's on a home visit and assist as needed. Each student will be available for 60-70 hours each semester. In addition, there will be ancillary support by FSTM staff in the management of the Licensed Midwife home visits.

d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the HBHVP program.

See the chart under Item 1a that provides this information.

2. Population to be served (5 points)

a. Estimate the number of births expected in calendar year 2017, 2018.

In 2016 there were 2,885 Alachua County resident births and 2,753 Alachua County resident births in the County. Therefore, we estimate there will be 2,700 births to Alachua County residents in calendar years 2017 and 2018. There were 2,681 hospital births (UF Health Shands-1,158 and North Florida Regional Medical Center-1,523), 52 home births and 20 births at the birthing center. The population to be served through this program will include all women who are Alachua County residents and give birth at UF-Health Shands, NFRMC, a birthing center in Alachua County or at their home in Alachua County.

b. Estimate the number of women to be invited to participate in the program

Our goal is to invite all women who are Alachua County residents and deliver their baby in Alachua to participate in this program. However, we know that issues may arise that will be out of our control, prior to a mother being discharged from the hospitals, therefore, we anticipate that 95% of Alachua County residents who deliver in Alachua County will be offered this program.

c. Estimate the number of women consenting to participate.

We estimate that during the first year of the program 70% of the women invited to participate will consent and be scheduled for a home visit and 60% will complete the home visit. We hope to see the consent rate and completed home visit rate increase by approximately 5% each year thereafter, as community outreach and education increases about the benefits and value of this universal countywide program.

3. Program Approach (10 points)

a. Describe how expectant mothers will be informed of the program, how consent to participate will be obtained, and scheduling of the initial home visit. Describe the criteria used to determine if subsequent visits are needed.

Expectant mothers will be informed of the program through their OB/GYN, licensed midwife, and during childbirth education classes and hospital tours, as program brochures and information will be shared at each of these locations. In addition, a countywide marketing plan has been developed and additional details about the ways in which outreach and community education will be implemented is provided in Section 4 of this proposal.

Before each newborn is discharged, the NHVP Family Partner (FP) will meet with and talk to each mother who delivers a baby at UF-Health Shands or North Florida Regional Medical Center and is an Alachua County resident and provide detailed information about the program. A full-time FP will be available Monday through Friday at each hospital and they will be responsible for educating each family about the NHVP and obtaining their consent for an RN to visit them in their home within one week of discharge. When a mother is discharged on the weekend or in the evening, the RN preparing the mother's discharge paperwork or another designated staff person at the Mom/Baby Unit at each hospital will have the responsibility for getting the mother's consent to participate in the program. The licensed midwives presently provide a post-partum home visit to their patients, so they will include additional assessments during the postpartum visit for both the mother and newborn and will provide additional educational information to ensure that all visits are congruent with the visit conducted by the RN's.

Monday through Friday the FP will review the hospital census and establish a list of potential participants. The goal will be to offer the NHVP to every Alachua County mother. Once the list

of potential participants has been created, the FP will contact each mother and establish rapport before she is discharged from the hospital. To develop rapport the FP will provide each mother with information about the benefits of the NHVP, the estimated length of the home visit, the educational information that will be provided, the assessments that will be conducted, the incentives to participate that will be available and the overall value of the visit to the mother, other caregivers and the newborn. The FP will also provide information on the short term case management that will be available if needed to link the family to any additional supports or services they might want or need. In addition, the nurse's business card will be provided and the card will include a picture of the nurses on the NHVP team and their contact information, so that each mother will know which nurse will be visiting her home so that she can feel safe about someone coming out to visit her and her newborn.

When written consent to participate in the program is obtained, the FP will schedule an appointment for the home visit. For home births and births at the birthing center the Family Partners job will be implemented by the licensed midwife who will also be conducting the Newborn Home Visit.

Each visit will be scheduled within one week of discharge from the hospital. With a birth at a birthing center or at home, the home visit will be scheduled within one week of the baby's birth. For those babies that are in the NICU, the FP will meet with the family in the hospital within 3 days after the baby's birth and schedule a telephone call with the RN within 3-5 days after that meeting with the family. In addition, the RN will conduct a home visit within 7 days after the newborn is discharged from the NICU.

During the visit, the RN or licensed midwife conducts a post-partum and newborn assessment, including an evaluation of the mother's and baby's physical, mental and social health history and service needs. In addition, education and referrals regarding post-partum and infant care are provided as indicated including understanding and knowledge of self-care, infant health, immunizations, infant sleep position, infant dietary intake, home safety, fire safety, and the importance of follow-up appointments with primary care providers. If additional medical care is needed for either the mother or the newborn the RN can assist the mother with making those arrangements with her physician or the newborn's pediatrician, if needed. However, if the family needs any additional services or resources including; parent education, ongoing breastfeeding education and support, nutritional support and information, child development education, or assistance with basic needs, diapers or formula the RN or licensed midwife will follow-up with the FP and she will make all referrals needed and provide short-term case management until the family is enrolled in the needed programs or receives the requested items.

b. List all items included in the physical assessments of mother and baby, and how your project will promote healthy infant care, parent-baby bonding, breast feeding support, healthy sleeping and infant growth and development. Describe how infant safety including pool safety is assessed. Identify any environmental concerns assessed, i.e., lead paint, tobacco use, etc. Include a copy of assessment tools as an attachment.

During the physical assessment of the infant the following will be assessed: temperature, heart, respiration, head circumference, dermal icterus index, cord, circumcision, breast feeding and/or bottle feeding, elimination, weight, alertness, responsiveness and muscle tone.

During the home visit the following will be assessed for the mother: temperature, pulse, respirations, blood pressure, breasts, fundus, bowel movements, voiding, activities of daily living (including hygiene and sleep). In addition, psychosocial issues will be discussed and assessed and general education will be provided to address the following: history of depression, symptoms of post-partum depression, lack of support systems, history of perinatal loss, as well as intimate partner violence and "adverse childhood experiences". If the mother consents to a physical exam her perineum, incision or wound will also be assessed.

In addition, the RN will model and provide coaching for the mother and other caregivers on healthy infant care, parent-baby bonding, child development, and child safety, as well as provide breastfeeding education and support. Educational materials will be provided on these topics, as well as a list of community resources and links to various on-line videos that can provide additional information and education. If additional support is needed, the parents or caregivers will be offered ongoing home visiting services through Healthy Start, Healthy Families or MIECHV (Maternal, Infant, Early Childhood Home Visiting)-Parents as Teachers.

c. Describe the process to assess the caregivers mental and social health, history and service needs.

During the home visit the RN or licensed midwife will have an opportunity to develop rapport with the mother by discussing the baby's feeding and sleeping patterns, as well as child development issues. Once rapport has been developed at the home visit, various assessments will be conducted. The caregiver's mental health will be assessed using the Edinburgh Postnatal Depression Scale (see attached). In addition several questions will be asked on the initial intake form to determine if the mother may need information on community resources available to address intimate partner violence and to determine if any "adverse childhood experiences" exist that may impact emotional or physical health. In addition, the Life Skills Progression tool (see attached) will be used to determine relationships with family and friends, children, and supportive resources; education and employment; health and medical care, mental health and substance abuse/use, basic essentials available and needed, infant/child development s, as well as overall family strengths and opportunities for improvement or needs. Lastly, based on the results of the health assessment and these additional assessment tools, the RN will work with the family to determine what additional supports or services they may want and/or need. If additional services or supports are needed, the RN or licensed midwife will contact the FP at the respective hospital and she will work with the family to provide short-term case management until the family's needs have been addressed.

d. Describe how home visits will be scheduled and what sequence of events will occur once at the home. Describe safety plans for the home visit staff including staff training, policies and procedures.

After receiving the mother's consent to participate in the program, the Family Partner at each hospital will schedule the date and time for the Newborn Home Visit and provide the mother with the business card for the nurse who will be visiting. During each home visit the following sequence of events will occur:

- The nurse will show the mother her photo id from the hospital which will match the picture and information on the business card that was provided to the mother at the hospital.
- At the beginning of the visit the nurse will discuss the baby's feeding and sleeping patterns and issues related to child development, including brain development and the importance of serve and return.
- The RN or licensed midwife will conduct the infant exam which includes: temperature, heart, respiration, head circumference, dermal icterus index, cord, circumcision, breast feeding and/or bottle feeding, elimination, weight, alertness, responsiveness and muscle tone.
- During the visit the RN will administer the assessments below:
 - Edinburgh Postnatal Depression Scale
 - Life Skills Progression Tool
- The RN or licensed midwife will check the mother's health including: temperature, pulse, respirations, blood pressure, breasts, fundus, bowel movements, voiding, activities of daily living (including hygiene and sleep).
- If the mother consents to a physical exam the following will also be checked: her perineum, incision or wound.
- Educational information, modeling and/or coaching will be provided on the following: infant nutrition, safe sleep practice, tummy time, choking prevention, immunizations, illness prevention, infant abduction, SIDS education, and birth spacing and family planning.
- Lastly, a safety check will be conducted with the caregiver to provide information and education on safe sleeping, home safety, fire safety, auto safety, pool/water safety, environmental hazards (i.e.: lead paint) etc.
- At the end of each visit the RN or licensed midwife will provide the mother/caregivers with a brief overview of what was discussed, a list of community resources that are available, the incentive for participation in the program (i.e.: pack-n-play) and, if needed a copy of the referrals that the Family Partner will be assisting the family with accessing will also be provided.

The RN's will receive training on mom/baby care from experienced RN's who have at least 5 years of experience providing care to mothers and newborns. In addition, UFHC will provide training on safety while traveling to the homes and while at the home visit. In addition, see attached policies for patient assessment, education for infant care, follow-up care criteria and staff safety.

e. How will the project identify unmet needs and make referrals for appropriate services? How will your project assure referrals are accepted and acted upon? Describe how your project will connect families to community resources.

After the RN or licensed midwife conducts the Newborn Home Visits and meets with the caregivers to assess the family's needs a referral form will be completed which includes information on all the community resources available to address the family's unmet needs. The caregivers will have the option to contact the community resources themselves or to get assistance from the Family Partner (FP). If the FP will be linking the family to services and supports she will provide short term case management until the family's needs are met. The FP will be responsible for contacting the community agencies that can assist the family to make a referral for services. Within 14 days after the referrals are made the FP will follow-up with the family to ensure that services or supports were provided or if necessary that they were placed on a waiting list for services. If additional assistance is needed, the FP will continue to work with the family and the community agencies to facilitate linkage and service provision.

4. Marketing and Outreach/Community Education (10 points)

a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education campaign.

Family Partners will meet with new moms in hospitals, explain the Newborn Home Visiting program, encourage patients to sign the consent to participate form for the home visit and leave behind the RN's business card. The card will include a photo of the RN (for recognition at home and to alleviate concerns) and contact information. This stage of the marketing plan requires the following materials:

- Business cards with photos
- Permission form with program logo

Family Partners will promote the program at area hospitals, birth centers and in childbirth education classes at the hospitals by meeting with staff, explaining how the program works and leaving behind brochures or rack cards for this audience. Materials needed:

- Brochures or rack cards

Educating the public about the program to encourage participation will include information on the information, support and resources that will be available through the program. Suggested strategies and materials include the following:

- Press releases and articles to Alachua County media announcing the program and its benefits
- Pitch story about the new program to local TV and radio shows
- Create a page about the program within the Healthy Start website
- Add a brief program description on the WellFlorida website

- Use Healthy Start of North Central Florida and WellFlorida's social media to announce and promote the program
- Create a blog post about the program on the WellFlorida website and an announcement in the WellFlorida E-Newsletter and the Healthy Start of North Central Florida E-Newsletter
- Design interior bus graphics that promote the program for bus lines en route to area hospitals
- Create posters about the program to be posted in places pregnant women and families visit
- Create a radio ad to play on popular Alachua County radio stations to build public awareness of the program
- Obtain an email database and reach out to OBGYNs, hospitals, birth centers, etc. via e-newsletters educating them about the program and other programs relevant to this audience that are offered through Healthy Start of North Central Florida
- Create buttons for hospital staff to wear on the labor and delivery and mom/baby unit that says " Ask Me About NewboRN Home Visiting"

We will also work with the prenatal care providers to promote the NHVP by providing information to their patients about the program and letting them know they should expect a Family Partner to meet with them in the hospital to get their consent for an RN nurse to visit them within a week of discharge from the hospital.

All materials created for this program will include a statement that funding for the NHVP is provided by the Alachua County Board of County Commission, Children's Services Advisory Board.

b. How will you reach out to those mothers that may be reluctant to participate?

Marketing materials will be created and will be distributed at places that pregnant women and families with young children may go including: child care centers, schools, OB/GYN offices, pediatricians offices, hospitals, Health Department clinics, parks, libraries, nail salons, hair salons, laundromats, fast food restaurants, toy stores, children's clothes stores, department stores, grocery stores, gas stations. The marketing materials developed will be branded and will include a logo and slogan for the program. The materials will be similar to the marketing materials and program resources that have been developed for the Coordinated Intake and Referral Program that is being implemented by HSNCF at UF-Shands and UF-Children's Medical Services to link families with young children to the community services and resources they need.

Lastly, HSNCF will schedule a community meeting for social service agencies, faith based organizations and others who serve pregnant women or families with young children so they can learn more about the NHVP and get materials that they can share with the pregnant women and families who are interested in starting a family in the near future with whom they work.

5. Collaboration and Partnerships (15 points)

a. Identify and describe the essential collaborators and partners of your project. What activities are each expected to complete. Are the collaborations/partnerships formal or informal, new or existing and related to other similar projects?

The key collaborators and partners for this project include the following: Healthy Start of North Central Florida (HSNCF), North Florida Regional Medical Center (NFRMC), UF-Health Shands, UF-Health Shands HomeCare, birthing centers, licensed midwives conducting home births and the Florida School of Traditional Midwifery. All of the collaborations are new and will be formal through either a subcontract or an MOU.

HSNCF will be the lead contractor for this program and will subcontract with NFRMC, UF-Health Shands HomeCare and the licensed midwives through the Florida School of Traditional Midwifery to implement the home visiting services. In addition, HSNCF will hire the two Family Partners that will be working at each of the hospitals.

NFRMC will hire, train and supervise the RN's who will be conducting the Newborn Home Visits with mothers who deliver at NFRMC and to ensure that the NHVP Family Partner can meet with and talk to mothers who reside in Alachua County and deliver at this hospital to get their consent to participate in this program.

UF Health Shands HomeCare will hire, train and supervise the RN's who will be conducting the Newborn Home Visits with mothers who deliver at UF-Health Shands.

UF Health Shands will have an MOU with HSNCF so that the NHVP Family Partner can meet with and talk to mothers who reside in Alachua County and deliver at this hospital to get their consent to participate in the NHVP.

Licensed Midwives will be conducting the home visits with the mothers for which they are providing prenatal care and childbirth delivery services.

Florida School of Traditional Midwifery will train and supervise the licensed midwives who will be conducting the Newborn Home Visits with mothers for whom they are already providing prenatal care and childbirth delivery services and FSTM will have an agreement with the licensed midwives to pay them the stipend for the home visit and the information they collect for the NHVP.

b. Describe how you will collaborate with others providing early childhood services to close current service gaps and reduce duplication of effort.

HSNCF has been implementing the Coordinated Intake and Referral Program in Alachua County since January 2017. This is a pilot program that is funded through September 2017 by a federal MIECHV (Maternal, Infant Early Childhood Home Visiting) grant. Prior to implementation of this

grant a planning team was formed which included all the key providers of early childhood services, as well as other agencies that provide ancillary services and resources to families who may need additional assistance (i.e. Catholic Charities, Peaceful Paths, Arbor House).

Each provider has agreed to receive referrals from the CI&R Program Family Partner and to provide services to all eligible families. The team of partners has also agreed to accept referrals and provide services to any family referred by the Family Partner through the NHVP and to provide follow-up information on whether or not the family engaged in services. The partners include: Healthy Start Alachua, Healthy Families-ACUB, MIECHV-Parents as Teachers Alachua, Early Steps of North Central Florida, Early Learning Coalition of Alachua County, WIC, Department of Health-Alachua County, Children's Home Society, Meridian Behavioral Healthcare, Child Advocacy Center, United Way of North Central Florida, Partnership for Strong Families, and the Department of Children and Families.

If needed, MOU's or interagency agreements will be executed with some or all of these partners to help close service gaps and link families to the supports and services they need to help reduce duplication of efforts.

6. Timeline(5 points)

a. Briefly, describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.

Key Milestones	Timeframe	Person(s) Responsible
Purchase equipment needed for RN's and Family Partners	30 days	HSNCF, UFHC, NFRMC
Get HIPAA approval for Family Partners to work at both hospitals	45 days	HSNCF, Shands, NFRMC
Create MOU's or Business/Interagency Agreements with other partners as needed	45 days	HSNCF
Hire Family Partners	45 days	HSNCF
Train Family Partners	60 days	HSNCF
Finalize contract with all service providers	60 days	HSNCF (Julie Moderie and Mona Gil de Gibaja)
Hire RN's	60 days	UFHC, NFRMC
Train RN's	90 days	UFHC, NFRMC, Shands
Finalize outcomes	60 days	HSNCF
Finalize data collection process	60 days	UFHC, NFRMC, Shands, HSNCF
Develop database/excel spreadsheet to track participant information	60 days	HSNCF
Develop program policies	60 days	HSNCF
Develop marketing materials	60 days	HSNCF
Begin community outreach and distribute	90 days	HSNCF

marketing materials		
Conduct presentations to key stakeholders groups and others to request sponsorships or donations for incentives for participants	90 days	HSNCF
Purchase incentives for participants	90 days and ongoing	HSNCF
Facilitate weekly meetings or conference calls for the first few months of program implementation and then change to monthly thereafter	Ongoing	HSNCF

7. Data Collection, Data Analysis, and Data Sharing (10 points)

a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.

We plan to be careful stewards of County funds and plan a two-pronged approach to data collection and analysis. One group of data will evaluate the processes of providing home visitation and another series of data will be measure short and long term health outcomes.

The key data elements include the following, as well as all the information included on the postpartum visit checklist for mom and baby which are provided in the appendix.

- Demographic data from the birth certificate
- # of mothers visited in the hospital and educated about the program
- # of mothers who consent to participate
- # of scheduled home visits
- # of home visits completed
- # of referrals to each community agency

In addition, , we will work with our partners to be able to evaluate if there are any unintentional disparities that occur from this process and will prospectively be able to measure the impact of the intervention.

b. Identify who will complete the data analysis, the frequency and type of analysis completed. Explain the types of data reports created.

During the first few months of program implementation each RN will track all program data in an Excel spreadsheet, however our goal is to use the RedCap survey entry tool that is used at UF Health and develop a specialized database for this program that will enable all providers to input patient-level data in a HIPAA secured interface via iPad or computer. This tool will have all patient information and screening measures implemented. It is this interfacing tool that each RN, licensed midwife or Family Partner will access and will allow the process of data in real time. For example, we will be able to measure how many patients were offered a home visit,

how many accepted a home visit, and how many filled in all the proposed measurement and screening tools. Specifically, we will be able to provide ongoing feedback on the outcomes that the CSAB and BoCC need to measure the impact of this program. In addition, we will be able to provide quality improvement through provider-level and institutional-level feedback.

HSNCF will compile monthly/quarterly reports to share with all the partners and the CSAB and BoCC. These reports will be used to measure progress, program strengths, areas of improvement and opportunities for ongoing continuous quality improvement.

Because RedCap is based at the University of Florida, future collaborations can link these RedCap results to health outcomes data for all infants born in Alachua County. Although not included in this budget, additional grants will be able to monitor how the Newborn Home Visit predicts health outcomes and health utilization using claims and electronic health records data available through the Institute of Child Health Policy at the University of Florida.

c. Propose how you will share outcome data with others including other Healthy Baby Home Visit program providers, the CSAB, and County staff, to coordinate services and to reduce duplication.

The Excel spreadsheets and RedCap data will be available in real time to all providers in the Newborn Home Visiting program, allowing collaboration between all of the contributing parties (UF Health Shands, UF-Health Shands HomeCare, NFRMC and licensed midwives). Data can be generated by provider and by place of birth quarterly to allow for reflection, feedback and quality improvement and all reports will be provided to all the program partners, the CSAB, the BoCC and county staff.

8. Outcomes to be Addressed and Measures to be Used (15 points)

a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

- 95% of new mothers that reside and deliver in Alachua County will be offered the NHVP
- 70% of new mothers that reside and deliver in Alachua County will agree to participate in the NHVP
- 60% of new mothers that reside and deliver in Alachua County will have a completed Newborn Home Visit
- 75% of NHVP participants identified as wanting home visiting services will be enrolled in a home visiting program if eligible for these services.
- 80% of all new mothers participating in the NHVP will voice understanding and knowledge of self-care, dietary intake referral sources and follow up appointment with primary care provider and newborn's pediatrician.

- 80% of all parents/caregivers participating in the NHVP will voice understanding and knowledge of infant physical and nutritional needs, options immunization, safe sleeping practices and infant sleep position value of tummy time, choking prevention, illness prevention, infant abduction, SIDS, home safety, water/pool safety, auto safety, fire safety, birth spacing and family planning.

9. Overall Impact on Health and Well-being of Alachua County Children and Families (10 points)

*a. The CSAB has adopted the **Results Based Accountability** Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.*

Using the Results Based Accountability (RBA) Framework to guide the performance measures chosen for the NHVP, the partners will work together to measure the following four components that are critical in the RBA Framework:

1) How much did we do?

- How many mothers were contacted by the Family Partner or another hospital staff person prior to discharge and received information about the NHVP?
- How many mothers consented to participate in the NHVP at each hospital or through the licensed midwives?
- How many Newborn Home Visits were scheduled at each hospital or by licensed midwives?
- How many Newborn Home Visits were completed by the RN's at each hospital or licensed midwives?
- How many families at each hospital or working with a licensed midwife received incentives and which incentive was provided?
- How many families were referred to other resources and programs?
- How many families were successfully enrolled in a home visiting program?

2) How well did we do it?

- We will develop a satisfaction survey with input from the program partners and parents to evaluate how well the program is implemented.

3) How hard did we try?

- We will work with our partners to develop measures for this area of focus.

4) What change did we produce?

- We will be working with the UF Center for Child Health Policy to determine what outcomes will help us measure this component of the program.

Through the NHVP the mothers and other caregivers of newborns will have an opportunity ensure their child has a safe place to sleep, that the newborn has a medical home, that information on child development is provided to the caregivers and that the social, emotional and physical health and safety of the family is assessed and that if additional supports, education or information are needed they will be provided through referrals and linkage to other community supports and services.

b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

We will work with our partners and the CSAB to develop measures that demonstrate impact, however, because most families will receive only one home visit and will not be receiving ongoing supports and services process measures may be the main source for measuring impact, rather than long term outcome measures. Some of the measures that may be used as the program move forward are provided below:

- Parents/caregivers will be introduced to the “system of care” that exists in Alachua County for families with young children.
- All parents/caregivers will be offered this universal Newborn Home Visiting Program
- Those parents/caregivers who agree to receive ongoing home visiting services will be part of the “continuum of care” that is currently offered through the Coordinated Intake and Referral Program being implemented through the Healthy Start of North Central Florida in collaboration with more than 15 community partners.
- Reduced hospitalizations and use of emergency care
- Provides the sense that the community (Alachua County residents) care for their families
 - Friends in other communities or states do not have this program so this shows how much the community cares about families with young children
 - Saves babies and mothers lives
 - Gives more confidence to parents and can ease their stress
 - Provides answers to parents, because every child is different
 - Everyone in the community supports “making sure that every baby is a healthy baby”

Project Budget and Budget Narrative

10. Project Budget

a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e. personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.

See Attachment B

b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.

\$400,000

c. Complete and attach a detailed line item budget using the Budget Template or a similar document.

See Attachment B

11. Insurance Requirements

a. Applicants responding to this RFP must indicate compliance with TYPE "C" INSURANCE REQUIREMENTS "Professional or Consulting Services" (Attachment D)



Attachment B
Newborn Home Visiting Program Budget

Personnel	Narrative	Hours Per Week	Annual Cost
Family Partner	To be hired	40	\$ 31,200.00
Family Partner	To be hired	40	\$ 31,200.00
CI&R Manager	To be hired	2.0	\$ 2,184.00
Contract Manager	Jeanette Pekala	1.0	\$ 984.97
Art Director	Jill Dygert	0.5	\$ 797.51
HSNCF Program Director	Julie Moderie	0.5	\$ 1,125.30
CEO	Jeff Feller	0.5	\$ 1,491.38
Sr. Accountant	Tiffany Pyles	0.5	\$ 696.82
Sr. Administrative Assistant	Judith Brissette	0.5	\$ 478.02
Total Personnel		85.5	\$ 70,158.00

Fringe Benefits	Narrative	Monthly Cost	Annual Cost
Family Partner	To be hired	\$ 728.00	\$ 8,736.00
Family Partner	To be hired	\$ 728.00	\$ 8,736.00
CI&R Manager	To be hired	\$ 50.96	\$ 611.52
Contract Manager	Jeanette Pekala	\$ 22.98	\$ 275.79
Art Director	Jill Dygert	\$ 18.61	\$ 223.26
HSNCF Program Director	Julie Moderie	\$ 26.26	\$ 315.08
CEO	Jeff Feller	\$ 34.79	\$ 417.49
Sr. Accountant	Tiffany Pyles	\$ 16.26	\$ 195.11
Sr. Administrative Assistant	Judith Brissette	\$ 11.15	\$ 133.75
Total Personnel		\$ 1,637.00	\$ 19,644.00

Operating Expenses	Narrative	Monthly Cost	Annual Cost
Supplies	Pens, paper, folders, clips, cleaning supplies, computer supplies, etc.	\$ 362.25	\$ 4,347.00
Travel	Family Partners' travel for meetings	\$ 41.67	\$ 500.00
Equipment	Postage machine, copier, fax machine	\$ 8.50	\$ 102.00
Printing	Assessment forms, surveys, documents, data collection tools, business cards, etc.	\$ 50.50	\$ 1,806.00
Training	Edinburgh, ACES, Perceived Stress	\$ 41.67	\$ 500.00
Insurance	Type "C" Insurance; cost is allocated by FTE	\$ 80.00	\$ 960.00

Contractual		\$ 3,870.83	\$ 286,450.00
UF Health Shands	\$130 per visit for 1,000 visits	\$ 10,833.33	\$ 130,000.00
North Florida Regional Medical Center	\$130 per visit for 1,000 visits	\$ 10,833.33	\$ 130,000.00
Florida School of Traditionally Midwifery	\$50 per visit for 100 visits	\$ 416.67	\$ 5,000.00
Mona Gil de Gibaja	\$27.50 hr @ 15 hours per week	\$ 1,787.50	\$ 21,450.00
Other		\$ 1,294.42	\$ 15,533.00
Utilities	Gas, electricity, and water	\$ 6.92	\$ 83.00
Maintenance & Repair	Cleaning services, pest control, lawn maintenance	\$ 10.83	\$ 130.00
Communications	Cell phones for family partners, office phones, audio conferencing, web hosting	\$ 114.75	\$ 1,377.00
Postage	Mailing documents and contracts	\$ 4.08	\$ 49.00
Audit	Annual audit; cost is allocated by FTE	\$ 89.33	\$ 1,072.00
Public Awareness	Outreach and marketing items as described in the marketing plan to raise awareness of the NHVP and increase participation	\$ 416.67	\$ 5,000.00
Educational Materials	\$3 per family for 2,100 families	\$ 525.00	\$ 6,300.00
Professional Fees	Attorney to review contracts	\$ 44.58	\$ 535.00
Recruiting	Indeed to recruit Family Partners	\$ 41.67	\$ 500.00
Occupancy	Office space; cost is allocated by FTE	\$ 40.58	\$ 487.00
Total Operating Expenses		\$ 49,727.58	\$ 310,198.00

Total Project Expenses		\$ 51,015.08	\$ 400,000.00

Project Revenues	Annual Total
Amount Requested from the CSAB	\$ 400,000
Other Funds	\$ 29,680
HSNCF In-Kind	\$ 16,896
UF Health Shands In-Kind	\$ 6,791
NFRMC In-Kind	\$ 5,993
Total Revenues	\$ 429,680



ATTACHMENTS

- Job descriptions
- Checklist for the postpartum visit for mother and baby
- Edinburgh Postnatal Depression Scale
- Life Skills Progression Tool
- Safety Procedures
- Letters of support
- NewboRN Home Visiting Program Policies and Procedures
- IRS 501(c)(3) IRS Exemption Letter
- Marketing materials from CI&R project and Healthy Start

SHANDS HEALTHCARE
Job Description
Performance Planning and Review

Entity: Shands at the University of Florida

Department: HomeCare

Job Code:2220D3

Job Title: HC Director of Clinical Practice

Reports To: HC Executive Director

Revision Date: February 26, 2001

Position Summary:

Management and supervision of total certified and non-certified clinical service. The Director of Clinical Practice proactively promotes clinical competencies to assure positive patient outcomes by directing and participating in the use of the Nursing Process to meet the realistic needs of the client, as defined by the physician's orders and the plan of care. Mentor staff on the most efficient ways to assess the client's needs, plan for their care, implement the plan of care, and evaluate the effectiveness of the care being provided. Provide employee coaching that facilitates development of the person and delivery of the highest quality of client care. Assure consistent, appropriate, and cost effective care by actively managing client 's needs, payer's expectations, company policy compliance, and financial objectives.

Minimum Education and Experience Requirements:

Licensed as a Registered Nurse in the State of Florida. BS or advanced degree preferred. Five to Eight of clinical experience to include One or Two years in the specialty of home health care with at least Two to Three years of progressively responsible management experience required. Must have demonstrated knowledge in current clinical practice. Certification in a specialty area is preferred.

Licensure/Certification/Registration:
Registered Nurse

Job Description Approval Signatures:

Supervisor Signature and Date

Executive Director Signature and Date

Vice President Human Resources Signature and Date

[illegible]

Employee Information

Name:

SS#:

Appraisal Date:

Review Period: From: To:

Please indicate appropriate performance review period.

- ☐ Orientation
☐ Probationary
☐ Annual
☐ Pro-rated
☐ Follow-up Review

Individual Job Result/Behavior Rating Definitions:

(A) Achieves = Performance meets the expectation for this job result/behavior; commendable work.

(E) Exceeds = Performance consistently achieves and frequently exceeds the expectation for this job result/behavior.

(B) Below = Performance occasionally and/or regularly falls below expectations for this job result/behavior.

The following list of job results, behaviors, and outcomes are intended to describe the general nature and level of work being performed. They are not intended to be an exhaustive list of all of the responsibilities and performance expectations that may be required of this position.

JOB RESULTS (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	RATING
1. Plans and implements all clinical services by: A) Being knowledgeable regarding rules/regulations regarding provisions of home health services. B) Supporting the management of authorized services ensuring utilization and assignment of appropriate staffing. C) Directing and/or delegating coordination between client intake, scheduling, care plan development, and resource utilization. D) Interfacing with directors and caregivers of other business segments to coordinate clinical issues. E) Evaluating patient care needs and ensuring appropriate staff knowledge to achieve optimal clinical outcomes.	Achieves: Patient's clinical needs are being met by staff as demonstrated in outcomes. Surveys reflect compliance with policies and procedures. Exceeds: <u>Comments:</u> A.)	☐ A ☐ E ☐ B

JOB RESULTS (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	RATING
2. Maintains adequate staff levels to provide patient services by: A) Assisting Human Resources in development of the recruitment plan. B) Ensuring the orientation of all clinical staff. C) Evaluating educational needs of staff; develops and implements an active in-service program to meet caregiver needs and to comply with state and federal regulations. D) Implements, interprets and enforces Shands HomeCare policies and procedures to clinical staff.	Achieves: All clinical staff are oriented prior to providing care and competencies are maintained and validated. Regular in-service educational programs are presented based upon the clinical needs of the staff as determined by the needs of the client. Exceeds: <u>Comments</u>	☐ A ☐ E ☐ B
3. Ensure compliance with policies, legal requirements and regulatory mandates regarding maintenance of appropriate records, supervision of personnel and performance of quality assessment and improvement activities by: A) Assuring that field staff has demonstrated the ability to perform accurate and complete assessment, communicates with physicians, plan for service delivery, plan for discharge, and making excellent professional decisions. B) Completing month-end chart audits to ensure billing based upon plan of treatment.	Achieves: Bills are sent out in a timely manner and denials are within acceptable limits to guarantee PIP payments and waiver. Compiles and produces accurate and timely reports. Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B
4. Responsible for being primary contact for clinical segment during regulatory and accreditation surveys and maintains the stability and reputation of the organization by complying with legal and accreditation requirements.	Achieves: Accreditation and Licensure is maintained. Demonstrated knowledge of all current manuals as they relate to regulations and standards. Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B

JOB RESULTS (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	RATING
5. Supervises the Patient Care Manager, Medical Records Manager, and On Call Staff: A) Directs the recruitment, hiring, development of sufficient clinical staff to ensure the delivery of safe and consistent quality care to all patients 24 hours a day seven days a week. B) Directs on-going skill evaluations to assure that the staff's abilities are consistent with the needs of the client and marketplace. C) Interfaces with Intake and Agency Director to assure clients are admitted for clinical services based on admission criteria. D) Directs and participates in interviewing, hiring, developing, coaching, training, mentoring, managing and evaluating performance of the staff.	Achieves: Maintains staffing levels to support qualified staff to meet patient requirements. Ensures implementation of the case management model and that care delivery provides patient care focused on patient's progress towards outcomes through case conference activities Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B
6. Promotes the agency's reputation in the community through involvement in and contribution to professional and community organizations by: A) Supporting business development through retention of key referral sources. B) Developing and maintaining relationships with community based referral sources. C) Assisting the Agency Director with completion of the local market assessment and business plan. D) Reviewing plans and current business activity to assure adequate resource management. E) Plans for appropriate staffing to support clinical competency requirements for new programs	Achieves: Responds to customer requests and concerns during the referral and care delivery process ensuring customer satisfaction. Actively participated in community and hospital activities that support business development plans and community needs. Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B
7. Implements Continuous Quality Improvement activities and assures participation of all appropriate staff. Directs and participates in the collection and root cause analysis of data to identify opportunities for improvement.	Achieves: CQI activities demonstrate improvement in quality services. Customer complaints reflect resolution and opportunities for improvement. Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B

JOB RESULTS (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	RATING
8. Ensures professional nursing practice standards are congruent with the department of nursing standards of practice by • Participating in collaborative activities that promote the establishment and maintenance of comparable standards of patient care. • Networking and benchmarking best practice with the Department of Nursing leadership • Developing job descriptions, care delivery models, and education plans in collaboration with the Department of Nursing leadership • Utilizing the Forces of Magnetism as a framework to promote excellence in nursing service • Sharing of nursing practice and patient care quality issues with the Vice President of Nursing and Directors of Nursing	Achieves: Nursing standards and nursing policy are developed in collaboration with the Department of Nursing. Oversight for professional nursing practice is effective to ensure comparable standards of care and staff competency are implemented throughout the department. Scope of professional practice issues are identified, communicated and resolved in collaboration with Department of Nursing leadership to ensure practice within the scope of the Nurse Practice Act, Hospital Plan for Nursing Care, Department of Nursing and Patient Services Policies, Procedures, Protocols and department-based standards. Exceeds: <u>Comments:</u>	☐ A ☐ E ☐ B
9. Contributes to a seamless nursing service environment by • Participating in nursing strategic planning process • Participating actively in the Nursing Governance model • Participating collaboratively with Nursing Education in orientation and continuing educational programming • Communicating with the Department of Nursing Leadership all changes in nurse leaders, services, and programs specific to the practice of nursing • Providing input into Department of Nursing program development and evaluation • Providing requested nursing and patient care data in a timely fashion • Supporting the Department of Nursing to maintain and enhance union relationship.	Achieves: Department of Nursing activities related to strategic planning, governing, nurse education, and nursing service evaluation are collaboratively developed and operationalized. Information/data required for reporting is pertinent and timely.	☐ A ☒ E ☐ B

EXPECTED BEHAVIORS{PRIVATE } (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	Rating
1. <u>Customer Focus</u> - Understands and satisfies customer needs. Customers include patients and their families, guests, medical staff, and coworkers. Achieves: Treats all customers with dignity, respect and a welcoming attitude; Treats patients and their families with compassion and empathy; Makes self accessible to customers to provide prompt assistance when needed; Keeps promises and commitments to customers; Develops solutions that address customers' key priorities; Uses effective communication skills when seeking and responding to feedback from customers; Shows ownership for taking action to ensure the customer needs are met, including patient/customer transition to the next point of contact. Exceeds: Maintains composure and provides compassion and empathy even when faced with hostility from others and/or other stressful conditions; Anticipates customers' needs and responds appropriately before the situation requires action; Follows through to meet personal commitments to customers despite time pressures or significant obstacles; Develops solutions that address customers' key priorities and adapts solutions, as needed, to changing customer demands; Capitalizes on opportunities to improve customer service and satisfaction. <u>Comments:</u>		☐ A ☐ E ☐ B
2. <u>Teamwork</u> - Works cooperatively with others to achieve goals. Achieves: Helps and supports others in their efforts to solve customer problems and accomplish Shands' goals, including patient/customer transition to next point of contact; Listens and communicates appropriately to the concerns of the team; Shares information and own expertise with others to help them accomplish group goals; Gives credit and recognition to others who have contributed to the team; Supports and acts in accordance with final group decisions even when such decisions may not entirely reflect one's own position. Exceeds: Helps to keep levels of team performance and morale high even during periods of intense pressure and extended volumes of work; Looks for alternative ways to work with others that will create better results and working relationships; Solicits a diversity of perspectives on issues and uses ideas contributed by team members to shape decisions; Puts Shands' and team's success ahead of personal or individual job success; Breaks down barriers or organizational boundaries to ensure team's success. <u>Comments:</u>		☐ A ☐ E ☐ B

3. <u>Adapting To Change</u> - Responds positively to change, shows willingness to learn new ways to accomplish work. Achieves: Sees change as an opportunity rather than a problem; Demonstrates a willingness to learn new methods, procedures and techniques resulting from departmental or organization-wide change; Responds to change in a positive and supportive way and communicates positively about changes with co-workers; Demonstrates a willingness to modify a strongly held position in the face of contrary evidence; Thinks clearly and makes good decisions under conditions of ambiguity and uncertainty. Exceeds: Adapts quickly and easily to changes at work; Seeks and applies new information and concepts quickly; Builds commitment and mobilizes action for desired change; Adjusts behavioral style or approach to work when necessary to achieve goals; Anticipates and plans for change that will impact the business. <u>Comments:</u>	☐ A ☐ E ☐ B
4. <u>Problem Solving</u> - Establishes a systematic course of action for self or others to ensure problem resolution. Achieves: Communicates to appropriate parties immediately upon discovery of potential problems, ensures "no surprises"; Identifies priority or key issues in a complex problem or situation; Uses existing practices and available resources to help solve problems; Works to solve problems promptly, even with limited facts and resources; Works systematically and logically to resolve problems. Exceeds: Assumes ownership of problems by following through until problems are resolved; Seeks out and effectively handles complex and challenging opportunities; Generates new ideas and creative approaches to solve problems and benefit Shands; Anticipates possible problems and develops contingency plans in advance; Identifies the root causes of recurring problems and initiates actions to prevent reoccurrence. <u>Comments:</u>	☐ A ☐ E ☐ B

- ☐ A
- ☐ E
- ☐ B

5. Developing Others - Strives to develop the performance of others by providing constructive feedback and coaching.

Achieves: Provides regular feedback about performance results and problems using effective communication skills; Recognizes and rewards positive contributions to Shands and positive changes in behavior; Gives focused and constructive feedback and guidance to others to assist in reaching their goals in a manner that maintains self-esteem; Makes available appropriate assignments, formal training or other experiences to foster learning and development; Learns what motivates particular individuals and modifies own behavior to enhance others' performance.

Exceeds: Discusses problems immediately, before they are forgotten or out of control and identifies performance that meets or exceeds expectations and provides immediate positive reinforcement; Introduces new perspectives to others to stimulate positive performance and assists in eliminating barriers to improved performance; Champions the capabilities and unique talents of others and develops their self-confidence; Uses understanding of both strengths and limitations of others to effectively create appropriate developmental plans; Strives to always bring out the best in others, regardless of their current performance level.

Comments:

SPECIFIC PERFORMANCE GOALS (for upcoming review period)		
Linked to Job Result/Behavior Number	Goals	Goal Review Date

OVERALL PERFORMANCE RATING Review ratings for each Job Result and Behavior and indicate the rating which best identifies the overall performance through the entire review period.

Effective: ☐

- Results and behaviors primarily achieved and may have exceeded or needed improvement on some.
- and
- Contributed to department results and satisfied customers.

Outstanding Contribution: ☐

- Results exceeded expectations on a majority of job results and considered a role model by leaders, customers, and peers in key behavioral skills.
- and
- Key contributor to department results and provided exceptional value to customers.

Needs Improvement: ☐

- Significant improvement needed on one or more key job results or behaviors.
- or
- Restrained department from achieving results and dissatisfied customers.
 1. Discuss with next level management and consult with Employee Relations/HR as necessary.
 2. Follow-up Review will be conducted:

Does Not Meet Job Requirements/Employment Termination ☐

Did Not Comply With Work Rules or Regulatory Requirements ☐ Please Comment:

Employee's Comments:

Reviewer's Comments:

Employee's Signature _____ Date _____

Evaluator's Signature _____ Date _____

Evaluator's Name Printed _____

Next Level Management Signature _____ Date _____

HC Director of Clinical Practice Posting Information

Job Posting Description:

Management and supervision of total certified and non-certified clinical service. The Director of Clinical Practice proactively promotes clinical competencies to assure positive patient outcomes by directing and participating in the use of the Nursing Process to meet the realistic needs of the client, as defined by the physician's orders and the plan of care. Mentor staff on the most efficient ways to assess the client's needs, plan for their care, implement the plan of care, and evaluate the effectiveness of the care being provided. Provide employee coaching that facilitates development of the person and delivery of the highest quality of client care. Assure consistent, appropriate, and cost effective care by actively managing client's needs, payer's expectations, company policy compliance, and financial objectives.

Job Posting Minimum Qualifications:

Licensed as a Registered Nurse in the State of Florida. BS or advanced degree preferred. Five (5) to Eight (8) of clinical experience to include One or Two years in the specialty of home health care with at least Two (2) to Three (3) years of progressively responsible management experience required. Must have demonstrated knowledge in current clinical practice. Certification in a specialty area is preferred.

UF Health SHANDS Homecare

Job Description

Performance Planning and Review

Entity: Shands at the University of Florida

Department: UF Health Shands Homecare

Job Title: Registered Nurse

Reports To: Clinical Supervisor

Revision Date: April 18, 2017

Position Summary:

The Registered Professional Nurse is responsible for identifying the patient's alterations in health, assessing the patient's human response to actual and potential health problems, implementing nursing interventions based on theoretical concepts from nursing and other arts and sciences to achieve outcomes for the patient that facilitate resolution of alterations in health and actual and potential health problems, determining the effectiveness of nursing interventions by evaluating anticipated patient outcomes as needed to achieve optimal patient outcomes.

Whenever possible, the patient, the family or those significant to the patient are an integral part of the assessment, planning intervention, and evaluation efforts of the Registered Nurse.

The Registered Nurse is responsible to supervise/ direct care provided by Licensed Practical Nurses and Unlicensed Assistive Personnel. The Registered Nurse is responsible to assign/delegate care to other qualified members of the health care team. The RN coordinates care between other professional disciplines as needed.

Activities which contribute to a positive work and professional environment are performed.

The Registered Nurse provides and coordinates care to achieve the organization's mission of excellent patient care and nursing's vision of setting a new standard of excellence in autonomous and accountable nursing practice committed to patient advocacy and innovative patient care in a climate of trust and collaboration.

Minimum Education and Experience Requirements:

Current RN license in the state of Florida. BSN preferred. BSN required within three years of hire for all nurses hired after July 1, 2014. One year of clinical based experience required. Professional nursing board certification in specialty area preferred. Specialty certification required with two years of specialty experience at UF Health Shands or certification eligibility date for all nurses hired after July 1, 2014.

Motor Vehicle Operator Designation (Required):

Employee in this position:

- ☒ Will operate vehicles for an assigned business purpose as a "frequent driver"
- ☐ Will operate vehicle for an assigned business purpose as a "non-frequent driver"
- ☐ Will not operate vehicles for an assigned business purpose
- ☐ May operate vehicles for an assigned business purpose as a "frequent driver" while other employees in this position may operate vehicles for an assigned business purpose as a "non-frequent driver"

NOTE: A frequent driver is defined as one who uses his/her personal or UF Health Shands automobile

- A) At least once daily
 - B) B) At least five individual trips per week or
 - C) C) Drives, on average, over 150 miles per week in the performance of his/her job.
- Please, indicate the appropriate operator designation on the Request for Personnel (RFP) form at the time a RFP is submitted to post the position.

Licensure/Certification/Registration:

Licensed to practice nursing in the state of Florida. Professional nursing board certification in specialty area preferred. Specialty certification required with two years of specialty experience at UF Health Shands or certification eligibility date for all nurses hired after July 1, 2014.

Job Description Approval Signatures:

Director/Supervisor Signature and Date

Executive Director Signature and Date

Vice President Human Resources Signature and Date

SPECIFIC PERFORMANCE GOALS (from last review period)

[illegible]

Employee Information

Name:

ID#

Appraisal Date:

Please indicate appropriate performance review period:

- ☐ Orientation
- ☐ Probationary
- ☐ Annual
- ☐ Pro-rated
- ☐ Follow-up Review

Review Period: From:

Homecare:

Patient population served by this individual are:

☐ Newborn	☐ Infant
☐ Toddler	☐ preschooler
☐ School Age	☐ Adolescent
☐ Adult	☐ Geriatric

Individual Job Result/Behavior Rating Definitions:

- (A) **Achieves** = Performance meets the expectation for this job result/behavior; commendable work.
- (E) **Exceeds** = Performance consistently achieves and frequently exceeds the expectation for this job result/behavior.
- (B) **Below** = Performance occasionally and/or regularly falls below expectations for this job result/behavior.

The following list of job results, behaviors, and outcomes are intended to describe the general nature and level of work being performed. They are not intended to be an exhaustive list of all of the responsibilities and performance expectations that may be required of this position.

1. Initiates Nursing process on admission to homecare and monitors and assesses patients on an on-going basis according to policies, procedures, protocols, clinical pathways and practice guidelines by: a. Assessing and collecting data to determine patient stability, safety, and pain. Completes OASIS timely and accurately supporting plan of care. b. Reviewing and verifying medical orders for immediate needs and completeness. c. Initiating a comprehensive systems-based assessment and ensures its completion according to the Policy for Provision of Nursing Care. d. Informing the patient and family of their rights and responsibilities, and queries adult patients regarding advance directives. e. Initiating or reviewing the admission history and makes appropriate referrals based on admission history and/or admission assessment data. f. Assesses risk factors (falls, pressure ulcers, allergies, ect.) as required. g. Recognizing interrelationships between physical assessment findings, monitored parameters, therapies including medications and fluids, and changes in laboratory results, and previously reported or documented information to identify changes in the patient's status. h. Documenting admission history, assessment, home medication profile, initiation of plan of care, initiation of the educational record, and advance directive inquiry process according to policies, procedures, protocols, and practice guidelines. i. Performing all assessments accurately, timely and integrates information from patient presentation, VS, history and diagnostics. j. Reassessing patients according to needs of patients and designated timeframes.	Achieves: Admission process, admission documentation and all assessments reflect expected performance statements (column to left) Homecare-related monitoring of admission process, admission documentation, and assessments indicates no uncorrected deficiencies. Exceeds: Homecare overall performance goals regarding admission process, admission documentation, and all assessment documentation exceeds established targets in part due to employee's leadership efforts. (Leadership efforts must be identified in comments section below.) <u>Comments:</u>	☐ A ☐ E ☐ B

2. Plans and coordinates care based on assessment of the patient's status and on-going identified needs by:
- a. Analyzing the assessment data to determine nursing problems/diagnoses specific to the patient.
 - b. Identifying an individualized teaching plan, which provides information related to homecare orientation, procedures, equipment, disease processes, therapies, educational barriers, cultural and religious preferences and discharge instructions.
 - c. Identifying the expected outcomes for a plan individualized to the patient.
 - d. Initiating plan of care/485 and individualizing the plan based on patient's unique problems/needs.
 - e. Incorporating patient/family input, family participation, and development needs into the plan of care.

Achieves:

The plan of care reflects expected performance statements and includes interventions to ensure safe delivery of care.

☐ A

☐ E

☐ B

Exceeds:

Homecare overall performance goals regarding plan of care exceed established targets in part due to employees' s leadership efforts. (Leadership efforts must be identifies in comment section below.)

Comments:

3. Implements quality care appropriate to level of experience based on assessment and reassessment of patient's status, patient's progress toward desired outcomes, and current evidence-based practice standards by:
- a. Implementing plan of care or standard of care.
 - b. Implementing age appropriate protocols and precautions to ensure patient safety.
 - c. Performing nursing skills according to current practice standards and in accordance with patient safety goals.
 - d. Operating and troubleshooting equipment as indicated for patient care needs.
 - e. Initiating and verifying physician's orders according to policy, including verbal/telephone orders.
 - f. Initiating independent nursing actions that demonstrate accountability for enhancing the patient's progress toward outcomes.
 - g. Coordinating the multidisciplinary plan of care to achieve desired outcomes and resolves problems on the plan of care when resolution occurs.

Achieves:

Patient's progress towards identified outcomes reflects expected performance statements. Homecare related monitoring of provision of care, documentation of care, and compliance to national patient safety goals indicates no uncorrected deficiencies.

Exceeds:

Homecare overall performance goals regarding the provision of care, assessments, documentation of care, and compliance to patient safety goals exceed established targets in part due to employee's leadership efforts. (Leadership efforts must be identified in comment selection below.) Assignments are generally of a higher acuity than expected based on level of experience. Clinical practice is intentionally sought out by others.

Comments:

☐ A

☐ E

☐ B

4. Evaluates care based on the patient's progress toward desired outcomes by: a. Evaluating the patient's/family response to interventions and progress toward desired outcomes. b. Identifying variances c. Collaborating with health care team members and patient/family to revise plan of care to achieve expected outcomes. d. Revising outcomes when appropriate e. Progressing patient toward discharge and documenting evidence of evaluation of progress in the plan of care notes.	Achieves: The plan of care is updated, relevant, and reflects expected performance statements. Patient/family satisfaction with quality of nursing care that meets established targets. Homecare-related monitoring of the evaluation of nursing care process indicates no uncorrected deficiencies. Exceeds: Homecare overall performance goals regarding the evaluation of nursing care process and patient/family satisfaction with quality of nursing care that exceeds established targets in part due to employee's leadership efforts. (Leadership efforts are identified in comment section below.) <u>Comments:</u>	☐ A ☐ E ☐ B

5. Assesses, plans, implements, and evaluates patient/family education and discharge planning. Discharges patient according to established standards by:

- a. Incorporating patient/family cultural and religious practices, emotional barriers, desire and motivation to learn, physical and cognitive limitations, and language barriers into the education plan.
- b. Patient/family education and discharge preparation at appropriate educational level.
- c. Initiating individualized teaching plan to ensure a timely discharge.
- d. Educating and evaluating understanding of disease process, core measures, medication and continued plan for care following discharge.
- e. Evaluating effectiveness of teaching plan and progress toward goals based on patient/family response.
- f. Documenting education provided and patient/family's level of understanding in the Education Record.
- g. Resolving problems on plan of care or documenting plan patient will follow for problems that continue post discharge.

Achieves:

The Educational Record reflects the expected performance statements. Patients and families are satisfied with the teaching and discharge instructions provided. Homecare-related monitoring related to education and discharge processes indicates no uncorrected deficiencies.

Exceeds:

Homecare overall performance goals regarding the education and discharge process exceed established targets in part due to employee's leadership efforts. (Leadership efforts are identified in comments selection below.)

Comments:

☐ A

☐ E

☐ B

6. Organizes work for patient assignment based on patient needs and available resources to optimize both patient through input and conservation of resources by:
- Identifying priorities for care of assigned patient(s).
 - Providing a concise report to unlicensed coworkers.
 - Reorganizing care priorities in order to expedite through input:
 - Incorporating routine and unexpected admissions, discharges, transfers
 - Responding to unanticipated changes in patients' needs
 - Facilitating adjustments in patient assignments
 - Supporting the developments in patient assignments
 - Supporting the developmental needs of the patient and family
 - Providing assistance to other staff
 - Demonstrating willingness to make changes in assignments as necessary.
 - Coordinating patient care.
 - Providing hand-off communication with each change in caregiver including independent nursing functions and verification of subjective patient assessment data.
 - Providing report within 24 hours of admission and delegates aspects of care, to health care team members consistent with their roles and responsibilities.
 - Conserving homecare resources by charging for supplies and equipment in a cost-effective manner.

Achieves:

Organization of work flow and maximizing through input that reflects expected performance statements. Homecare-related monitoring related to the organization of work flow and maximizing that indicates no uncorrected deficiencies.

Exceeds:

Homecare overall performance goals regarding work flow monitoring and maximizing throughout exceed established targets in part due to employee's leadership efforts. (Leadership efforts are identified in comment section below.)

Comments:

☐ A
☐ E
☐ B

7. Demonstrates a competent level of professional nursing performance

- a. Compiles with core/hospital/unit, OSHA, JC and other regulatory policies and standards (eg. Dress code, wearing identification badge, time and attendance, eating and drinking in patient's home, medication and patient safety, mandatory education, timely relicensure, ect.)
- b. Takes responsibility for obtaining homecare information by attending mandatory meetings, and communicating through homecare email. Incorporates communicated changes into practice.
- c. Quality: Enhances patient quality, safety, service in assigned area of practice by participating in homecare quality, safety, service initiatives.
- d. Education: Attains knowledge and competency that reflects nursing practice through specialty continuing education, professional nursing board certification, or advanced degrees.
- e. Professional Practice Evaluation: Evaluates current professional practice by providing meaningful self-appraisals and peer reviews in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.
- f. Collegiality: Contributes to the professional development of colleagues by providing mentoring support of peers and colleagues.
- g. Collaboration: Collaborates with patient, family, other disciplines and peers in the conduct of nursing practice and practice improvements.
- h. Ethics: integrates ethical provisions (code of ethics) into practice, unbiased by personal ethical values.
- i. Research: Integrates research findings into practice.
- j. Resource Utilization: Considers factors related to cost and impact on practice in the planning and delivery of care
- k. Leadership: Demonstrates leadership in the professional practice setting and the profession by participation in a nursing professional organization.

Achieves:

Work habits reflect expected performance to Homecare policies and standards with no uncorrected deficiencies. American Nurses Association's Standards of Professional Performance are reflected in the expected performance statements with no uncorrected deficiencies: (quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization and leadership.)

Exceeds:

Homecare professional practice environment is positively impacted in part due to employee's leadership efforts. Leadership efforts positively impact the image of UF Shands Homecare. Examples of efforts include: advancement, informal education, professional organization committee/officer appointments, co-investigator of IRB approved nursing research, external presentations, and/or participation in department/hospital/system committee/community organizations which result in the advancement of a professional practice environment. (Leadership efforts are identified in the comment section below.)

Comments:

☐ A
☐ E
☐ B

EXPECTED BEHAVIORS{PRIVATE } (measured as (A) achieves, (E) exceeds, or (B) below expectations)	EXPECTED PERFORMANCE	Rating

1. Customer Focus – Understands and satisfies customer needs. Customers include patients and their families, guests, and visitors who represent developmentally, socioeconomically, and culturally diverse groups.

☐ A

☐ E

☐ B

Achieves: Treats patients and their families with compassion and empathy; keeps promises and commitments to customers; Develops solutions that address customers' key priorities; Uses skills appropriate to the customer's age, developmental level, socioeconomic status, and cultural background; Shows ownership by taking action to ensure the customer needs are met, including patient/customer transition to the next point of contact.

Consistently displays BEST Behaviors:

- I will treat everyone with kindness, courtesy and respect.
- I will be aware of patients and visitors and give them priority in elevators and hallways.
- I will take responsibility for assisting customers, whether in person or on the telephone, in finding where they need to go.
- I will promptly acknowledge the customer's presence and keep them informed on an ongoing basis.
- I will introduce myself by name and title when interacting with others.
- I will listen attentively to customers and be responsive to their requests and needs in a timely manner.
- I will honor the privacy and confidentiality of patients, visitors, and staff.
- I will follow dress code policies and correctly wear my identification badge at all times.
- I will maintain a respectful and appropriate noise level in my work area.
- I will thank all customers for choosing UF Health Shands Homecare.
- I will demonstrate respect and sensitivity to cultural and language differences.

Exceeds: Maintains composure and provides compassion and empathy even when faced with hostility from others and/or other stressful conditions; Anticipates customers' needs and responds appropriately before the situation requires action; Follows through to meet personal commitments to customers despite time pressures or significant obstacles; Develops solutions that address customers' key priorities and adapts solutions, as needed, to changing customer demands; Capitalizes on opportunities to improve customer service and satisfaction.

Comments:

135

2. Teamwork - Works cooperatively with co-workers and other team members to achieve goals.

☐ A

☐ E

☐ B

Achieves: Helps and supports others in their efforts to solve customer problems and accomplish UF Health Shands goals, including patient/customer transition to next point of contact; Listens to the concerns of the team and communicates appropriately; Shares information and own expertise with others to help them accomplish group goals; Gives credit and recognition to others who have contributed to the team; Supports and acts in accordance with final group decisions even when such decisions may not entirely reflect one's own position.

Consistently displays BEST Behaviors:

- I will actively support UF Health Shands Homecare in the achievement of its goals.
- I will present my co-workers and represent UF Health Shands Homecare in a positive manner.
- I will work as a team member and offer my assistance to others
- I will be on time for all work-related activities.
- I will communicate with others in a respectful manner, whether the communication is verbal, non-verbal, or written.
- I will use the resources of UF Health Shands Homecare wisely.
- I will take an active role in quality improvement.
- I will assist in maintaining the appearance of my facility by keeping a clean and neat environment.

Exceeds: Helps to keep levels of team performance and morale high even during periods of intense pressure and extended volumes of work; Looks for alternative ways to work with others that will create better results and working relationships; Solicits a diversity of perspectives on issues and uses ideas contributed by team members to shape decisions; Breaks down barriers or organizational boundaries to ensure team's success. Is seen by co-workers as a role model in improving the appearance of the immediate work site as well as improving the appearance of the areas outside of the immediate work site.

Comments:

3. <u>Adapting To Change</u> - Responds positively to change, shows willingness to learn new ways to accomplish work. Achieves: Sees change as an opportunity rather than a problem; Demonstrates a willingness to learn new methods, procedures and techniques resulting from departmental or organization-wide change; Responds to change in a positive and supportive way and communicates positively about changes with customers and team members; Demonstrates a willingness to modify a strongly held position in the face of contrary evidence; Thinks clearly and makes good decisions under conditions of ambiguity and uncertainty. Consistently displays BEST Behaviors: • I will support change and display openness to new ideas. Exceeds: Adapts quickly and easily to changes at work; Seeks and applies new information and concepts quickly; Builds commitment and mobilizes action for desired change; Adjusts behavioral style or approach to work when necessary to achieve goals; Anticipates and plans for change that will impact the business. <u>Comments:</u>	☐ A ☐ E ☐ B
4. <u>Problem Solving</u> – Recognizes problems and works systematically and logically to resolve them. Achieves: Communicates to appropriate parties immediately upon discovery of potential problems, ensures “no surprises”; Identifies priority or key issues in a complex problem or situation; Uses existing practices and available resources to help solve problems; Works to solve problems promptly, even with limited facts and resources. Consistently displays BEST Behaviors: • I will become part of a positive solution when confronted with a problem. Exceeds: Assumes ownership of problems by following through until problems are resolved; Seeks out and effectively handles complex and challenging opportunities; Generates new ideas and creative approaches to solve problems and benefit UF Health Shands Homecare; Anticipates possible problems and develops contingency plans in advance; Identifies the root causes of recurring problems and initiates actions to prevent reoccurrence. <u>Comments:</u>	☐ A ☐ E ☐ B

☐ A
☐ E
☐ B

5. Developing Others - Strives to develop the performance of others by providing constructive feedback and coaching.

Achieves: (All Employees) Provides regular feedback to other team members using effective communication skills; Recognizes and rewards positive contributions to UF Health Shands Homecare and positive changes in behavior; Gives focused and constructive feedback and guidance to others to assist in reaching their goals in a manner that maintains self-esteem;

Consistently displays BEST Behaviors:

- I will be liberal with my praise of others in public and coach in private.
- I will stay informed about UF Health Shands Homecare and my job and seek opportunities to improve my skills.
- I will welcome newcomers, share my knowledge and assist others in developing their skills and competencies.

Additional Achieves Requirements: (For formal leaders such as supervisors, managers, directors): Provides regular feedback about performance results and problems using effective communication skills; makes available appropriate assignments, formal training or other experiences to foster learning and development ; learns what motivates particular individuals and modifies own behavior to enhance other performances; implements strategies for the development and retention of employees that are appropriate to the Homecare Office.

Exceeds: Discusses problems immediately, before they are forgotten or out of control and identifies performance that meets or exceeds expectations and provides immediate positive reinforcement; Introduces new perspectives to others to stimulate positive performance and assists in eliminating barriers to improved performance; Champions the capabilities and unique talents of others and develops their self-confidence; Uses understanding of both strengths and limitations of others to effectively create appropriate developmental plans; Strives to always bring out the best in others, regardless of their current performance level.

Comments:

UNIVERSAL JOB RESULTS (measured as (A) achieves or (B) below expectations)	Rating
1. <u>Patient Safety</u> - Contributes to a safe and secure environment for patients, and co-workers by following established procedures and protocols as appropriate for job function. a. Identifies patients at risk for injury and institutes measures to prevent/reduce risk b. Contributes to the prevention of infectious diseases among employees and patients by adhering to Infection Control Policies and Procedures c. Utilizes incident reports and/or employee accident forms to identify system problems or noncompliance to standards d. Assesses/reports/corrects environmental safety hazards including damaged and broken equipment e. Shows awareness of proper procedures for emergency preparedness and knows individual responsibilities f. Safeguards patients through systematic patient identification practices Achieves: Safety risks are minimized through compliance with policies, procedures and protocols. Breaches in safety practices are immediately addressed with co-workers and management. Consistently displays BEST Behaviors: • I will do my part to maintain a safe and secure environment. <u>Comments:</u>	☐ A ☐ B

SPECIFIC PERFORMANCE GOALS (for upcoming review period)		
Linked to Job Result/Behavior Number	Goals	Goal Review Date

Please indicate the sources of input utilized in the evaluation of this employee:

- ☐ Peer input
- ☐ Self-input
- ☐ Quality Reporting Data
- ☐ Mandatory Education Reports
- ☐ Time and Attendance, UTO, STO data

OVERALL PERFORMANCE RATING

Review ratings for each Job Result and Behavior and indicate the rating which best identifies the overall performance through the entire review period.

Effective: ☐ New Base Hourly Rate (\$00.0000/hr) \$ *

- Competent in Registered Nurse role (no more than 1 below rating)
- Competent in Registered Nurse role and demonstrates leadership in completion of Homecare performance improvement project or actively contributes in a designated resource role capacity: mentor, OWL; other: _____

Outstanding Contribution: ☐ New Base Hourly Rate (\$00.0000/hr) \$ *

- Competent in Registered Nurse role and able to document contribution to the attainment of Homecare goals.

Needs Improvement: ☐ Improvement needed on two or more key job results or behaviors.

- Actions precluded department from achieving results and/or resulted in customer complaints.
 1. Discuss with next level management and consult with Employee Relations/HR as necessary.
 2. Follow-up Review will be conducted:

Does Not Meet Job Requirements/Employment Termination ☐

Did Not Comply With Work Rules or Regulatory Requirements ☐ Please Comment:

*Should correspond with New Base Rate as submitted on the Individual Review and Pay Change Order.

Employee's Comment

Reviewer's Comments:

Employee's Signature _____ **Date** _____

I have reviewed the job description and have developed future performance goals, which are aligned with current nursing departmental and Homecare goals.

I have reviewed the UF Health Shands Homecare Code of Conduct:
<https://intranet.shands.org/licacc/Intranet/Compliance/cp4.10.AppA.pdf>

Evaluator's Signature _____ **Date** _____

Evaluator's Name Printed _____

Next Level Management Signature _____ **Date** _____

Posting Information

Job Posting Description:

(Maximum 150 characters for on-line/web posting)

Position Summary:

The Registered Professional Nurse is responsible for identifying the patient's alterations in health, assessing the patient's human response to actual and potential health problems, implementing nursing interventions based on theoretical concepts from nursing and other arts and sciences to achieve outcomes for the patient that facilitates resolution of alterations in health and actual and potential health problems, determining the effectiveness of nursing interventions by evaluating anticipated patient outcomes as needed to achieve optimal patient outcomes.

Minimum Education and Experience Requirements: One year of clinical based experience, with the specialty of Home Health care preferred. Graduation from an approved nursing program. BSN preferred. Professional nursing board certification in specialty area preferred. Specialty certification required within two years of specialty experience at UF Health Care or certification eligibility date for all nurses hired after June 2011.

Licensure/Certification/Registration:

Licensed to practice professional nursing in the State of Florida.

JOB DESCRIPTION



Job Title: NewboRN Home Visiting Program (NHVP) Family Partner
Department: Healthy Start
Location: Gainesville, FL

SUMMARY

The Family Partner will meet with each mother who delivers at UF Health Shands or North Florida Regional Medical Center to introduce the NHVP and obtain their consent to participate. For the newborns delivered at home or in a birthing center the attending licensed midwife will provide the Newborn Home Visit and link the family with the Family Partners if the parents need additional supports or services after the home visit is completed.

KNOWLEDGE, SKILLS AND ABILITIES

- Knowledge of maternal and child health issues
- Knowledge of child development
- Knowledge of eligibility criteria for multiple home visiting programs
- Knowledge of resources for families
- Knowledge of HIPAA and security compliance
- Ability to connect with and interact effectively with culturally diverse families
- Ability to work with families in a non-judgmental and respectful manner
- Ability to communicate effectively with multiple community partners and medical providers
- Ability to use good judgment and make independent decisions with clear and professional boundaries
- Ability to effectively organize and prioritize work activities and complete tasks in a timely manner

DUTIES AND RESPONSIBILITIES

- Meet with each mother who is an Alachua County resident and delivers at UF Health Shands or North Florida Regional Medical Center to introduce the NHVP
- Educate the family about the NHVP and obtain their consent to participate in the program
- Schedule the nurse home visit with the family
- Refer families to the appropriate home visiting service provider
- Provide immediate referrals to community resources for families with emergent needs
- Follow up to ensure referral is received by service provider and services are provided to families
- Provide short-term case management to all families that need additional supports or services after the home visit is completed
- Maintain regular contact with home visiting agencies
- Maintain participant records in accordance with program and funding source requirements
- Participate in continuous quality improvement activities
- Maintain confidentiality of children, families and other records and information
- Participate in trainings, meetings, workshops, conferences, webinars, and conference calls as necessary
- Other duties as assigned

EDUCATION AND/OR EXPERIENCE

Bachelor's degree in public health, social work, health education, early childhood development, or a related social science field with two years of related work experience preferred; or equivalent combination of education and experience.

Client ID:



Page 1 of 2

Name:**Postpartum Visits: Mother**

Mother's DOB:

Gravida:

SAB:

Allergies:

EDD:

Term:

TAB:

GBS:

Prem:

Living:

Blood Type:

PP Visit:

0 week (s) 0 day (s)

Place of Service:

	Date	BP	Pulse	Temp	Lochia	Lochia Color	Fundus	Provider Initials
1		/						

Perineum:

Elimination**Breast**

Affect:

☐ Adequately☐ All Normal☐ Plugged Ducts☐ Bladder Distension☐ Nipples Sore☐ S & S of Mastitis**PP Physical Exam**☐ Cracked Nipples

Height: _____ feet _____ inches

Weight: _____ lbs

BMI: _____

	Normal	Abnormal
Heart	☐	☐
Lungs	☐	☐
Breasts	☐	☐
Thyroid	☐	☐
Nipples	☐	☐
Lower Extremities	☐	☐

PP Pelvic Exam

	Normal	Abnormal
Vulva	☐	☐
Vagina	☐	☐
Cervix	☐	☐
Uterus	☐	☐
Adnexa	☐	☐
Rectal	☐	☐
Pelvis	☐	☐

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Client ID:



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Name:

Postpartum Visits: Mother

Information and/or assessment of the following were provided:

Infant Nutrition	☐	Immunizations	☐	Auto Safety	☐
Safe Sleep Practice	☐	Illness Prevention	☐	Fire Safety	☐
Tummy Time	☐	SIDS Education	☐	Birth Spacing/Family Planning	☐
Choking Prevention	☐	Home & Water Safety	☐	Infant Abduction	☐

Score on Life Skills Progression

_____ Relationships with family and friends

_____ Relationships with children

_____ Relationship with support services

_____ Education and employment

_____ Health and medical care (parents and child)

_____ Mental health and substance use/abuse

_____ Basic essentials

_____ Infant/toddler development

Areas of concern:

Resource & referrals needed that were consented to:

Score of the Edinburgh Postnatal Depression Scale: _____

Resources & referrals needed that were consented to:

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Client ID:



Page 1 of 2

Baby Name:

Postpartum Visits: Baby

Mother's Name:

Mother's DOB:

Date Baby Born:

Time Baby Born:

Birth Weight: _____ lbs _____ oz

Well Baby Visit:

0 week (s) 0 day (s)

Place of Service:

	Date	HR	Resp	Temp	Birth Weight	% Change in Wt.	Length	Provider Initials
1								

Breastfeeding:

Elimination:

Jaundice:

Cord/Umbilicus:

Metabolic Screen:

Vitamin K:

Newborn Exam

Height: _____ feet _____ inches

Weight: _____ lbs

BMI: _____

	Normal	Abnormal
General Appearance	☐	☐
Skin Color	☐	☐
Head and Neck	☐	☐
Spine	☐	☐
Eyes	☐	☐
HEENT	☐	☐
Thorax	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Genitals—Male	☐	☐
Genitals—Female	☐	☐
Anus	☐	☐
Extremities	☐	☐
Reflexes	☐	☐

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Client ID:



Page 2 of 2

Baby Name:

Postpartum Visits: Baby

Notes:

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EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6 –8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

Instructions for Users

1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

Name:

Date:

Address:

Baby's Age:

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time

Yes, most of the time

No, not very often

No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things As much as I always could Not quite so much now Definitely not so much now Not at all	*6. Things have been getting on top of me Yes, most of the time I haven't been able to cope at all Yes, sometimes I haven't been coping as well as usual No, most of the time I have coped quite well No, have been coping as well as ever
2. I have looked forward with enjoyment to things As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	*7. I have been so unhappy that I have had difficulty sleeping Yes, most of the time Yes, sometimes Not very often No, not at all
*3. I have blamed myself unnecessarily when things went wrong Yes, most of the time Yes, some of the time Not very often No, never	*8. I have felt sad or miserable Yes, most of the time Yes, quite often Not very often No, not at all
4. I have been anxious or worried for no good reason No, not at all Hardly ever Yes, sometimes Yes, very often	*9. I have been so unhappy that I have been crying Yes, most of the time Yes, quite often Only occasionally No, never
*5. I have felt scared or panicky for no very good reason Yes, quite a lot Yes, sometimes No, not much No, not at all	*10. The thought of harming myself has occurred to me Yes, quite often Sometimes Hardly ever Never

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

J. L. Cox, J.M. Holden, R. Sagovsky

From: *British Journal of Psychiatry* (1987), 150, 782-786.

THE LIFE SKILLS PROGRESSION (LSP)

Parent Scale: Page 1

Family record ID # _____ Indiv. # _____ Months of service _____
 Web ID # _____ Ongoing # _____ No. attempted visits _____ No. completed visits _____
 Client name (last name, first name) _____ Closing # _____ Home visitor _____
 Client DOB _____ / _____ / _____ Next LSP due _____ / _____ / _____ Agency/program _____
 Race _____ Ethnicity _____ Medical codes _____

Item Score Areas of Life Skill Development 0 Low 1 1.5 2 2.5 3 3.5 4 4.5 5 High

RELATIONSHIPS WITH FAMILY AND FRIENDS						
1	Family/ Extended Family	Hostile, violent, or physically abusive family relationships	Separated. No contact. Not available for support	Conflicted, critical, or verbal abuse; frequent arguments. Reluctant support or in crisis	Inconsistent or conditional support. Emotionally distant but available	Very supportive. Mutually nurturing family relationships
2	Boyfriend, FOB, or Spouse	Hostile, violent, or physically abusive; multiple partners or uncertain paternity	Separated. No contact. Not available for support	Conflicted, critical, or verbal abuse; frequent arguments. Reluctant support or in crisis	Inconsistent or conditional support. Emotionally distant but available	Very supportive. Loving, committed (unmarried, married, or common law)
3	Friends/Peers	Hostile, violent, or high-risk friends; friends gang linked	Very few or no friends. Socially isolated and lonely	Conflicted, casual, or brief friendships. Some crisis support from friends	A few close friends who can be counted on for support	Many close friends. Extensive support network
RELATIONSHIPS WITH CHILD(REN)						
4	Attitudes to Pregnancy	Unplanned and unwanted. Abortion or adoption plan	Unplanned, ambivalent, fearful. Coerced to keep child	Unplanned and accepted	Planned but unprepared	Planned, prepared, welcomed
5	Nurturing	Hostile, unable to nurture, bond, or love child; very limited responsiveness	Indifference, apathy, depression, or DD impair nurturing	Lacks information/modeling of love. Afraid nurturing "spoils." Marginal connectedness	Bonded; loves, responds inconsistently. Some reciprocal connections	Loving, responsive, praises, regulates child well. Reciprocal connections
6	Discipline	Has shown reportable levels of physical abuse or severe neglect	Uses physical punishment. Frequent criticism; verbal abuse	Mixture of impatient/critical and appropriate discipline	Inconsistent limits. Ineffective boundaries. Teaches desired behavior effectively sometimes	Uses age-appropriate discipline. Teaches, guides, and directs behavior effectively
7	Support of Development	Poor knowledge of child development. Unrealistic expectations. Ignores or refuses information	Little knowledge of child development. Limited interest in development. Passive parental role	Open to child development information. Provides some toys, books, and play for age	Applies child development ideas. Interested in child's development skills, interests, and play	Anticipates child development changes. Uses appropriate toys/books, plays and reads with child daily

Instructions: Complete on primary, parent and infant/toddlers < 3 yrs at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.

THE LIFE SKILLS PROGRESSION (LSP) Family record ID # _____ Indiv. # _____ Parent Scale Page 2

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
RELATIONSHIPS WITH CHILD(REN): CONT.													
8	Safety		Child hospitalized for Tx of unintentional injury. Has permanent damage	Outpatient/ER Tx of unintentional injury to child. No permanent damage	No unintentional injury to child. Home/car unsafe, not childproofed	No unintentional injury to child. Home partially safe. Uses car seat. Uses information	Child protected; no injury. Home/car safe. Teaches safety. Seeks/uses information for age						
RELATIONSHIPS WITH SUPPORTIVE RESOURCES													
9	Relationship with Home Visitor		Hostile, defensive. Refuses HV services	Guarded, distrustful. Frequent broken appointments	Passively accepts information and visits. Forgets some appointments	Seeks/uses information. Calls for help or to cancel appointments	Trusts; welcomes visits; asks for information; keeps appointments						
10	Use of Information		Refuses information from HV or HC	Uses inaccurate information from informal sources	Passively accepts some information from HV and HC	Accepts/uses most information from HV or HC	Actively seeks/uses information from HV, HC, and other sources						
11	Use of Resources		Resource needs unrecognized. Community resources not used or refused; hostile	Resource needs unrecognized. Limited use when assisted by others. Misses most appointments	Accepts help to identify needs; uses resources when assisted by others. Keeps some appointments	Identifies needs. Uses resources with little assistance. Keeps most appointments	Identifies needs. Uses resources independently. Keeps or reschedules appointments						
EDUCATION & EMPLOYMENT													
12	Language (for non-English speaking only)		Low/no literacy in any language	Literate in primary language. Some verbal English skills	Takes ESL classes. Verbal ESL established	Takes ESL classes. Written ESL established	Fully bilingual						
13	<12th Grade Education		Not enrolled	Enrolled, limited attendance any program. Not at grade level	Enrolled, attends regularly any program. Not at grade level	Attends regularly at grade level. Adult school or independent study. Goal: CED	Attends regularly at grade level. HS/Alt HS Goal: HSD						
14	Education		<12th grade education in any country	Has graduated with CED or HSD	Attends and/or graduated job/tech training	Attends and/or graduated community college	Attends and/or graduated college or grad school						
15	Employment		Unemployed, unskilled, or no work experience	Occasional, seasonal, or multiple entry level jobs	Stable employment in low-income job	Stable employment with adequate salary and benefits	Career of choice with potential good salary and benefits						
16	Immigration		Undocumented. No permit/card. Frequent moves/trips disrupt services, work, or education	Has work permit/card. In U.S. < 5 years. Migrant. Plans return to country of origin	Has work permit/card. In U.S. > 5 years. Migrant. Plans to live in U.S.	Has work permit/card or temporary visa. Applying for citizenship	Obtained U.S. citizenship						
HEALTH & MEDICAL CARE													
17	Prenatal Care		No prenatal care	Care starts 2nd-3rd trimester. Keeps some appointments	Care starts 2nd-3rd trimester. Keeps most appointments	Care starts in 1st trimester. Keeps most appointments	Keeps postpartum appointments						

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THE LIFE SKILLS PROGRESSION (LSP) Family record ID: # _____ Indiv. # _____ Parent Scale Page 3

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
HEALTH & MEDICAL CARE													
HEALTH & MEDICAL CARE CONT.													
18	Parent Sick Care	Acute/chronic conditions go without Dx/Tx. No medical home	Seeks care only when very ill. Uses ER for care. No medical home	Seeks care inconsistently; inconsistent Tx follow-up. Unstable medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home	Seeks care appropriately. Follows Tx recommended. Has medical home
19	Family Planning	No FP method used. Lacks information about FP	FP method use rare. Limited understanding of FP	Occasional use of FP methods. Some understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP	Regular use of FP methods. Good understanding of FP
20	Child Well Care	None/ no medical home	Seldom; no medical home	Occasional appointments. Unstable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home	Has annual exam only. Has stable medical home
21	Child Sick Care	Medical neglect. No Dx/Tx for acute or chronic conditions	Has care only when very ill. Uses ER for care	Timely care for minor illness but inconsistent Tx /u	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended	Timely care of minor illness. Follows Tx recommended
22	Child Dental Care	No dental home or care with serious ECC. Poor hygiene	No dental home or care with some ECC and inadequate Tx/hygiene	Has dental home and hygiene but late Tx of ECC	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx	Has dental home. Some preventive care/timely Tx
23	Child Immunizations	None or refused	IZ history uncertain. Records lost	IZ begun, but no return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment	IZ delayed, has return appointment
MENTAL HEALTH & SUBSTANCE USE/ABUSE													
24	Substance Use/ Abuse (drugs and/ or alcohol)	Chronic Hx drug and/ or alcohol abuse with addiction	Drug/alcohol binge or intermittent use, without apparent addiction	Rare or experimental use of drugs or clean; in recovery group or Tx program	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant	Occasional use of legal substances; stops if pregnant
25	Tobacco Use	Chain smoker; >2 packs/ day; uses smokeless; heavy second-hand exposure	Non-chain use or some second-hand exposure	Decreases amount when pregnant. Controls second-hand exposure	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy	No use or second-hand exposure in past 6 months or current pregnancy
26	Depression/Suicide	Recurrent chronic depression with suicidal attempts/thoughts. Severe problem with ADL, parenting, and insight/perception	Recurrent chronic depression without suicidal attempts/thoughts. Moderate problem with ADL, parenting, and insight/perception	Recent postpartum or situational depression. Some problem with ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception	Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL, parenting, and insight/perception
27	Mental Illness	Severe symptoms of MI with/without Dx/Tx/medications. Severe problem with ADL, parenting, and insight/self-perception	Symptoms of MI. Diagnosed but Tx inconsistent or ineffective. Moderate problem with ADL, parenting, and insight/perception	Symptoms under control. Diagnosed and in Tx. Some problem with ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception	Situational or short-term MI. Recovered without relapse. Adequate ADL, parenting, and insight/self-perception

Item	Score	0	Low	1	1.5	2	2.5	3	3.5	4	4.5	5	High
MENTAL HEALTH & SUBSTANCE ABUSE CONT.													
MENTAL HEALTH													
28	Self-Esteem		Poor; self-critical. Anticipates criticism from others. Rarely initiates; avoids trying new skills.		Copes sometimes but with limited confidence and flat affect. Limited initiative for learning new skills.		Irritable/defensive. Makes excuses, blames others. Initiates/starts using new skills but gives up easily		Beginning to actively initiate. Develops skills and recognizes own competence. Emerging confidence visible		Confident in skill and ability to learn. Expresses pride in achievements and successes		
29	Cognitive Ability		Suspected mild-moderate DD. No Dx or support services. Severe problem with ADL, parenting, and judgment		Diagnosed DD or LD; has education and/or support services. Moderate problem with ADL, parenting, and judgment		Diagnosed or suspected mild DD/LD. Needs some support by others. Some problem with ADL, parenting, and judgment		Suspected or known special education or LD. Support by others not needed. Adequate ADL, parenting, and judgment		Average or above average cognitive ability. Competent ADL		
BASIC ESSENTIALS													
30	Housing		Homeless; in shelter, or extremely substandard place		Unstable/inadequate, crowded housing with frequent moves		Stable rental. Lives with strangers or friends		Lives with family/extended family (own or FOBs). Shares expenses		Rents/owns apartment or house		
31	Food/Nutrition		Relies on emergency food banks/charity; turns out of food.		Inadequate or unavailable resources. Worried about amount/quality of food		Regularly uses government resources; WIC and/or food stamps		Low family income provides adequate amount/quality of food		Income provides optimal amount and quality of food		
32	Transportation		None or inadequate resources; or unable to use resources		Uses public transport		Some access to shared car. Rides with others; no license		Has own license/drives. Borrows car		Has own car and drives with license and insurance		
33	Medical/Health Insurance		None/unable to afford care or coverage		Medicaid for pregnancy or emergency only		Medicaid full-scope benefits with or without Share of Cost		State-subsidized or partial-pay coverage		Private insurance with or without co-pay for self/others		
34	Income		None or illegal income only		TANF and/or child support; SDI		Employed with low income. Seasonal or 200% FPL		Employed with moderate income; meets expenses most of time		Adequate salary		
35	Child Care		None used yet or no resources available		Multiple sources. Occasional use. Unsafe or inadequate environment		Uses caring friend/relative with safe/stable environment, but limited developmental support		Uses caring friend/relative with safe/stable environment and good developmental support		High-quality child care center with safe environment and good developmental support		

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THE LIFE SKILLS PROGRESSION (LSP)

Child Scale Page 5

Family record ID # _____ Indiv. # _____ Parent's months of service _____
 Web ID # _____ Ongoing # _____
 Child's name _____ Closing # _____
 (last name, first name)

Child's DOB ____/____/____ Age ____ (years/months) Medical codes _____
☐ Female ☐ Male

Item Score Areas of Life Skill Development 0 Low 1 1.5 2 2.5 3 3.5 4 4.5 5 High

CHILD DEVELOPMENT

INFANT/TODDLER DEVELOPMENT (4 MONTHS-3 YEARS)

36	Communication*	Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA
37	Gross Motor*	Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA
38	Fine Motor*	Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA
39	Problem Solving*	Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA
40	Personal-Social*	Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending	Delays; meets EI criteria. Referred; enrolled. Sometimes attends	Delays; meets EI criteria. Referred; enrolled. Attends regularly	No delays. Average development for AA or CA	Above average development for AA or CA
41	Social-Emotional**	Shows signs of neurological or environment-linked concerns. No IMH services	Shows signs of neurological or environment-linked concerns. Referred to or court ordered IMH. Limited participation	Shows signs of neurological or environment-linked concerns. Regular participation in IMH with positive results	No signs of neurological or environment-linked concerns requiring referral to IMH	Responsive, social, alert; communicates needs/feelings. Emotionally connected to parent
42	Regulation	Irritable; hard to console or poor self-regulation. Cues unclear. Non- or overly responsive to environment	Passive/flat affect; little exploration. Does not seek comfort or share delight often	Anxious, withdrawn, clingy. Relies on coregulation. Limited self-regulation; exploration, and play	Quiet or changeable moods; seeks comfort and uses self-regulation, exploration, and play	Happy, content; easily consoled. Well connected to parent. Explores, plays, shares delight
43	Breast Feeding	Not breast-fed or breast-fed < 2 weeks	Breast-fed/expressed < 1 month	Breast-fed/expressed for 1-3 months	Breast-fed/expressed 3-6 months, with or without supplement	Breast-fed/expressed > 6 months with some supplement

* Rating should be based on a developmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE) or ** on a social-emotional screening (ASQ:SE).
 Instructions: Complete on primary parent and infant/toddlers < 3 yrs at intake, every 6 months, and at closure. Circle applicable scale categories and enter numerical score. Send to data clerk and file original in chart.
 Life Skills Progression™ (LSP): An Outcome and Intervention Planning Instrument for Use with Families at Risk; by L. Wollesen and K. Feifer.
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POLICY NUMBER: HH-807.2
CATEGORY: Patient Care
EFFECTIVE DATE: 01/10/91
REVISION DATE: 12/21/15

SUBJECT: *Safety Management*

PURPOSE: To educate staff, patients and caregivers in safety management. To ensure a safe environment, and to promote early identification of and minimize safety hazards and risks to patients, caregivers, and staff related to the provision of care.

- POLICY:**
- A. All staff shall be oriented to safety standards during orientation including the National Patient Safety Goals and Recommendations adopted by UF Health Shands HomeCare as they apply to our organization, and complete the annual mandatory education that includes safety.
 - B. Patients / caregivers shall be instructed in appropriate safety and emergency measures specific to their needs. The initial patient assessment will include observation for safety hazards and education regarding safety precautions (measures to take to proactively decrease hazards and safety risk). When hazards or risks are identified, the patient / family will be educated regarding the existence of the hazard and the importance of correcting it.
 - C. If at any time, it is determined that the patient is at risk due to environmental hazards, until which time repairs can be made, the patient will be advised to move to another location.
 - D. If at any time, it is determined that the agency staff would be at risk by being in the home, the patient will be informed that further home care visits will not be made until the needed repairs are made and / or the risk is eliminated.

PROCEDURE:

- A. UF Health Shands HomeCare plans for physical safety in the patient environment to reduce the risk of injuries or threats to life and health. A comprehensive safety evaluation is complete at SOC and education is initiated and should be provided with subsequent visits based on identified patient needs and as appropriate to the care, treatment, and services provided. Patient safety education will be documented on the discipline specific evaluation forms or clinical note. Assessments and safety education will address:
 - 1. The need for the patient and their families to be actively involved in a patient safety strategy or plan. This includes communicating safety or quality concerns to appropriate home care staff providing direct care or calling UF Health Shands HomeCare to talk to the Director of Clinical Practice or designee.
 - 2. The storage, handling, access, and disposal of supplies, medical gases (oxygen), drugs, and needles.

HH807.2 (1)

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POLICY NUMBER: HH-807.2
CATEGORY: Patient Care
EFFECTIVE DATE: 01/10/91
REVISION DATE: 12/21/15

3. When pertinent, the safe and appropriate use of medical equipment to include:
 - operations and maintenance
 - electrical safety
 - fire hazards
 - mechanical safety, settings and alarms,
 4. Environmental Safety
 5. Fire Safety, response and hazards (Such as: Fire hazards from smoking and Oxygen safety)
 6. Fall Risk Assessment, Mobility risks,
 7. Medication Safety and Management,
 8. Infection Control procedures including Handwashing.
 9. The identification, handling, and disposal of hazardous materials and wastes in a safe and sanitary manner, and in accordance with applicable law and regulation.
 10. An emergency plan for calling the doctor, Emergency Medical Services, etc. is established for each patient at the time of admission.
 11. Disaster / Evacuation Plan. The HomeCare Nurse or Therapist coordinates the program to register high-risk patients with the appropriate County EMS for use in evacuating / providing care in case of a disaster.
 12. A cascading phone list is utilized for the staff in HomeCare to inform them of a disaster and organize response.
 13. Other areas as identified.
- B. If an accident should occur while direct care staff are present, the staff member will initiate appropriate measures as follows:
1. Assure the safety of the patient / family,
 2. Provide on site care and notify the physician or EMS as indicated,
 3. Notify the appropriate individuals including, the Clinical Supervisor and the patient's family if they were not present,
 4. Document the event and interventions in the medical record,
 5. Complete an Incident / Medication Variance Report Form



POLICY NUMBER: HH-807.2
CATEGORY: Patient Care
EFFECTIVE DATE: 01/10/91
REVISION DATE: 12/21/15

- C. There is a system for reporting and documenting all incidents, accidents, and injuries and for documenting safety hazards.
1. Incidents as defined in CP1.30 may include, but are not limited to:
 - Patient/Caregiver refusing care
 - Patient/Caregiver requesting change in HomeCare staff
 - Open display of weapons in the home
 - Patient abuse, actual or potential
 - Non-compliance with established plan of care
 - Witnessed or unwitnessed falls
- D. There is a system for reporting the ongoing safety education of staff: Orientation Checklist, Annual Mandatory Education, Staff Meeting Agenda and Minutes, other such as Continuing Education Units.
- E. The knowledge and performance of all involved parties is monitored on an ongoing basis and appropriate safety instruction is provided.

Monitoring is done through Supervisory Visits, the Orientation Skills and Experience Checklist and analysis of Incident Reports and Employee Accident Reports.

Instruction is provided at least annually through inservice education or when unsafe behaviors are assessed during a supervisory visit.

REFERENCES: UF Health Shands HomeCare Patient Admission Booklet
Core General Administrative Policies: Violence in the Workplace, Environment of Care Management Plan, Non Smoking Policy, Weapons and Firearms Policy, Ergonomics Policy, The UF Health Shands HomeCare Emergency Preparedness Plan.

ATTACHMENT(S): (Approved by the PI/Safety Committee annually)
Patient Safety Goals Adopted by UF Health Shands HomeCare
Fall Reduction Program
List of High Alert Medications
List of Look-Alike and Sound-Alike Drugs
Anticoagulant Management Program



The Florida School
of
Traditional Midwifery

May 10, 2017

Tom Tonkavich
Alachua County Community Support Services
218 SE 24th St
Gainesville FL 32641

Dear Mr. Tonkavich,

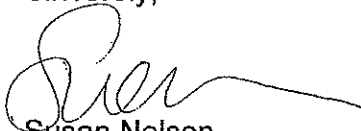
It is with pleasure and excitement that I write this letter of full support as a partner in the Alachua County Child Services Advocacy Board Healthy Baby Home Visit Program, and the proposer, Healthy Start of North Central Florida.

As a subcontractor to Healthy Start, the Florida School of Traditional Midwifery will be able and willing to act as an umbrella organization to the independently licensed midwives in Alachua County who we have cooperative relationships with, either as graduates of our program, preceptors of our students, faculty members, or professional colleagues. This will allow Healthy Start to contract with one organization rather than with each midwife or birth practice individually. FSTM is fully staffed with administration, a business manager, a lead midwife/clinical director, and others to oversee this program. We are audited every year by a professional, independent auditor. Established in 1994, we are graduating our 20th class this year.

This program correlates perfectly with the individualized model of care that licensed midwives in Alachua County provide. Additionally, we are happy to offer training resources, students trained in health care to accompany the home visit professionals, meeting facilities in the downtown area, and other resources that may be needed for this project by the Child Services Advocacy Board and Healthy Start.

We are excited to be a part of this program and support the work of the ACCSAB. We commend the BOCC in launching and supporting this work, and whole-heartedly offer our support and resources to this effort. Please contact me if I may provide further information.

Sincerely,



Susan Nelson
Executive Director



May 12, 2017

To Whom It May Concern,

It gives me great pleasure to write this letter of support for the Healthy Baby Home Visiting Program that will be funded through the Alachua County Board of County Commissioners, Children's Services Council.

Although, North Florida Regional Medical Center (NFRMC) provides excellent care during the hospital stay and some support post discharge, there are parents that leave the hospital that may need additional support. We are excited about the prospect of partnering with the Healthy Baby Home Visiting Program (HBVP). Through this program, registered nurses will provide mothers who are Alachua County residents and deliver at NFRMC with a home visit within 7 days after discharge. During the postpartum visit a medical assessment will be provided to the mother and newborn and the parents' social and emotional health will be assessed, as well as the newborn's safety and development.

In addition, we look forward to having a Family Partner from Healthy Start of North Central Florida work with our team at the hospital in effort to encourage the mother's participation in the program, enroll them in the program, and schedule the home visit.

I know that good preparation and ongoing support can help new parents feel more confident after their baby is born and we are confident that the HBVP program will provide families with access to much needed education and resources that they may not have had access to without this program.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Tracy Lewis'. The signature is written in dark ink and is positioned above the printed name and title.

Tracy Lewis, RN, MSN, RNC-OB
Director Labor and Delivery/Postpartum/Interim NICU

Nursing and Patient Services

P.O. Box 100335
Gainesville, FL 32610-0335
Phone: 352.594.1300
Fax: 352.594.1330
UFHealth.org

May 12, 2016

To Whom It May Concern,

It gives me great pleasure to write this letter of support for the Healthy Baby Home Visiting Program (HBVP) that will be funded through the Alachua County Board of County Commissioners, Children's Services Advisory Board.

UF-Health Shands has been recognized as having one of the top maternity units in Florida and the Women's Health Group provides excellent care to women throughout North Central Florida. Our highly trained, dedicated staff provide a continuum of care to pregnant women and their newborns. Families can find comfort in knowing that services are available to make the immediate postpartum period less stressful, including, a Board Certified Lactation Consultant who is available to assist with breastfeeding and answer questions about infant feeding.

However, we know that once parents leave the hospital some may need additional support and resources that are beyond the scope of services available in the hospital, therefore we are glad to be working as one of the partners on the Healthy Baby Home Visiting Program. Through this program, registered nurses will provide mothers who are Alachua County residents and deliver at UF-Health Shands with a home visit within 7 days after discharge. During the postpartum visit a medical assessment will be provided to the mother and newborn and the parents social and emotional health will be assessed, as well as the newborn's safety and development.

In addition, we look forward to having a Family Partner from Healthy Start of North Central Florida work with our team at the hospital as she will help mother's understand the benefits of the program, enroll them in the program, schedule the home visit and provide short term case management if additional supports or services are needed for the family.

We know that good preparation and ongoing support can help new parents feel more confident both before and after their baby is born, and we are confident that the HBVP program will provide families with access to much needed services, support and resources that they may not have access to without this program.

Sincerely,



Irene Alexaitis, DNP, RN, NEA-BC
Vice President Nursing and Patient Services
UF Health Shands Hospital



NewboRN Home Visiting Program DRAFT Policies and Procedures: Mom and Baby Home Visit Assessment

PURPOSE: To outline the process for patient assessment during the mother/baby home visit to identify early risk factors that require community or provider follow-up.

POLICY: All mothers and newborns who are residents of Alachua County and deliver a child in the county will be offered a home visit during their hospital stay or from their midwife during a home birth or at a birthing center. The visit will take place within 7 days of discharge from the hospital or within 7 days of the newborns birth.

The scope of the NewboRN Home Visiting Program (NHVP) is on family bonding and the well-being of mothers, fathers and babies.

The home visit assessment will include physical assessment of mother and baby, infant care and feeding with an emphasis on breastfeeding support and education. Home, fire, car seat, infant and pool/water safety assessment and education will also be included.

PROCEDURE:

1. On the initial contact by Family Partner or licensed midwife with the client the following steps will be taken (prior to hospital discharge or via telephone for families who had a baby in the NICU):
 - Detailed explanation of services
 - Consent for Newborn Home Visit will be obtained and filed in mothers chart under consents.
 - Visit will be arranged with the parent
 - Areas of knowledge deficit will be identified and addressed with the parent
2. On the day prior to the visit, all clients will be reminded by telephone call or text of the approximate time of the visit and the name of the RN who will perform the visit
3. The RN will review the chart for any physician orders to be completed during the home visit and review the Universal prenatal and infant screen scores to determine potential risk factors.
4. At all home visits:
 - RN or licensed midwife verifies patient identity, using name and date of birth
 - RN or licensed midwife washes hands
 - Patient education packet contents will be explained and shared with the parent
 - Satisfaction survey will be explained and given to parent
 - Physical assessment will be performed. Risk for falls will be included in the assessment.
 - Areas of knowledge deficit will be identified and discussed with parents/caregivers. Examples include SIDS education, Safe Sleep Practice, Tummy Time, Infant Abduction.
 - Home and water safety assessment will be completed.

- Fire Safety Assessment will be completed.
- Edinburgh Postnatal Scale will be completed.
- Life Skills Progression assessment will be completed.
- Provide information regarding community resources.

5. Upon return to office:

- Documentation of assessments obtained during visit will be entered into excel spreadsheet or database.
- Referrals will be made to the Family Partner if additional services or resources are needed.

Specific to infant assessment:

6. Infant assessments are to be completed during the home visit and include

- **Temperature**: Take axillary temperature using a digital thermometer (normal range is 97.7-99.3F). Check extremities for coldness, color.
- **Heart**: Take apical pulse for one full minute (normal range 100-160 bpm). Listen for heart sounds.
- **Respirations**: Watch chest and abdomen for one full minute for respiratory rate (normal rate 30-60). Observe for signs of respiratory distress. Listen for congested lungs both anteriorly and posteriorly; breath sounds should be clear and equal on both sides.
- **Head Circumference**: Head circumference will be measured in inches using a disposable paper tape measure. Observe for cephal hematoma and measure if noted.
- **Dermal icterus index**: Evaluate at each visit. Do bilirubin tests if indicated. Perform Transcutaneous Bili if equipment available & report to physician.
- **Cord**: Check for moistness, odor, redness, granuloma, bleeding. Usually falls off in 7-14 days or can take 3-4 weeks. Teach caregiver cord care. Observe that cord clamp is off.
- **Circumcision**: Inform parents to observe for blood spotting. Small amounts are not unusual. Use circumcision care as directed by physician. Inform parents that when ring falls off, the head of the penis will be red and swollen. Ring usually falls off at 7-10 days of age.
- **Breast feeding**: Evaluate number of feedings in 24 hours, quality of suck, audible swallow, and latch on effectiveness. Determine number of supplementary feedings, of what, how many ounces, and when offered. Advise according to procedure on feeding.
- **Bottle feeding**: Evaluate as in "breast feeding." Assess knowledge regarding sterilization of bottles, nipples, and formula preparation.
- **Elimination**: Document number of stools, color, amount, and consistency per 24 hours. Document number of voids per 24 hours. One stool and four voids per 24 hours are adequate.
- **Weight**: Weigh at the home visit and compare to discharge weight. Any weight loss of over 10% birth weight should be reported to the attending pediatrician.
- **Alertness, responsiveness, muscle tone** should be noted, assess Moro, Blink and Rooting reflexes, newborn activity, and movement extremities.

7. Inquire if pediatric appointment has been made. If appointment not made, instruct family to do so as directed by physician at discharge.

8. Review recommended childhood immunizations schedule with parents. Give parent/caregiver copy of American Academy of Pediatrics schedule.

9. Discuss signs of illness with parents and how to obtain help (ER, pediatrician/GP).
10. Report unusual findings to medical provider.
11. Assess caregiver knowledge/confidence with a newborn bath. Demonstrate sponge bath if necessary.

Specific to maternal assessment

12. Mother's examinations are to be completed on each home visit. Should the mother decline a physical exam, this should be documented.
 - **Temperature, pulse, and respirations:** If temperature is above 100.4F consult physician/CNM. Assess pulse rate and respirations. Cardiac irregular rhythms may be initially noted with careful taking of radial pulse. Assess lung fields and document.
 - **Blood pressure:** normal range is less than 120/80. If BP is evaluated recheck with patient in left side lying position. If patient has documented PIH/Magnesium Sulfate treatment, check reflexes and for signs of pitting edema.
 - **Breasts:** Check for softness to firmness, engorgement. Check for colostrum or milk. Check for tenderness, cracked or fissured nipples, lumps or hardened areas. Teach appropriate techniques to relieve any breast discomfort.
 - **Perineum:** Check episiotomy for dehiscence, swelling, pain, infection; advise accordingly. Check lochia for color, amount, and odor. Color: rubra x 1-3 days, serous x 3-10 days, alba after 10-18 days. Amount: if saturates pad in two hours (spots on the other side of pad after 12 hours postpartum) then bleeding too heavily; some clots are normal and may be associated with cramping; some breakthrough bright red bleeding is normal through a few weeks post-delivery if associated with increased activity or breastfeeding. Odor: resembles menses; foul odor may indicate infection. Check for presence of hemorrhoids and evaluate needs for medication and use of sitz bath, peri-care/hygiene.
 - **Fundus:** should be at the umbilicus or below on the day of delivery; progresses to four or five finger breadths below the umbilicus by seven days. If above the umbilicus or to the side it may indicate full bladder. Size of grapefruit initially, then progressively smaller.
 - **Bowel movements:** Should have a bowel movement by the third postpartum day.
 - **Voiding:** Check to see that mother is voiding regularly without retention. Evaluate for presence of burning or pain on urination, urgency, frequency, decreased tone, incontinence. Teach Kegel exercises as indicated.
 - **Activities of daily living:** discuss or teach appropriate activity levels for postpartum/C-section. Discuss importance of daily bath/shower Review importance of adequate rest in immediate postpartum period. Suggest ways to increase rest. Review changes in dietary needs for both breast-feeding and bottle-feeding.
 - Other aspects of a physical examination should be done depending upon signs or symptoms.
 - Request that the mother call the physician/CNM if any unusual findings.
 - Remind mother to make her own 4-6 week postpartum appointment with her obstetrician/CNM.
 - Review signs of illness with mother and how to obtain assistance.

REFERENCES:

1. American Academy of Pediatrics, The American College of Obstetricians and Gynecologists (2007) Guidelines for Perinatal Care (6th Edition), Elk Grove Village, IL, Washington DC
2. 2015 American Heart Association
3. Association of Women's Health, Obstetric, and Neonatal Nursing, Core Curriculum for Maternal-Newborn Nursing (2nd Edition), W.B. Saunders Company, Philadelphia.



**Newborn Home Visiting Program DRAFT Policies and Procedures:
Educational Component**

POLICY: The following is an outline of the education to address with infant care provider:

1. Safe Sleep
 - Back to sleep
 - Firm sleep surface
 - Keep soft objects, toys, and loose bedding out of babies sleeping area
 - Bumper pads should not be used in cribs
 - Avoid overheating
2. Choking Prevention and First Aid for Infants and Children
 - CPR community contact information provided
 - Choking prevention and first aid pamphlet provided
3. Illness Prevention
 - Vaccinations
 - Hand Hygiene
 - Respiratory Hygiene
 - Cleanliness of home environment
4. Water Safety
 - Designate a person to watch over children whenever they are in, on, or around any body of water (bathtub, pool, lakes, etc.)
 - Education provided on pool enclosure (fence), alarm system, locks, and chemicals
 - Swimming lessons at 6 mos. of age encouraged. Community contact information provided.
 - Safety checklist provided
5. Fire
 - Prevention of home fires
 - i. Smoking
 - ii. Cooking safety
 - Smoke alarms
 - Fire extinguisher
 - Fire escape plan, 911
 - Safety checklist provided
6. Auto
 - County car seat checkpoints provided
7. Community Contact Information provided

REFERENCES:

1. Florida Department of Health, *Coping With Crying* (2014)
2. American Academy of Pediatrics (2011)
3. American Red Cross: National Swimming Pool Foundation (2010)
4. American Red Cross: Disaster and Emergency Preparedness (2009)
5. U.S. Department of Health and Human Services Centers for Disease Control and Prevention
6. The Florida Department of Education, Office of Early Learning



NewboRN Home Visiting Program DRAFT Policies and Procedures: Follow Up

PURPOSE: To outline the criteria that warrant a referral for follow-up care with a physician, mental health professional or ongoing home visiting services.

POLICY: The NewboRN Home Visiting Program, identifies the following as criteria warranting follow-up care with a physician, mental health professional or ongoing home visiting services.

CRITERIA FOR MOTHER:

- Psychosocial
 - History of depression
 - Exhibits symptoms of postpartum depression
 - Identified lack of support systems
 - Perinatal loss
- Lactation support
 - Findings at home visit including
 - Engorgement
 - Mastitis
 - Milk production
 - Nipple breakdown, inversion, variation
- Incision/Wound
 - Staple removal as ordered by MD/CNM
- Blood pressure
 - Blood pressure check as ordered by MD/CNM

CRITERIA FOR BABY:

- Ineffective breastfeeding
 - Latch
 - Positioning
 - Frequency
 - Weight loss
- Jaundice
 - Findings at home visit including
 - Presence of jaundice
 - Elevated bilirubin based on lab result
 - Order for repeat assessment by MD/ARNP
- Weight Check
 - Ten percent or greater weight loss from birth weight
 - Less than 6 pounds
 - Continued weight loss
- Post NICU
- Late Preterm



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8013671181C-5	09/30/2016	09/30/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HEALTHY START OF NORTH CENTRAL
FLORIDA INC
1785 NW 80TH BLVD
GAINESVILLE FL 32606-9178

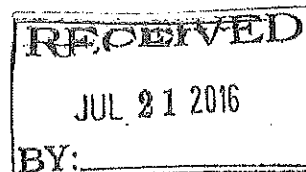
is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



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Agenda

**ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS**

**Jack Durrance Auditorium
Second Floor**

12 SE 1st Street

August 22, 2017 BoCC Regular Meeting 9:00AM

Agenda Item #5.

Agenda Item Name:

Children's Services Advisory Board (CSAB) Recommendation

Presenter:

Thomas Logan, 352-264-6700

Item Description:

CSAB Recommendation to award \$400,000.00 funding for the Healthy Baby Nurse Home Visit Program (HBNHVP).

Recommended Action:

Adopt the CSAB recommendation and award \$400,000.00 to Healthy Start of North Central Florida, Inc. for the Healthy Baby Nurse Home Visit Program (HBNHVP).

Prior Board Motions

On January 24, 2017, the CSAB Chair presented information on the Advisory Board recommended strategic initiatives to ensure every Alachua County child is ready for success in kindergarten. The three (3) initiatives include a Healthy Baby Nurse Home Visit Program, Developing Quality Early Learning and Care Programs, and addressing Healthy Social and Emotional Development and Family Support. The BoCC adopted a motion (5-0) to accept the overall plan and the three initiatives.

Fiscal Consideration:

Approve, budgeted for FY17 in the amount of \$1,250,000. Amount requested \$428,000
001.29.2910.569.82.00

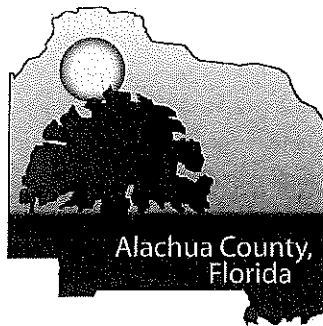
Background:

The Board of County Commissioners (BoCC) created the CSAB in part to make recommendations regarding funding, allocation and provision of funds for other agencies in the county, which are operated for the benefit of children and their families. Through many of its meetings since August 2016, the CSAB developed a scope of services for a Healthy Baby Nurse Home Visit Program. This type of program is considered "Medical Services" which is exempt from competitive procurement. The Advisory Board working with County Purchasing and Community Support Services staff developed a Sources Sought Solicitation and invited proposals to implement the desired program. Only one proposal was received from Healthy Start of North Central Florida, Inc.(Healthy Start)

As the lead agency, Healthy Start proposes to collaborate with UF Health Shands, North Florida Regional Medical Center and The Florida School of Traditional Midwifery to provide nurse home visits to new born Alachua County infants and their caregivers. As proposed, the total project budget is \$429,680.00 funded through a request for \$400,000.00 from Alachua County and the remaining \$29,680.00 funded through collaborative in-kind services.

ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS

REQUEST FOR APPLICATIONS
RFA #18-222 TRANSFORMATIVE PROFESSIONAL DEVELOPMENT FOR
EARLY CARE AND EDUCATION PROGRAM PROVIDERS (TPD)



MANDATORY PRE-APPLICATION MEETING

10:00 a.m., Thursday, November 16, 2017

Alachua County Health Department

Thomas Coward Auditorium

218 SE 24th Street

Gainesville, FL 32641

RFA Submittal Deadline:

5:00 P.M., Wednesday, December 13, 2017

LATE APPLICATIONS WILL NOT BE CONSIDERED

Applications received after the submittal deadline will not be considered.

Deliver Applications to:

Alachua County Procurement

Alachua County Administration Building

12 SE 1st Street, 3rd Floor

Gainesville, Florida 32601-6983

(352) 374-5202 (PHONE)

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1.0 **GENERAL PROVISIONS**

Organizations interested in submitting an application in response to this RFA are encouraged to read the RFA in its entirety.

1.1 **Purpose**

The Alachua County Board of County Commissioners (BoCC) is seeking applications from Qualified Organizations (hereinafter referred to as Organization(s)) for the provision of Transformative Professional Development for Early Care and Education Program Providers (TPD) for the benefit of the Community Support Services Department.

The BoCC created a Children's Services Advisory Board (CSAB) in August 2016. The BoCC also appropriated \$1.2 million to fund programs directed at early childhood development with an emphasis on children, prenatal to age 5, and their families. The overarching goal of the CSAB is to assure all children are ready to enter kindergarten. This ten-member board comprised of individuals with expertise in the area of early childhood development has been appointed by the BoCC to among other things, make funding recommendations for innovative programs designed to prepare children for kindergarten.

The TPD is an innovative initiative for early care and education providers serving children (birth to five years) and attending early care and education programs in Alachua County. Improving the accessibility and quality of early care and education programs (aka "child care" programs) was identified as a critical need in Alachua County in a recently conducted needs assessment. Further, according to a report released by the National Academy of Sciences in 2015 which focused on the early childhood workforce, there is a critical need for transformational approaches to professional development to ensure that early care and education providers have the competence and confidence to implement evidence-based interactional and instructional practices as intended to provide high quality early learning experiences. For this to occur, existing approaches to professional development must be transformed. A collaborative interagency model is needed to redesign service delivery, provide evidence-based professional development to early care and education providers, and ensure these providers are implementing evidence-based practices to enhance efficiency and advance the quality of early childhood care and education across Alachua County.

The purpose of this Request for Applications is to initiate a TPD for early care and education program providers to ensure:

- universal supports for this most critical phase of preparing young children for school and life success,
- targeted supports for those who need additional help, and
- place-based supports for those with greatest needs.

TPD includes both structural (e.g., where TPD is delivered) and process (e.g., how TPD is delivered) components. Place-based supports will be coupled with universal and targeted TPD activities disseminated to early care and education site(s) throughout Alachua County through existing systems (i.e., Early Learning Coalition of Alachua County). With respect to the place-based site(s), recommended practices in community impact suggest the early care and education model demonstration site(s) should, to the extent possible, be co-located and integrated with comprehensive family and health services (i.e., family education and support services, health services, and mental health services).

1.2 **MANDATORY Pre-Application Meeting**

A Mandatory Pre-Application Meeting will be held during which time potential applicants are provided with an overview of the program and instructions on completing the application. Only those organizations with a representative(s) at the Mandatory Pre-Application Meeting will be considered responsive. The Pre-Application Meeting will be held:

**10:00 a.m., Thursday, November 16, 2017
Alachua County Health Department
Thomas Coward Auditorium
224 SE 24th Street
Gainesville, FL 32641**

1.3 **Application Contents and Submission**

Applications should be submitted with all required information as contained in **Exhibit A**, including a Cover Page, Abstract/Executive Summary, Narrative, **Exhibit B** (Budget and Budget Narrative), **Exhibit C** (Alachua County Government Minimum Wage form), and letters of commitment from applicant-selected Key Collaborators (Section 2.1). Each applicant is responsible for the full and complete compliance with all laws, rules and regulations which may be applicable. All applications should be bound/stapled together on the left side.

Include **One (1) Original and one (1) Electronic Thumb Drive labeled with "18-222: Transformative Professional Development (TPD)." Each program proposal should be placed in a sealed box or envelope and labeled on the outside of the box or envelope:**

"18-222: Transformative Professional Development (TPD)".

It is the complete responsibility of the applicant agency to compile and package its proposals according to the instructions. The Division of Purchasing will NOT provide assistance in any manner, including making copies.

Applications must be received no later than 5:00 p.m., Wednesday, December 13, 2017 at:

**Alachua County Procurement
Alachua County Administration Building
12 SE 1st Street, 3rd Floor
Gainesville, Florida 32601
352-374-5202**

1.4 **Inquiries/Questions**

Inquiries and questions regarding any portion of the application or application process must be made in WRITING, via email to the Purchasing Agent. Verbal questions may only be asked at the **Mandatory Pre-Application Meeting**. All written questions must be submitted no later than 10 calendar days before the proposal due date. Any Applicant in doubt as to the true meaning of any part of the Request for Application (RFA) or related documents may submit a written inquiry/question to the Purchasing Agent. All written questions will be answered by the Purchasing Agent in written form as an addendum to this RFA. Written inquiries/questions must be submitted to:

Theodore White, Acting Purchasing Agent
Alachua County Procurement
12 SE 1st Street, 3rd Floor
Gainesville, Florida 32602-1467
E-Mail: twhite@alachuacounty.us

1.5 **Prohibited Communications During the RFA Process**

The RFA funding process is not over until final award decisions are made by the BoCC. To ensure fair consideration for all applicants, the County prohibits communication regarding the funding process, including the funding recommendations, to or with any department, employee, member of the RFA Evaluation Team, elected official, or any other person involved in the evaluation of or consideration of the applications, except as provided in Section 1.4. Communication includes both the verbal and written exchange of information.

Additionally, the County prohibits communications initiated by an Applicant to any department, employee, elected official, or anyone evaluating or considering the application prior to the time an award decision has been made. Applicants or applicant representatives may not communicate with RFA Advisory Board members or with any County Commissioner regarding this RFA or RFA process until after final funding awards are made by the BoCC. Violation of the communication restrictions can result in disqualification of the offending Applicant from consideration of the proposal and any future proposals.

The County's Division of Purchasing or representative may initiate communication with an Applicant in order to obtain information. Communications initiated by an Applicant to anyone other than the appropriate Purchasing Agent or representative may be grounds for disqualifying the offending Applicant from consideration of its submission and possibly any future application.

1.6 **Acceptance/Rejection of Applications**

Alachua County reserves the right to reject any application which may be considered irregular, show serious omission, unauthorized alteration of form, or unauthorized alternate applications. Alachua County reserves the right to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, or to accept applications or portions thereof which, in the County's judgment, best serve the interests of the County.

1.7 **RFA Protest Process**

*Only the RFA **process**, itself, up to the point of Advisory Board Funding Recommendations, may be protested. RFA Advisory Board Funding Recommendations are not released prior to the resolution of any protest, subsequently applied, if any, or the applicable protest/appeal deadline. The Funding Recommendations made by the RFA Advisory Board cannot be appealed. The final funding decision made by the Board of County Commissioners can also not be appealed. All decisions made by the Board of County Commission shall be finalized at a scheduled Special County Commission Board meeting, to be announced.*

Applicant complaints or grievances shall first be submitted in writing to the Purchasing Manager, Mr. Larry Sapp. ***The deadline for filing an appeal is January 10th 2018, by 11:59 p.m. (one minute before midnight).*** The Purchasing Manager will investigate the complaint and present the findings in writing to the applicant. If the funding applicant is dissatisfied with the Purchasing Manager's decision and desires to continue with the appeal, s/he may make an appeal in writing to the County Manager

within 5 (five) days of the Purchasing Manager's written finding. The scope of the appeal shall be limited to those issues raised in the applicants protest. The County Manager will render a written response to the funding applicant. All decisions by the County Manager shall be considered final, and no further appeal is allowed.

Failure of any funding applicant to submit and appeal within the time frames provided in this section shall constitute a waiver of such funding applicants' right to appeal.

All appeals must have had a final decision rendered, or formal withdrawal of the appeal, before the RFA Advisory Board funding recommendations can be released.

1.8 **Proprietary Information**

Responses to this RFA, upon receipt by the County, become public records subject to the provisions of Chapter 119 F.S., Florida Public Records Law.

2.0 **SCOPE OF SERVICES**

The services requested herein are for Transformative Professional Development (TPD).

2.1 **Involvement of Key Collaborators**

The involvement of the Early Learning Coalition of Alachua County (ELC), colleges and universities that prepare early childhood practitioners, an entity engaged in research focused on early childhood and early childhood professional development, and entities engaged in providing early childhood mental health and family support services is essential in this effort. We encourage applicants to seek out and secure the written commitment of these and, as appropriate, other individuals and organizations providing complementary activities that support professional development for early learning and care professionals.

2.2 **Essential Program Requirements**

The focus of the TPD is to design and implement an evidence-based professional development system, including a place-based model demonstration site(s) focused on the early childhood workforce in Alachua County that possesses the requisite knowledge, skills, and dispositions to support meaningful interactions and instruction in early care and education, including trauma responsive care, family engagement, and child abuse prevention.

2.3 **Evidenced-Based Practice**

A key component of the TPD will be the refinement and implementation of evidence based professional development as well as interactional and instructional practices, including practice-based coaching, embedded instruction for early learning, and social-emotional practices. TPD will develop, implement, and evaluate transformative professional development focused on evidence-based interactional and instructional practices in the classrooms and homes settings associated with the place-based model demonstration site(s). As practices have been further validated at the model demonstration site(s), the Early Learning Coalition of Alachua County will support professionals to put them in practice across early care and education programs throughout Alachua County. Over time, this transformative model for professional development will broadly impact services for children and families throughout Alachua County. The practices developed at the demonstration site(s) will be shared throughout the community with other early child care centers as described below.

2.4 **Model Demonstration Site(s)**

A critical component of the TPD is the development of a model demonstration site(s) where early care and education professionals from Alachua County can observe authentic implementation of evidence-based practices, identify characteristics of structural program quality and process program quality, and engage in job-embedded professional development opportunities. Structural program quality includes, for example, building and classroom layout, administrative policies, facilitative leadership, and data-based decision making. Process program quality includes, for example, interactional practices, instructional practices, and leadership practices.

The model demonstration site(s) must be located within the geographical boundaries of Alachua County. The model demonstration site(s) will include the structural and process characteristics deemed necessary for the implementation of a high quality early care and education program, as well as implementation of transformational professional development that will be disseminated.

Through the model demonstration site(s), it is expected that children and families will have access to comprehensive services that attend to their pre-academic, social, emotional, physical, family support, and health needs. These services will include, but will not be limited to, developmentally appropriate practices in a quality early care and education program, family education and support, health, and mental health services. Comprehensive services are designed to foster healthy development, maximize learning opportunities, close current service gaps, and reduce duplication of services. Through collaboration with existing place-based service providers, the personnel of the model demonstration site(s) will establish and document policies, practices, and systems that facilitate a coordinated referral, eligibility, and intake process that will be established with other community organizations and agencies. This model program will ensure that children and families get the support that they need to maximize optimal growth and development.

As professional development and operation systems are adapted and finalized at the demonstration site(s), the Early Learning Coalition of Alachua County will disseminate to other interested early care and education providers throughout the county for subsequent implementation. In this way, all knowledge and practices developed through the efforts of the model demonstration site(s) will be diffused throughout our community to impact all children and families.

2.5 Working with the Collaborators

The demonstration site(s) shall at a minimum meet regularly with key collaborators as described in Section 2.1 to review and discuss structural and process issues related to early learning and care with the goal of using this knowledge to improve the professional development of other community providers.

2.6 Others Interested in Replication

Demonstration site(s) are encouraged to allow others interested in replicating the model, to visit, observe, and request information on the site/s operation and overall progress.

2.7 Data Sharing

The CSAB and BoCC require assurance that data will be collected, analyzed and shared. Data sharing will occur between the Organization and other agencies, as appropriate, as well as with the CSAB and Alachua County staff. Organizations will propose how each would share data to measure outcomes, to coordinate services and to reduce duplication. Data that would assist the CSAB to ultimately measure how this initiative prepares children for kindergarten is of particular interest. It is the BoCC and CSAB intent to create a centralized data base for all providers to participate in entering data to measure outcomes.

2.8 Overall Impact on Health and Wellbeing of Alachua County Children and Families

The CSAB has adopted the Results Based Accountability Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Applicants are encouraged to understand and utilize the Results Based Accountability Framework in the development of the application, data sharing, performance measures, and project outcomes.

3.0 **RFA SELECTION PROCEDURES**

The Organization(s) selected to provide the services described herein will be selected from the qualified Organization(s) submitting responses to this request for applications. The selection process will be as follows:

3.1 **Staff Application Review**

All proposals received by the submittal due date and time will be evaluated by Purchasing and Community Support Services staff to verify the type of agency applicant and proposed location of the pilot demonstration site(s). Additionally, staff will verify that commitments have been made with Key Collaborators as outlined in section 2.1

3.2 **RFA Evaluation Team**

Members of the CSAB will comprise the RFA Evaluation Team and will review the written materials received and score all applications not removed from the process during the staff evaluation phase.

Exhibit D, the Qualification Evaluation form, will be used to record the scoring of each application. The scores of each evaluator will be totaled, the scores of all evaluators will be summed, and then the results will be divided by the number of evaluators to arrive at a final average score for each application.

Applications scoring 70 or more points will be considered for a funding recommendation. There are, however, no guarantees or commitment to make a funding recommendation for any or all applications submitted under this RFA.

3.3 **RFA Evaluation Team Discussions and Funding Recommendations**

The maximum funding range determined by the average score of each application serves as a starting point for the Evaluation Team discussions. Evaluation Team members each bring a unique perspective and insights based on areas of professional and personal expertise, education, training, and community involvement. The RFA Evaluation Team arrives at a final decision by majority vote on a motion made and supported by two (2) members of the team. All members present for the entire evaluation process are entitled to vote on the motion made. Any member who is absent from any portion of the evaluation process shall be required to abstain from voting on the motion. The RFA Evaluation Team recommendation is subject to review and change by the Board of County Commissioners. The Board of County Commissioners will make the final award of funding at a meeting following the completion of the scoring process. Regardless of a given proposal's score, there is no guarantee a funding recommendation or funding award will be made for any or all applications submitted.

Proposal Average Score	Funding Range
70 - 100	0% to 100%
Below 70	Not eligible

4.0 **GENERAL TERMS AND CONDITIONS**

The following are the general terms and conditions, supplemental to those stated elsewhere in the Request for Application, which applicants must comply with in order to be consistent with the requirements for this Request for Application. Any deviation from these or any other stated requirements should be listed as exceptions in a separate appendix of the application.

4.1 **Assignment of Personnel**

All personnel assigned to the organization will be subject to the approval of the County and no changes shall be allowed unless prior written approval is obtained.

4.2 **Basis for Contract Negotiation**

The proposal/application will serve as the basis for negotiating a contract.

4.3 **Insurance Requirements**

4.3.1 Awarded organizations (hereafter referred to as "Contractor") will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the County. The Contractor is solely responsible for the means, method, techniques, sequence, and procedures utilized by the Contractor in the full performance of the Contract Services. Neither Contractor nor any of its employees, officers, agents or any other individual directed to act on behalf of Contractor for any act related to the Contract Services shall represent, act, and purport to act, or be deemed to be the agent, representative, employee or servant of the County.

4.3.2 For Independent Contractors outside the construction industry with fewer than four employees choosing not to secure worker's compensation coverage under the Florida Worker's Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to worker's compensation benefits.

4.3.3 Policies and decisions of Contractor, which may be represented by Contractor in performance of the Contract, shall not be construed to be the policies or decision of the County.

4.4 **Term of the Contract**

The overarching goal of this program to ensure all Alachua County children are successful in kindergarten, and the time required to measure the outcomes of performance under this proposal, it is the intent of the Alachua County BoCC to execute contract(s) multi-year terms. Term length will be negotiated, including a provision for review to determine performance outcomes, and any subsequent renewal term. Additionally, during the term of the TPD, if a dependent or independent Children's Services Council exists, the contract will include a clause for an assignment of the TPD contract to the Children's Services Council.

4.5 **Governing Law**

The Contract shall be governed in accordance with the laws of the State of Florida. Sole and exclusive venue for all actions under the Contract shall be in Alachua County, Florida.

4.6 **Indemnification**

To the maximum extent permitted by Florida law, the Contractor shall defend, indemnify and hold harmless the County and its officers and employees from any and all liabilities, claims, damages,

penalties, demands, judgments, actions, proceedings, losses or costs, including, but not limited to, reasonable attorneys' fees and paralegals' fees, whether resulting from any claimed breach of this Agreement by the Contractor or from personal injury, property damage, direct or consequential damages, or economic loss, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the Contractor or anyone employed or utilized by the Contractor in the performance of this Agreement.

The duty to defend under this Article is independent and separate from the duty to indemnify, and the duty to defend exists regardless of any ultimate liability of the Contractor, the County and any indemnified party. The duty to defend arises immediately upon presentation of a claim by any party and written notice of such claim being provided to the Contractor. The Contractor's obligation to indemnify and defend under this Article will survive the expiration or earlier termination of this Agreement until it is determined by final judgment that an action against the County or an indemnified party for the matter indemnified hereunder is fully and finally barred by the applicable statute of limitations.

Nothing contained herein shall constitute a waiver by the County of sovereign immunity or the provisions of §768.28, Florida Statutes.

4.7 **Amendments**

The Contract may be amended by mutual written agreement of the parties and may be changed only by such written amendment.

4.8 **Independent Organization(s)**

In the performance of this agreement, the Organization(s) will be acting in the capacity of an independent Organization(s) and not as an agent, employee, partner, joint venture, or associate of the County. The Organization(s) shall be solely responsible for the means, method, technique, sequences, and procedures utilized by the Organization(s) in the full performance of the agreement.

COVER PAGE

Name of Agency:

Address:

Telephone:

Email:

Contract Signatory:

Title:

Signature:

Date:

AGENCY TYPE:

☐ Government

☐ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)

☐ Other, specify:

PROGRAM:

Contact Person Name:

Name of Program:

Address:

Telephone:

Email:

Amount Requested:

Abstract/Executive Summary

On a separate page, and **not included** in the 20-page limit, provide a summary abstract of the proposal suitable for publication, generally two to three paragraphs is sufficient.

Project Narrative (20 page limit not including the budget template and letters of commitment), 12 point font, single spaced, with minimum 1" margins. Describe in detail how you will meet each of the essential program requirements listed in Section 2, Scope of Services, and as outlined below.

1. Program approach to Essential Program Requirements / Key Collaborators (30 points)

- a. Describe in detail how the demonstration site(s) includes key structural and process characteristics to successfully implement the proposed program.
- b. Describe in detail the geographic location of the proposed demonstration site(s) including a summary description of the qualities of the site in relationship to Section 2.4 of the RFA, i.e., access to comprehensive services.
- c. Describe how children and families will access other services including but not limited to pre-academic, social, emotional, physical, family support, and health needs.
- d. Describe how the organization will facilitate the development of policies, practices, and systems to create a coordinated referral and service delivery system.
- e. Describe how your organization will work with the Early Learning Coalition of Alachua County to disseminate the lessons learned from the demonstration site.
- f. Describe in detail the transformational professional development approaches that will be used including how these are evidence-based.
- g. Identify the key collaborators and a brief description of the role for each, i.e., colleges, universities, research entity, ELC, early childhood mental health and family support services, as described in Section 2.1 Key Collaborators.
- h. Include copies of letters of commitment, memorandums of understanding, and any other documentation that describes the relationship, responsibilities, or commitment of each collaborator.

2. Resources/Organizational Capacity (10 points)

- a. Describe the personnel resources you have available to commit to the TPD initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational and experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.
- b. Describe other personnel available or needed to support the TPD which are not directly funded.
- c. Describe your organization's experience providing similar services.
- d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the TPD program.

- e. Describe the experience the organization and its personnel have that demonstrates the successful implementation of evidenced-based practice related to interactional and instructional practices including practice based coaching, embedded instruction, and social-emotional practices.

3. Marketing and Outreach/Community Education (10 points)

- a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education campaign.

4. Timeline (5 points)

- a. Briefly describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.

6. Outcomes to be Addressed and Measures Used (15 points)

- a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

7. Data Collection, Data Analysis, and Data Sharing (10 points)

- a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.
- b. Identify who will complete the data analysis, the frequency and type of analysis that will be completed. Explain the types of data reports that will be created.
- c. Propose how you will share outcome data with others, the CSAB, and County staff, to coordinate services and to reduce duplication.

8. Overall Impact on Health and Wellbeing of Alachua County Children and Families (10 points)

- a. The CSAB has adopted the Results Based Accountability Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.
- b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

9. Project Budget (10 points)

- a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e., personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.
- b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.
- c. Complete and attach a detailed line item budget using the Budget Template (Exhibit B) or a similar

document.

- d. Provide a completed Budget Template or alternative format providing all of the same information, including additional information as desired, on a separate page.

[illegible]

Operating Expenses	Monthly Cost	Annual Cost	Provide a general description of items purchased using funds provided
Supplies			Add rows as needed
Travel			
Equipment			Include start up equipment
Printing			
Training			Specify type of training, who will be attending length and duration, travel costs including mileage, per diem, etc.
Insurance			
Contractual			Identify the organization contracted with and a brief description of the planned scope of services
Other			
Total Operating Exepenses			
Total Project Expenses			

189

Project Revenues		Annual Total			
Amount Requested from the CSAB					
Other Funds					Describe any other funds leveraged or contributed to the project including in-kind
Total Project Revenues					

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE

THIS IS FOR INFORMATION PURPOSES ONLY

Alachua Board of County Commissioners has adopted the new County Government Minimum Wage ordinance.
Please provide the following information.

1. Are your employees paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents? ____ yes or ____ no
2. Are your employees paid a minimum wage of \$15.04 hourly without health insurance benefits related to programs assisting Alachua County residents? ____ yes or ____ no
3. If funding is received, will your employees be paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents?
4. If funding is received, will your employees be paid a minimum wage of \$15.04 hourly without benefits related to programs assisting Alachua County residents?

If funding is received and employees will not be paid a minimum wage of \$13.00 hourly plus health insurance benefits or \$15.04 hourly without benefits please explain:

FORM MUST BE ONE PAGE IF POSSIBLE

QUALIFICATIONS EVALUATION

PROJECT: Transforming Professional Development for Early Care and Education EVALUATOR: _____

FIRM NAME: _____ DATE: _____

TECHNICAL QUALIFICATIONS	POINT VALUE	POINTS AWARDED	STRENGTHS/OPPORTUNITIES
• Approach to achieve Essential Program Requirements • Demonstration Site • Collaboration/Partnerships	30		
• Resources/Organizational Capacity	10		
• Marketing and Outreach/Community Education	10		
• Proposed Timeline	5		
• Outcomes to be Addressed and Measures to be Used	15		
• Data Collection, Data Analysis and Data Sharing	10		
• Overall Impact on Health and Wellbeing of Alachua County Children & Families including kindergarten readiness	10		
• Proposed Budget	10		
Total Points Possible/Awarded	100		

**Application for 18-222 Transformative
Professional Development (TDP)**

CHILD Center Model Demonstration Center

COVER PAGE

Name of Agency: Children's Health, Imagination, Learning and Development (CHILD) Center

Physical Address:

The CHILD Center
820 SW 62nd Terrace
Gainesville, FL 32607

Mailing Address (until construction is complete):

The CHILD Center c/o Dorothy Thomas
3810 SW 106th Street
Gainesville, FL 32608

Telephone: 917-797-6738

Email: dorothy.acee.thomas@gmail.com

Contract Signatory: Dorothy Thomas

Title: Chair, CHILD Center Board of Directors

Signature: Dorothy Thomas (actual signature on paper copy)

Date: 12/13/17



Agency Type:

- ☐ Government
- ☒ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)
- ☐ Other, specify:

PROGRAM:

Contact Person Name: Dorothy Thomas

Name of Program: CHILD Center Model Demonstration Center

Address: 3810 SW 106th Street; Gainesville, FL 32608

Telephone: 917-797-6738

Email: dorothy.acee.thomas@gmail.com

Amount Requested: \$439,228



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 08-14-2017

Employer Identification Number:
82-2467476

Form: SS-4

Number of this notice: CP 575 E

CHILDRENS HEALTH IMAGINATION
LEARNING DEVELOPMENT CTR FOR E LEA
% DOROTHY THOMAS
5931 NW 1ST PLACE C/O J VANDUZER
GAINESVILLE, FL 32607

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2467476. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

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- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

CP 575 E (Rev. 7-2007)

CP 575 E

999999999999

DATE OF THIS NOTICE: 08-14-2017
EMPLOYER IDENTIFICATION NUMBER: 82-2467476
FORM: SS-4 NOBOD

CHILDRENS HEALTH IMAGINATION
LEARNING DEVELOPMENT CTR FOR E LEA
% DOROTHY THOMAS
5931 NW 1ST PLACE C/O J VANDUZER
GAINESVILLE, FL 32607

CHILD Center Model Demonstration Center

Exhibit A

Abstract/Executive Summary

An innovative partnership among leading researchers (UF Anita Zucker Center), early care and education service providers (O2B Kids), the Early Learning Coalition of Alachua County, and committed community members (SWAG) has resulted in the development of the Transformational Professional Development System for Early Care and Education Providers in Alachua County (TPD). Housed in the Children's Health, Imagination, Learning and Development (CHILD) Center in the SWAG neighborhood, this innovative program will serve as a model demonstration program providing direct education services to children and families who are vulnerable living in the SWAG area. In addition, through strategic partnership with the Early Learning Coalition of Alachua County, this TPD will disseminate lessons learned throughout Alachua County with the implementation of the Anita Zucker Center model for Practice Based Coaching.

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education
Program Providers

**Application to Support Transformative Professional Development for Early Care and Education
Program Providers through the Children's Health, Imagination, Learning & Development Center in
partnership with the Early Learning Coalition of Alachua County**

1. Program approach to Essential Program Requirements / Key Collaborators (20 pts)

Decades of research investigating early childhood care and education provide clear evidence that high quality early experiences set children on a positive developmental trajectory. Children with access to reliable healthcare, who live in families who are engaged in the workforce, and who receive high quality early care and education have better early school experiences and ultimately experience better life outcomes than children who do not. Unfortunately, most children in the SWAG neighborhoods do not have access to quality early learning that would prepare them for success in Kindergarten. In addition, many early care providers in the county do not receive the necessary training and skills to create and deliver a high quality early care and education environment. As a result, the early care and education experienced by many young children in Alachua County and beyond is not sufficient to help them overcome many of the challenges they face during their early years and beyond. In order for young children to prosper, they need to receive high quality early learning experiences and supports, and their families need to learn how to best support their child's growth and development. The CHILD Center will address these needs by serving as a model and demonstration "hub" where children, families, and early care providers can learn and grow together and transformative approaches to professional development for early care and education providers will be developed, implemented, evaluated, and disseminated throughout Alachua county.

The CHILD Center, located at 820 SW 62nd Terrace, Gainesville FL 32607, is in close physical proximity to the SWAG Family Resource Center and the SW Health Clinic. The CHILD Center location was selected specifically to leverage the existing services and supports that have been facilitated by a network of partners, including the county, Partnership for Strong Families, and the Alachua County Health Department, to strengthen children and families who are vulnerable. The establishment of the CHILD Center in this area of Alachua County will result in an innovative model to offer comprehensive services that address the needs of young children and their families. When these needs are addressed through place-based, integrated, and comprehensive services and supports, children's readiness for Kindergarten increases, putting them on a positive trajectory for lifelong success.

Strategic Location to support access to comprehensive services for children and families

The SWAG Family Resource Center and the SW Health Clinic currently operating in the SWAG neighborhoods comprise two-thirds of the critical services necessary to support families in their efforts to achieve self-sufficiency and ultimately support a more prosperous economy in Alachua County. The remaining one-third of crucial services to support these families will take the form of the CHILD Center. The vision for the CHILD center is to be a new facility designed as a model and demonstration center where children receive high quality early care and education; teachers, researchers and policymakers will design, implement, evaluate, and disseminate recommended practices in early childhood care and education, professional development, and innovative models for translating research findings to practice. This vision will be actualized through partnership with the CHILD Center, O2B Kids, and the Anita Zucker Center for Excellence in Early Childhood Studies. The CHILD Center will serve Alachua County and surrounding areas as a sustainable model and demonstration center delivering high quality

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

early care and education services to children (birth-five years old) and their families living in the SWAG neighborhoods. In addition, a core feature of the CHILD Center will be to provide valuable community resources for all of Alachua County's early care and education programs and providers by offering transformative professional development services, supports and technical assistance.

Services

High Quality Early Care and Education- Structural and Procedural Elements of Quality

A primary purpose of the CHILD Center is to provide high quality and evidence-based early care and education services to children and their families from the SWAG communities. Resulting from access to these services and supports, children will develop the strong foundation they need to be successful at Kindergarten entry, and their families will have had access to the necessary child care and family education programs to secure and maintain employment while also developing the knowledge, skills, and confidence to effectively support and advocate for their children as they matriculate through the Alachua County public school system. High quality, developmentally beneficial, early childhood learning experiences are often characterized as such based on both structural and process features of the program services. Structural features, such as low student to teacher ratios, qualified teaching personnel, and well provisioned learning environments, set the stage for process features of quality learning experiences that are seen in meaningful interactions between children and among teachers in the classroom.

Structural features of Quality at the CHILD Center:

The physical layout of the CHILD Center has been designed specifically to support high quality services and low student to teacher ratios in all age groups, Table 1 shows the student to teacher ratio for each age group.

Table 1: Student to Teacher Ratios

Age Group	CHILD Center Student: Teacher Ratio	State DCF Student: Teacher Ratio
Infant (6 Weeks-12 Months)	4:1	4:1
Toddler	6:1	6:1
Two	8:1	11:1
3-5-Year-Old Pre-K Classes	9:1	15-20:1

To support the Kindergarten readiness goals of the children who will be attending the CHILD Center, teachers will implement a curriculum endorsed by the Florida Office of Early Learning (FL OEL) that aligns with the FL Early Learning Standards and teachers will be taught how to monitor individual child developmental progress and use these data to inform interactions and instruction using FL OEL approved child assessments.

Well qualified teaching personnel will be recruited from the SWAG community, as well as throughout Alachua County. Once hired, all personnel will participate in initial training and orientation that will include instruction in evidence-based teaching practices that support child development and Kindergarten readiness, addressing the needs of vulnerable populations, and trauma responsive care. The CHILD Center initial training protocol will build on existing training developed by O2B Kids, and will

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

be augmented by evidence-based training developed by faculty and research scientists at the UF Anita Zucker Center for Excellence in Early Childhood Studies. A significant innovation of the professional development implemented at the CHILD Center will include the implementation of the Anita Zucker Center Practice-Based Coaching Model, an evidence-based professional development strategy that was developed at the Anita Zucker Center and is currently implemented in several federally sponsored research programs as well as state funded professional development initiatives (e.g., Snyder, Hemmeter, & Fox, 2015).

In order to set the stage for high quality early care and education services, the CHILD Center is actively collaborating with O2B Kids, a nationally accredited early care and education provider that has a long history of providing innovative services and has a well-established positive reputation in Alachua County.

Family Education and Supports

Guided by the understanding that truly high quality early care and educational programming attends to the needs of families as well as the immediate early learning and development needs of children, the CHILD Center will offer several different types of family education opportunities. Family learning opportunities will include informal learning through volunteering in children's classrooms, informal family support groups where families will come together to discuss effective parenting strategies, and parent/child engagement sessions to encourage the 'serve and return' interactions supportive of healthy brain development. These sessions will be facilitated by local experts in early development drawn from Alachua County and the University of Florida. Guest facilitators will include faculty from the UF Anita Zucker Center for Excellence in Early Childhood Studies, Pediatricians/Pediatric residents from UF Health, RNs from the Newborn Home Visiting Program, and Counselors from Meridian Behavioral Health. The family education and support program will be manualized so it can be replicated through professional development activities supported through the Early Learning Coalition. These activities will ultimately result in families that have the confidence and competence to effectively support the longitudinal success of their children and the acknowledgement that families are their children's first and most influential life support.

Epicenter of Transformational Model for Professional Development

A major function of a true model and demonstration site is to support knowledge dissemination and diffusion of practices that are evidence-based and practically applied in the field of Early Care and Education. To fulfill this function, the CHILD Center has established a collaborative partnership with the Early Learning Coalition of Alachua County with the expressed purpose of disseminating lessons learned throughout Alachua County through the systematic implementation of transformative professional development that includes Practice-Based Coaching. A Lead Implementation Coach, will implement Practice-Based Coaching on-site at the CHILD Center, and will serve as a liaison to the Early Learning Coalition of Alachua County to facilitate implementation throughout their county-wide professional development system. When implemented with integrity, Practice-Based coaching will be an innovative and transformational approach to professional development that has a longstanding base of empirical support (Snyder et al., 2015). Once trained to implement Practice-Based Coaching with fidelity, the Early Learning Coalition Coaches will work with 5 existing child care providers in Alachua County to establish satellite demonstration sites. These select demonstration sites will be identified through a readiness assessment, which will include a review of process and structural quality

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as identified by commonly administered early care and education program measures (e.g. Early Childhood Environment Rating Scale (Harms, Clifford, & Cryer, 2005), Infant/Toddler Environment Rating Scale (Harms, Cryer, & Clifford, 2006), Classroom Assessment Scoring System (Pianta, LaParo, & Hamre, 2008), and/or the Teaching Pyramid Observation Tool (Hemmeter, Fox, & Snyder, 2014), careful examination of licensing compliance histories, and consideration of geographic location to increase accessibility throughout Alachua County.

The practice-based coaching model proposed in this application was created by Dr. Patricia Snyder at the Anita Zucker Center and her colleagues. Practice-based coaching is increasingly being used in the early childhood field within the state of Florida and across the nation. Based on the foundation of developing a collaborative professional relationship leading to a strong working alliance between the coach and teacher, practice-based coaching utilizes the natural routines and activities occurring within a classroom to help teachers master newly acquired teaching skills and to link those skills directly to positive child outcomes. Practice-based coaching encourages teachers' active engagement and participation in the coaching process, which occurs through a cyclical process that includes three key components: (1) assessment of practice strengths and needs following by *goal setting and action planning*, (2) *focused observation*, and (3) *reflection and performance feedback* (see Figure 1). During *goal setting and action planning*, coaches guide teachers to develop an understanding of how to use specific evidence-based practices. Teachers and coaches work collaboratively to create goals for the teacher's use of specific practices based on the teacher's strengths and need and the strengths and needs of children in the classroom. Coaches guide and support teachers through the process of action planning, which is followed by *focused observation* of teachers' use of the practices during planned classroom observations. The data collected during the focused observation are shared with the teacher as part of the final component of practice-based coaching when teachers and coaches collectively *reflect* on the teachers' use of strategies and observed teacher and child outcomes related to the specified goal and teachers receive supportive and constructive feedback about their practice implementation. This process is repeated on a regular basis. Over time, teachers increase their effective use of evidence-based practices in their classrooms, which results in positive outcomes for teachers and children.

Figure 1: Practice-Based Coaching

(Snyder, Hemmeter, & Fox, 2015)

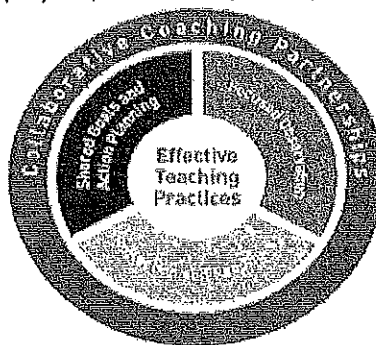


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Studies using practice-based coaching have found positive outcomes for teachers (e.g., greater use of effective practices, improved teacher self-efficacy) and children (e.g., increased engagement and fewer problem behaviors (e.g., Conroy, Snyder et al., 2015; Hemmeter, Snyder, et al., 2016; Snyder et al., in press; Sutherland, Conroy, et al., 2015; Winton, Snyder, & Goffin, 2016). With the growing evidence of the positive effects of coaching, it becomes important to increase access to professional development models that include coaching in early childhood programs. In sum, coaching is a key “driver” for closing the gap between research and early childhood practice and for supporting sustainable implementation of evidence-based practices in early childhood classrooms and programs (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Metz & Bartley, 2012). Teachers often lack the knowledge and skills to successfully address the needs of children in their programs. As a field, we must increase the accessibility, compatibility, usability, and scalability of high quality professional development, including coaching, to increase early childhood teachers’ use of effective practices to address the needs of young children in their classrooms.

In addition to supporting the implementation of PBC at the CHILD Center, experts from the UF Anita Zucker Center for Excellence in Early Childhood Studies will offer interactive professional development workshops that introduce early childhood teachers throughout Alachua County to evidence based practices implemented at the CHILD Center. These workshops will contribute to the Alachua County Early Care and Education workforce by 1) helping teachers meet their annual training requirements and 2) increasing knowledge and skill in implementing cutting-edge evidence based practices that are linked to positive child and family outcomes. With the understanding that episodic training events often times do not result in meaningful changes in teachers’ behavior, active coordination and collaboration with the Early Learning Coalition of Alachua County will be necessary to plan for and provide cohesive workshop series and follow-up implementation supports to teachers and program administrators using innovative and evidence-based PD approaches such as practice-based coaching.

As innovation leaders, the CHILD Center and Anita Zucker Center will partner with early childhood faculty in colleges and universities located in Alachua county to explore the establishment of an Early Care and Education Teacher Apprenticeship program that will provide on-the-job training and professional development to aspiring teachers. This apprenticeship program will not only provide a new model for workforce development in a field mired by low-wages that has not historically rewarded individuals for attaining college degrees, but will also support job growth among SWAG community residents by prioritizing our selection of apprenticeship applicants from this area.

Child Care Administrator Mentorship

A goal of the CHILD center, that is critical to the field, will be to establish a *sustainable* Early Care and Education program that provides high quality early care and education services that are *accessible* and *affordable*. To attain this goal, the CHILD center leadership team has worked to identify and layer local, state (School Readiness Vouchers, Florida Voluntary Pre-K) and federal (Head Start) funding sources. Once this program is up and running, the CHILD center will host *Child Care Administrator Lunch and Learn* sessions to share effective strategies and lessons learned throughout the development process. The primary focus of that vast majority of in-service learning opportunities available to Early Care and Education providers target the needs to direct service providers (teachers) in an effort to directly influence and improve the experiences of young children in classrooms. While

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this is an important component of meaningful services, child care administrators (directors) are often times left out. Child care administrators are not provided the professional development support necessary to support systematic program change and operating procedures that are necessary to support sustainability. Through the development of a Child Care Administrator Mentorship and Training Academy, the CHILD center will actively work to cultivate the necessary leadership skills (e.g. effective supervision, coaching, fiscal planning, operations management) among the "Gatekeepers of Quality" within Early Care and Education Programs in Alachua County and beyond.

Community Outreach and Early Care and Education Collaboration Hub

In addition to providing the aforementioned direct services to the children, families and teachers in the SWAG neighborhoods the physical site of the CHILD Center will be open for use to support Alachua County and surrounding areas. The CHILD Center will offer a unique learning and collaboration space available to community members interested in learning from the practices of the CHILD Center, observing evidence-based early learning experiences in-action, or for convening stakeholder meetings to discuss ongoing community engagement and early care and education system improvement. For example, the CHILD Center could host college courses endeavoring to prepare an Early Care and Education workforce, interdisciplinary courses convening students from diverse academic disciplines (Health, Social Work Education) to learn about the importance of interagency, multi-sector collaboration to support healthy growth and development of young children and their families.

2. Resources/Organizational Capacity (10 pts)

CHILD Center Board of Directors:

The Board of Directors of the CHILD Center is constituted by diverse and experienced members of the SWAG area and the greater Gainesville community. Each member of the Board of Directors brings unique expertise and viewpoint that collectively result in a well-rounded and immeasurably knowledgeable organization poised to truly make a difference in the lives of young children. To efficiently demonstrate the overall organizational capacity of the CHILD Center, the name, affiliation/title, and contribution to the board are shown in table 2.

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Table 2: CHILD Center Board of Directors

Name	Affiliation/ Title	Board Contribution
Dorothy Thomas	Chair, SWAG Board Member, Community Advocate and Volunteer	Longstanding relationship with SWAG and SWAG residents, as well as local partners, including BoCC, School Board, Chamber of Commerce, businesses and donors, service providers, educators, etc. Initial visionary team of the CHILD Center.
Joan Canton	Vice Chair, SWAG Resident, Founding SWAG Board Member, Community Advocate and Volunteer	Member of the SWAG community with personal and firsthand knowledge of the needs of the community. Longstanding community leader and advocate. Initiator of creation of Preservation and Enhancement District. Initial visionary team of the CHILD Center.
Herman Knopf	Secretary, UF Anita Zucker Center for Excellence in Early Childhood Studies, Research Scientist	Professional experience in both providing early learning services, and research scientist for developing most effective early education techniques. Lead connection between CHILD Center and Zucker Center. Initial visionary team of the CHILD Center.
John VanDuzer	Treasurer, CPA, Partner at James Moore	Financial and non-profit expertise. Commitment to children's issues.
Kelly Banks	Community Advocate and Volunteer; Nurse on Call	Longtime volunteer. Commitment to issues impacting children and multiple connections to business community and nonprofit ventures.
Dorothy Benson	SWAG Chair and Founding SWAG Board Member, Community Advocate and Volunteer	Longstanding relationship with SWAG and SWAG residents, as well as local partners, including BoCC, School Board, Chamber of Commerce, businesses and donors, service providers, educators, etc. Initial visionary team of the CHILD Center.
Betty Campbell	SWAG Resident, Longtime SWAG Board Member, Community Advocate	Member of the SWAG community with personal and firsthand knowledge of the needs of the community.
Jane Doig	Community Advocate and Volunteer	Longtime volunteer at SWAG Family Resource Center. Commitment to issues impacting children.

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Name	Affiliation/ Title	Board Contribution
Marcia Eubank	Community Advocate and Volunteer	Former teacher, current volunteer with young children in public schools served by SWAG, longtime volunteer and advocate for children's issues.
Paula Fussell	Former VP for HR at UF, SWAG Board Member, Community Advocate and Volunteer	Longstanding relationship with UF. Guardian Ad Litem for families within the SWAG area. Longstanding relationship with SWAG and SWAG residents. Initial visionary team of the CHILD Center.
Chris Machen	Former First Lady of UF, Community Advocate and Volunteer	Longstanding relationship with UF. Longtime community advocate and champion of various non-profits.
Phyllis McKnight	Head Start	Decades of Head Start experience, teaching experience and experience working with low income populations.

O2B Kids

In addition to the Board of Directors, the CHILD Center has partnered with O2B Kids, recently awarded the 2017 "Best of the Best" Preschool in Gainesville by The Gainesville Sun's people's choice awards, to support staffing and managerial oversight of the day-to-day operations of the children's program. O2B Kids opened its first location in Gainesville in 1998 and has been offering preschool, afterschool and enrichment classes to children in Florida for the past 19 years. They currently have eight locations in Florida, with a total licensed capacity of 2,258 children.

All five O2B Kids locations in Alachua County are accredited by the National Accreditation Commission for Early Care and Education Programs (NAC). Accreditation with NAC began in 2007. O2B Kids has also been accredited by the Council on Accreditation (COA), the National Early Childhood Program Accreditation (NECPA), and APPLE - the Accredited Professional Preschool Learning Environment.

O2B Kids has developed its own curriculum, and since 2014 the O2B Kids curriculum has been identified by the Office of Early Learning as an approved curriculum that meets School Readiness Program performance standards in Florida. This curriculum is being transformed into an on-line format, www.funnydaffer.com, which is currently used by early childhood professionals in 23 states.

All O2B Kids locations are Florida Voluntary Pre-Kindergarten (VPK) providers, currently serving 420 VPK students (274 in Alachua County). VPK has been offered at O2B Kids every year since the program's inception in 2005. In addition, all O2B Kids locations contract with the Early Learning Coalition as School Readiness Providers serving 264 throughout Florida, 204 in Alachua

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County. All five O2B Kids locations in Alachua County also participate in the Child Care Food Program, which is administered by the Bureau of Child Care Food Programs and funded by the US Department of Agriculture, Food and Nutrition Services. As a provider actively participating in each of the state/county administered programs in addition to the USDA Child Care Food Program, O2B Kids has the knowledge and expertise to ensure that the CHILD Center children's program is compliant with all relevant regulations and performance standards.

UF Anita Zucker Center for Excellence in Early Childhood Studies:

The Anita Zucker Center for Excellence in Early Childhood Studies is an interdisciplinary center at the University of Florida. Anita Zucker Center's work is dedicated to advancing knowledge, policy and practices in early childhood studies. *Early childhood studies* is an interdisciplinary field, focused on young children birth to age 5, their families, and the contexts that support their health, development, learning and well-being.

To accomplish its mission, the Center partners with and draws upon the expertise of faculty from colleges throughout UF. Anita Zucker Center's research and practice collaborators, also dedicated to addressing the needs of children who are vulnerable and their families, are from the Colleges of Education, Medicine, Public Health, Law, Liberal Arts and Sciences (Psychology) and Health Professions as well as other institutes or centers (e.g., Institute for Child Health Policy). The Anita Zucker Center is also represented by faculty and administrators from Baby Gator Child Development and Research Center. Anita Zucker Center members engage with local, state, national and global partners to address the needs of vulnerable children, their families, and their communities. Forging a commitment among diverse stakeholders, the Center is implementing and sharing knowledge gained from research through practical applications in real-world settings to spur change through improved practices and policies to create impactful trajectories that transform children, families, and communities. Faculty, research scientists, post-doctoral fellows, students, affiliated faculty and scholars, and local, state and national partners participate in a range of interdisciplinary center activities related to early childhood studies.

Research Conducted at the Anita Zucker Center

From leading investigations to training future researchers and practitioners, research at the Anita Zucker Center is focused on identifying and supporting the implementation and scale-up of evidence-based practices. Its university-wide, interdisciplinary approach considers the whole child from birth to age five in the context of their families and communities. Building upon established practices, Center faculty create and refine applied tools and strategies to support children, families and practitioners who work in early childhood settings.

Anita Zucker Center's funded research projects are investigations that fall under the following major research themes (for additional information visit <https://ceecs.education.ufl.edu>)

- **Policy Development and Analysis:** Center faculty create, validate and share knowledge that informs policy. They serve in leadership and advisory roles on federal, state and community boards, and organizations dedicated to early childhood

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development and learning. Many faculty members examine the effects of policies to discover what is working and under which conditions.

- **Promotion, Prevention, and Intervention Practices:** Center faculty design, implement and evaluate innovative, science-based practices for improving early childhood development and learning and supporting practitioners and families to implement these practices in authentic settings. With families and practitioners through the center's partnership with Baby Gator Child Development and Research Center, and the CHILD Center, and other early education and care partners we take on real-world challenges with cycles of knowledge, implementation, and feedback that impacts children and families in communities in Florida, across the nation, and beyond.
- **Learning Sciences and Neuroscience:** Through transdisciplinary work that is collaborative and multifaceted, center faculty are building approaches to applying research in the learning sciences to advance practice, design evidenced-informed tools and equip families and caregivers with solutions that leverage every child's motivations to learn and grow in everyday activities and routines.
- **Professional Development:** Researchers at the Anita Zucker Center have been studying professional development for more than 25 years to develop evidence-based strategies for preparing teachers and caregivers. Practice-based coaching developed at the Anita Zucker Center has shown great promise in a series of studies conducted in partnerships across the United States.

The research of the Anita Zucker Center is not conducted in laboratories, it happens in homes and community-based settings with families, practitioners, and young children.

In support of the CHILD Center's mission to become a model and demonstration site for Early Care and Learning in Alachua County, the Anita Zucker Center will provide pro-bono advisement and on-going technical assistance services to all personnel at the CHILD Center, and will consult with the Early Learning Coalition of Alachua County to build capacity in delivering Practice-Based Coaching with integrity to child care providers throughout the county. In addition to direct services in support of high quality children and family service provision, Research Scientists will guide the processes for data collection and analysis that will serve as the foundation of the program accountability and impact evaluation.

Supporting Agencies & Organizations

Collaboration and integration of available resources and services is a hallmark of the innovative approach of the Children's Services Advisory Board to the Alachua County Board of County Commissioners to support the Health and Wellbeing of children Birth-5 in Alachua county. Aligned with the aim of transforming our available infrastructure to minimize redundancy and maximize impact, the development and implementation of Transformative Professional Development for Early Care and Education Providers the CHILD Center has assembled an impressive group of partnering organizations and programs. Exhibit D includes established contracts and letters of support that provide evidence of the partnerships and commitments to collaborate.

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Organization	Support Provided
Anita Zucker Center for Excellence in Early Childhood Studies	Lead systems design and professional development to support implementation of the Anita Zucker Center Practice Based Coaching model, advise in the implementation of recommended teaching practices, guide the process of program accountability and evaluation.
O2B Kids	Operate the early education component of the CHILD Center, and brings years of experience in providing quality early childhood education and care programs to young children
Early Learning Coalition of Alachua County	Collaborative partner that will work with the CHILD Center and AZC to ensure that adequate resources are available to establish satellite demonstration early care and learning programs, and will be critical in disseminating recommended practices to early learning sites that receive school readiness vouchers; support in accessing school readiness funding
Head Start / Early Learning Development and the Parent Academy	Expertise and experience in the provision of early education and care to low-income pre-school children; support in accessing federal school readiness funding; collaboration and cooperation in disseminating recommended practices in early education and care
Meridian	Provide mental health services and other wrap around programming for families attending the CHILD Center; provide training on mental health and trauma informed responsiveness to practitioners in the CHILD Center, and those receiving professional development training
Partnership for Strong Families	Provide additional supports to families attending the CHILD Center, including resources designed to increase families' stability and resiliency, and to aid in the prevention of child abuse; the supports will be provided at the SWAG Family Resource Center, just three lots down from the CHILD Center
Healthy Start of North Central Florida	Provide home visiting services to families to achieve healthy pregnancies, positive birth outcomes, access to quality parent education and other supports and services they may need to be successful parents
Florida Department of Health, Alachua County	Provide additional supports through the SW Health Clinic to families attending the CHILD Center, including health, dental and WIC services, all offered in the SW Health Clinic approximately five lots down from the CHILD Center
Child Advocacy Center	Provide trauma responsive training and resources to assist early childhood practitioners meet the needs of children and families that have suffered traumatic events

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Personnel

The personnel table below shows the position title, necessary expertise, and managerial authority for all personnel who will be working to support CHILd Center programming and the transformative professional development activities.

Table 3: CHILd Center Personnel

Position Title	Job Description	Necessary Expertise	Managerial Authority
Lead Implementation Coach	- Facilitate implementation of PBC at the CHILd Center and within the ELC of Alachua County - Coordinate outreach with partnering organizations. - Spearhead the development of the Alachua County Early Childhood Teacher Apprenticeship Program - Monitor and support ELC coaches throughout Alachua County	- Graduate degree in Early Childhood Education or related field - Classroom Teaching Experience - Program administration expertise - Training and experience implementing PBC	CHILd Center Board of Directors/Anita Zucker Center Faculty
Program Director	- Monitor and support implementation of Early Childhood Curriculum by CHILd Center teachers - Establish and maintain positive rapport with family members and SWAG community - Manage the day-to-day operations of the Children's program	- Degree in Early Childhood Education or related field - FL Child Care Director's Credential - Experience administering a program for Early Care and Learning	O2B Kids
Classroom Teacher	- Ask meaningful questions - Prepare interesting Activities - Respond to individual needs - Maintain clear expectations	- ECE Credential - Prior teaching experience - Effective communication capabilities	O2B Kids
O2B Kids BUZZ Central	- Human Resource services - Accounting Services - Payroll for Director and Teachers	- Knowledge of applicable regulations and employment law - Fiscal management practices	CHILd Center Board of Directors

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Regulations, Licenses & Accreditation

Child Care (early care and education) operated within the state of Florida is a heavily regulated industry, with oversight provided by several different state and county agencies. The CHILD Center, as any other early care and education provider, will need to first acquire a child care license that is issued by the FL Department of Children and Families. This agency is charged mainly with the protection of children's health and safety and conducts quarterly observational monitoring visits to ensure that the county and state child care licensing regulations are met (minimum teacher: student ratio, personnel background check, safe and sanitary facilities, etc.).

Additionally, because the CHILD Center is intent on offering services to children and families who are vulnerable, the CHILD Center will contract with the Early Learning Coalition of Alachua county to enable parents eligible for child care vouchers to attend the CHILD center. While the contractual relationship with the ELC will provide access to meaningful services, the contract stipulates standards of performance that must be adhered to, such as enhanced teacher professional development, implementation of an FL OEL approved curriculum, developmental screening to identify young children at-risk for developmental delay, and parent engagement practices.

An additional layer of oversight/regulation comes with the provision of VPK services sponsored by the state of Florida Office of Early Learning and implemented by the Early Learning Coalition of Alachua County. Programs agreeing to participate in offering these services receive state reimbursement for early care and education services provided to enrolled 4-year-old children, provided that the curriculum addresses state Early Learning Standards, they employ teachers meeting educational requirements, and they agree to child performance information to be used to publicize program impact in supporting Kindergarten readiness.

While not required, the CHILD Center will seek national early childhood program accreditation from a nationally recognized organization, such as the National Association for the Education of Young Children (NAEYC). Attaining national recognitions resulting from a rigorous external review of program practices and policies will contribute to the credibility of the CHILD Center as a model demonstration program.

3. Marketing and Outreach/Community Education (10 pts)

One of the unique characteristics of the CHILD Center is the relationship it has with the community it will serve. The SWAG Family Resource Center, the SW Health Clinic, and now the CHILD Center, have all been the result of true grassroots efforts, spearheaded by members of the SWAG community. The longstanding relationships that have been formed between the leadership of SWAG and the CHILD Center, and the residents in the area, fosters both trust and an informal networking system that will allow the CHILD Center to identify and encourage families with young children to enroll their children at the CHILD Center. Moreover, the overlapping relationship between the CHILD Center and the existing SWAG Family Resource Center and SW Health Clinic, is conducive to both formal and informal marketing.

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The CHILD Center, through its connection with the SWAG Family Resource Center, is establishing a list of families that are interested in attending the CHILD Center, and has written materials about the CHILD Center available for distribution in the Resource Center. Closer to the opening date, marketing materials will be distributed widely in the neighborhoods, through the apartment managers, through the existing WIC program at the SW Health Clinic, to young mothers that sign up for baby baskets at the SWAG Family Resource Center, and through our informal network of neighborhood leaders.

The CHILD Center has already begun hosting educational marketing events, such as a recent Family Fun Day in the Majestic Oaks neighborhood. At this event, approximately 100 residents, as well as community partners such as ASCO, O2B Kids, Aces in Motion and Grace United Methodist Church, participated in activities focused on early learning, and CHILD Center representatives and other volunteers were able to encourage families to learn about the importance of early childhood development and learning, and provide them with information about the programs that will be available at the CHILD Center. The CHILD Center will host numerous events similar to this one this spring, leading up to the grand opening of the CHILD Center.

In addition to marketing to the early education programs that will be available to families whose children will attend the CHILD Center, the CHILD Center will market the professional development opportunities to early childhood practitioners throughout Alachua County. This will be done through several channels, including utilizing the relationships of the Anita Zucker Center at the University of Florida, but will rely mostly on our partnerships with the Early Learning Coalition, which provides funding vouchers to approximately 100 child care centers, and through Head Start, which provides early learning services to 640 children countywide.

Through these partnerships and relationships, we believe that we will be able to market to, and encourage the vast majority of early education and childcare providers in Alachua County to participate in the professional development opportunities that will be available at the CHILD Center, through UF's Anita Zucker Center for Excellence in Early Childhood Studies, and through the Early Learning Coalition.

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4. Timeline (5 pts)

Year 1	
Hire TPD Coach/ELC Liaison	30 Days
Execute sub-contract with Early Learning Coalition	30 Days
Hire/Orient/Train Teachers in recommended practices and Anita Zucker Center Practice-Based Coaching	60 Days
Obtain Child Care License from Department of Children and Families	60 Days
Recruit and Enroll Eligible Children	90 Days
Execute ELC Contract for School Readiness Voucher Program & VPK	60 Days
Coordinate with UF Health, Meridian Behavioral Health, Home Visiting Programs, Partnership for Strong Families, and Children's Advocacy Center to develop family education curriculum	90 Days
Launch family education program (monthly parent events)	120 Days
Hire ELC Lead Implementation Coach	120 Days
First day of school @ CHILD Center	150 Days
Train ELC Lead Implementation Coach in Anita Zucker Practice-Based Coaching	180 Days
Conduct baseline assessment of teaching practices (ITERS, ECERS, CLASS, TPOT)	180 Days
Conduct baseline assessment of children's development (Galileo or TS Gold) [These are ongoing assessments, but the data will be analyzed for impact twice per year.]	180 Days
Develop individual professional development action plan to each teacher at CHILD Center	200 Days
TPD Coach & ELC Lead Implementation Coach review satellite demonstration program applications & select up to 5 pilot sites	200 Days
TPD Coach & ELC Lead Implementation Coach conduct initial needs assessment of up to 5 selected programs (ITERS, ECERS, CLASS, TPOT).	250 Days
ELC Lead Implementation coach coordinate with up to 5 satellite demonstration programs to develop program and individual teacher professional development action plan (using Anita Zucker Center Practice-based Coaching Model)	280 Days
Conduct annual assessment of teaching practices (ITERS, ECERS, CLASS, TPOT) at CHILD Center	280 Days
Conduct spring review assessment of children's development	280 Days
Analyze Teacher and Child Performance Data and Draft annual performance report for CSAB and BoCC	300 Days
Year 2	
Maintain High Quality children's services at CHILD Center	On-Going
Maintain Anita Zucker Practice-Based Coaching implementation @ CHILD Center	On-Going
Conduct implementation fidelity checks for ELC Lead Implementation Coach	On-Going
TPD Coach & ELC Lead Implementation Coach provide initial Anita Zucker Practice-Based Coaching training to all ELC Alachua Coaches	395 Days
Conduct fidelity checks on ELC Coach implementation fidelity of practice-based coaching	Monthly/On-Going

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

Initiate planning for Child Care Administrator Mentorship Program	425 Days
Launch Child Care Administrator Mentorship Program	485 Days
Actively coordinate with Department of Labor, UF Early Childhood Teacher Preparation program faculty, and program directors from demonstration programs to develop nationally recognized early childhood teacher apprenticeship program	545 Days
Conduct annual assessment of teaching practices (ITERS, ECERS, CLASS, TPOT) at CHILD Center	Annual On-Going
Conduct spring review assessment of children's development	Annual On-Going
Analyze Teacher and Child Performance Data and Draft annual performance report for CSAB and BoCC	Annual On-Going
Year 3 and Beyond	
Maintain High Quality children's services at CHILD Center	On-Going
Maintain Anita Zucker Practice-Based Coaching Implementation at CHILD Center	On-Going
Maintain Anita Zucker Practice-Based Coaching implementation at satellite demonstration sites	On-Going
Maintain Anita Zucker Practice-Based Coaching implementation by ELC coaches throughout professional development system	On-Going
Conduct annual assessment of teaching practices (ITERS, ECERS, CLASS, TPOT) at CHILD Center	Annual On-Going
Conduct spring review assessment of children's development	Annual On-Going
Analyze Teacher and Child Performance Data and Draft annual performance report for CSAB and BoCC	Annual On-Going

5. Outcomes to be Addressed and Measures Used (15 pts)

According to Mark Friedman (2005), Results Accountability is a framework designed in the social sciences sector to help facilitate the process of moving from problem admiring to action that results in improving life circumstances for any given population. From the words of Mr. Friedman, "Many frameworks look good on paper but are very difficult to implement and sustain. Consider using the criteria: Simple, Common Sense, Plain Language, Minimum Paper, and Useful, as a way to compare different approaches and make the best choice" (p. 13). Therefore, aligned with the basic principles of Results based accountability the outcomes and measured to be used to evaluate and determine impact of this initiative are described in the Results Based Accountability table in *Section 7. Overall Impact on Health and Wellbeing of Alachua County Children & Families*.

6. Data Collection, Data Analysis, and Data Sharing (10 pts)

For description of data to be collected to measure program performance, please see Results Based Accountability Figure Section 7. Overall impact on Health and Wellbeing of Alachua County Children & Families.

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

Data that are collected to measure program performance and the contribution to the overarching goal of the Children's Services Advisory Board to the Alachua County Board of County Commissioners to assure all children are ready for Kindergarten by age 5, will be analyzed by faculty affiliated with the UF Anita Zucker Center for Excellence in Early Childhood Studies using robust statistical methodology. Results of these analyses will be shared in the form of an annual report presented to the CSAB. Results of program performance will be presented in an aggregate format to protect the confidentiality of all individuals served by the program with adherence to guidelines provided by the University of Florida Institutional Review Board (IRB). Although sophisticated statistical modeling will be employed to determine the relative impact of services, the annual report will present these results in common language that will be easily understood by the general public to aide in future dissemination and community awareness activities. Additionally, the Anita Zucker Center will facilitate a review and refinement of current data collection and analysis practices employed by the Early Learning Coalition of Alachua County to measure overall impact of this project on the quality of child care available in Alachua County and Kindergarten readiness measures.

A critical component of this innovative model demonstration program is to establish new collaborative partnerships that provide coordinated services to children and families that will benefit from them and evaluate the impacts of these coordinated services. To reach this desired result, the CHILD Center and other partnering agencies and organizations will actively collaborate to execute new information sharing agreements to facilitate effective coordination and integration of child and family support services. Pursuant to any governing laws and regulations, we will explore how to integrate data systems among relevant stakeholders regarding services provided and individual child and family outcomes. Client information will be shared only when appropriate data sharing agreements have been established and representative IRB approval and client consent have been obtained.

7. Overall impact on Health and Wellbeing of Alachua County Children & Families (10 pts)

Population Result	
All children in Alachua County are ready for Kindergarten by age 5	
Population Indicators	Measurement Interval
% of children in Alachua County scoring proficient on Kindergarten Readiness Assessment	Annual
% of children in Alachua County identified for Special Education Services during Kindergarten	Annual
% of children in Alachua County receiving well child visits to pediatrician	Annual
% and # of Child Care providers offering high quality care as measured by ITERS/ECERS, CLASS, TPOT	Annual
Program Services	

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

Population Result	
High Quality Early Care and Education Services for children and families who are vulnerable	
Model Demonstration program of High Quality Early Care and Education Services	
Model Demonstration program of innovative teacher professional development program	
Coordinated supports for child and family health and wellbeing	
Community hub/convener to address early childhood issues	
Program Performance Measures	Measurement Interval
# of children served by the CHILD Center	Monthly
# of children identified as "at risk" on ASQ Screener of Child Development	Annual
% of children enrolled in the program scoring proficient on age appropriate measure of development	Twice per year
# of families attending parent education events at CHILD Center	Monthly
# of teachers attending PBC/CHILD Center professional development series	Monthly
Infant Toddler/Early Childhood Environmental Rating Scale Scores for providers receiving PBC services	Twice per year
Classroom Assessment Scoring System Scores among providers receiving PBC services	Annual
Teaching Pyramid Observation Tool Scores for providers receiving PBC services	Annual
% of evidence-based teaching practices implemented with fidelity among programs receiving PBC services	Weekly

8. Project Budget Justification (10 pts)

Personnel

Transformational Professional Development Coach/Early Learning Coalition Liaison

This TPD specific position will be necessary to support the initial implementation of Practice-based coaching within the CHILD Center among the program director and classroom teachers. Once the foundation has been laid for implementation with integrity, the TPD coach will actively work with the Early Learning Coalition of Alachua County to recruit, orient, and monitor the implementation of Practice-Based Coaching throughout the professional development system administered by the Early Learning Coalition of Alachua County. The TPD Coach/ELC Liaison will have previous experience providing professional development experience for early care and education teachers, including direct prior experience with the implementation of Practice-Based Coaching.

Annual Salary: \$50,000

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

Transformational Professional Development Coach/Early Learning Coalition Liaison Fringe Benefits: Medical Insurance, Dental Insurance, Vision Insurance, Life Insurance, Short-Term Disability, Long-Term Disability, Retirement, Social Security, State Unemployment, Worker's Compensation, Medicare, Holidays and Paid Time Off.
Annual Fringe Benefits: \$ 17,000

Operating Expenses

Contractual Services – Early Learning Coalition of Alachua County

A subcontract to the Early Learning Coalition of Alachua County will be issued to ensure that adequate resources are available to establish satellite demonstration early care and learning programs. Through this subcontract the ELC-Alachua will hire a Lead Implementation coach who will be trained by the TPD Coach/ELC Liaison. Following initial training and demonstration of essential knowledge and skill, the Lead Implementation coach will establish collaborative partnership with the selected satellite demonstration programs and implement practice based coaching. The following section outlines the budget justification for the line items in the sub-award to the Early Learning Coalition of Alachua County.

ELC Lead Implementation Coach: Staff member will be trained to implement practiced based coaching at CHILD Center, as well as provide training to ELC staff and providers.
Annual Cost: \$37,000

ELC Lead Implementation Coach Fringe benefits: Medical Insurance, Dental Insurance, Vision Insurance, Life Insurance, Short-Term Disability, Long-Term Disability, Retirement, Social Security, State Unemployment, Worker's Compensation, Medicare, Holidays and Paid Time Off.
Annual Cost: \$14,203

Equipment-Classroom Quality Enhancement: ELC Staff will conduct a needs assessment and then meet with the Owner/Director to create a plan to improve structural quality. Such items include: curriculum materials, furnishings, toys/equipment, playground and/or facility improvements (\$4,500.00 per classroom; 19 classrooms).
Annual Cost: \$85,500

Training: Training costs to cover extra coverage in classrooms to allow time for facility staff to attend coaching sessions, visit/observe the CHILD Center and other quality child care centers. (\$5,000 per center; 5 centers)
Annual Cost: \$25,000

Other-Staff Incentives-Participation Bonus: Participating staff will receive stipends of \$150.00 per each cycle completion (3 cycles) and a completion bonus of \$500.00 at the end of the year. (\$950.00 per teacher; 25 teachers)
Annual Cost: \$23,750

Exhibit A: RFA #18-222 Transformative Professional Development for Early Care and Education Program Providers

Other- Director Bonus: Upon completion of all three cycles, the Directors will receive a one-time bonus of \$2,000.00. (5 Directors)

Annual Cost: \$10,000

Administrative Fee: Early Learning Coalition of Alachua County (ELCAC) uses a Cost Allocation Plan (CAP) which was approved by the Florida Office of Early Learning in 2013. The CAP allows for future fluctuations in ELCAC's operations. It is the ELCAC's intent to apply the allocation methods described in the cost allocation plan to future operating activities. Costs shared among ELCAC's programs include:

- Occupancy Costs
- Health Insurance
- Paid Time Off, Holidays and Other
- Administrative/Management Costs

ELCAC has structured the CAP in accordance with OMB Circular guidance. The methodology for all cost sharing is based on monthly Personnel Activity Reports (employee timesheets).

Annual Cost: \$14,073

Total Sub-contract to ELC Alachua County: \$209,525

Other- Model Demonstration Differential (Per child per day)

Operating a high quality early care and learning program is a costly endeavor. Recent analyses have shown that in the child care industry the costs to provide high quality care typically exceed the price that families are able to pay. This is especially true when endeavoring to provide services that are worthy of the label "model demonstration" program services. Considering that the primary clientele that the CHILD Center is focused on serving have limited financial resources and are not able to access them without seeking social support services, it is paramount that these services are provided at low cost to the family. The current operating budget for the CHILD Center has projected income from all available family support services including the Florida School Readiness Voucher Program, the Florida Voluntary Pre-K Program, the USDA Child Care Food Program, and will continue to seek funding from other philanthropic organizations. Unfortunately, the cost of providing high quality services exceed the leveraged available resources (see Exhibit E, CHILD Center Operating Budget for details). Therefore, through this proposal the CHILD Center is seeking an additional \$12.52 per day for each of the 50 children that will be enrolled. Extended for the entire year, this calculates to \$162,703.

Annual Cost: \$162,703

Total Program Annual Costs: \$439,228

CHILD Center Model Demonstration Center

Exhibit B

Exhibit B: Budget

RFA #18-222 Transformational Professional Development for Early Care and Education Program Providers

Please see Section 8 of project narrative for budget justification

Personnel	Hours Per Week	Annual Cost
TPD Coach/ELC Liaison	40	\$ 50,000
Total Personnel	40	\$ 50,000
Fringe Benefits	Monthly Cost	Annual Cost
TPD Coach/ELC Liaison	\$ 1,416.67	\$ 17,000
Total Fringe Benefit		\$ 17,000
Operating Expenses	Monthly Cost	Annual Cost
		\$ -
Supplies	\$ -	\$ -
Travel	\$ -	\$ -
Equipment	\$ -	\$ -
Cameras	\$ -	\$ -
Outdoor	\$ -	\$ -
Printing	\$ -	\$ -
Training	\$ -	\$ -
Insurance		
Contractual - ELC Alachua	\$ 17,460.45	\$ 209,525
Other - Model Demonstration Differential (Per child per day)	\$ 12.52	\$ 162,703
Total Operating Expenses		\$ 372,228

Total Project Expenses **\$ 439,228**

Exhibit B.1: ELC Alachua County Sub-Contract

Personnel	Hours Per Week	Annual Cost
ELC Lead Implementation Coach	40	\$ 37,000
Total Personnel	40	\$ 37,000
Fringe Benefits	Monthly Cost	Annual Cost
TPD Coach/ELC Liaison	\$ 1,183.57	\$ 14,203
Total Fringe Benefit		\$ 14,203
Operating Expenses	Monthly Cost	Annual Cost
Supplies - ERS	One-time	\$ -
Travel	\$ -	\$ -
Equipment -Classroom Quality Enhancement	\$ 4,500.00	\$ 85,500
Training	\$5,000.00	\$ 25,000
Other- Staff Incentives - Participation Bonus \$1,100 per teacher	\$ 1,979.17	\$ 23,750
Other Director Bonus	\$ 2,000.00	\$ 10,000
Total Operating Expenses		\$ 144,250
Total Project Expenses		\$ 195,453
Admin Fee		\$ 14,073
Total Sub-Contract		\$ 209,525

CHILD Center Model Demonstration Center

Exhibit C

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE

THIS IS FOR INFORMATION PURPOSES ONLY

Alachua Board of County Commissioners has adopted the new County Government Minimum Wage ordinance. Please provide the following information.

1. Are your employees paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents? ____ yes or X no
2. Are your employees paid a minimum wage of \$15.04 hourly without health insurance benefits related to programs assisting Alachua County residents? ____ yes or X no
3. If funding is received, will your employees be paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents?
No
4. If funding is received, will your employees be paid a minimum wage of \$15.04 hourly without benefits related to programs assisting Alachua County residents? No

If funding is received and employees will not be paid a minimum wage of \$13.00 hourly plus health insurance benefits or \$15.04 hourly without benefits please explain:

Administrative personnel and coaches supporting child care programs will be receive compensation that exceeds the \$14 hourly plus health insurance benefits. Other personnel working directly with children and families will be paid a competitive hourly wage that exceeds industry standards. These wages however will be lower than \$13.00 hourly with benefits, and lower than \$15.04 without benefits. Unfortunately the available resources and fee for services that families are able to pay constrain our ability to to compensate personnel at a higher level.

CHILD Center Model Demonstration Center

Exhibit D

Exhibit D: Existing Contracts and Letters of Support

Anita Zucker Center of Excellence in Early Childhood Studies
O2B Kids
Early Learning Coalition of Alachua County
Head Start/Early Learning Development and the Parent Academy
Meridian
Partnership for Strong Families
Healthy Start of North Central Florida
Florida Department of Health, Alachua County
Child Advocacy Center

UNFUNDED COLLABORATION AGREEMENT BETWEEN
THE CHILDREN'S HEALTH, IMAGINATION, LEARNING, AND DEVELOPMENT
CENTER FOR EARLY LEARNING, INC.,
and
THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES ON BEHALF OF THE
ANITA ZUCKER CENTER FOR EXCELLENCE IN EARLY CHILDHOOD STUDIES
AT THE UNIVERSITY OF FLORIDA

This Unfunded Collaboration Agreement (the "Agreement") is made and entered as of the date of last signature below, by and between THE CHILDREN'S HEALTH, IMAGINATION, LEARNING, AND DEVELOPMENT CENTER FOR EARLY LEARNING, INC., ("CHILD Center") as "Collaborator," and THE UNIVERSITY OF FLORIDA BOARD OF TRUSTEES ON BEHALF OF THE ANITA ZUCKER CENTER FOR EXCELLENCE IN EARLY CHILDHOOD STUDIES AT THE UNIVERSITY OF FLORIDA, as "University." The Collaborator and the University are individually referred to as a "Party" and collectively referred to the "Parties."

In consideration of their mutual promises made herein, and for other good and valuable consideration, receipt of which is hereby acknowledged by each Party, the Parties intending to be legally bound, hereby agree as follows:

SECTION 1: DEFINITIONS; GENERAL SCOPE OF THIS AGREEMENT

1. Definitions.

- A. The CHILD Center Board of Directors is referred to herein as the "Board". The members of that Board are referred to herein as "Directors".
- B. Southwest Advocacy Group, Inc. is referred to herein as "SWAG".
- C. The Board of Directors that governs SWAG is referred to herein as the "SWAG Board".
- D. The area of historically underserved, low-income neighborhoods in the 32607 zip code served by SWAG are referred to herein as the "SWAG Communities", and the residents of those SWAG Communities are referred to herein as "SWAG Residents".
- E. The Department at the University that is collaborating with the Collaborator is the The Anita Zucker Center for Excellence in Early Childhood Studies at the University of Florida.
- F. Private Benefit shall mean the any benefit conferred upon any person that is not quantitatively and qualitatively incidental or necessary to the charitable mission of the CHILD Center.

- G. Private Inurement shall mean the flow or transfer of assets of the CHILD Center to any person that is a director, officer, highly compensated employee, highly compensated independent contractor of the CHILD Center, or any person that is related by family to such persons or business controlled by such persons, for personal use, rather than for the exclusive purpose of achieving the charitable mission of the CHILD Center.
- H. Reasonable Compensation shall mean that amount as would ordinarily be paid for like services by like enterprises under like circumstances, with emphasis on comparable entities in the same community or region. Reasonable Compensation shall not include bonuses, commissions, or percentage of profits.

2. Charitable Mission of the CHILD Center; Scope of Agreement.

- A. This Agreement shall set forth the responsibilities and obligations of each Party in the operation of the CHILD Center in Alachua County, Florida. The CHILD Center will function as an early education and care center in the historically underserved, low-income SWAG Communities, providing the SWAG Residents with the child and family supports and services necessary to prepare children to succeed in kindergarten and beyond, as well as creating a model demonstration center to provide professional development and training to childcare practitioners in the SWAG Communities, in other underserved, low-income areas, and throughout Alachua County. The CHILD Center's three Components are:

- (1) A Family Education and Outreach Program that will work to improve the resources and supports available to low-income parents and other caregivers in a child's life to enable them to support the child's development (herein referred to as the "Family Education and Outreach Component");
- (2) A Model Demonstration Center where teachers and other educational practitioners will be able to participate in professional development, will have access to the "learning laboratory" at the CHILD Center, and will be able to experience practical application of the high quality early care and education services established and identified in the CHILD Center. The Model Demonstration Center will serve early education practitioners throughout Alachua County, with an emphasis on child care providers in underserved, low-income areas (herein referred to as the "Model Demonstration Center Component"); and
- (3) An Early Education and Care Center that will provide high quality and evidence-based early care and education services to low-income children ages 0 -5 and their families at no or little cost to the families, and, together with the children's families, will work to support children to meet early learning standards set forth by the Florida Office of Early Learning and to prepare children to succeed in kindergarten and beyond (herein referred to as the "Early Education and Care Component").

- B. All three Components of the CHILD Center will be subject to the policies and rules set forth by the CHILD Center Board of Directors, and in furtherance of the mission of the CHILD Center. To the extent possible, the Family Education and Outreach Component and the Early Education and Care Components will focus primarily on serving the SWAG Communities and the SWAG Residents, and other low-income children and families. The Model Demonstration Center Component will serve early education practitioners throughout Alachua County, with an emphasis on child care providers in underserved, low-income areas.

SECTION 2: OBLIGATIONS OF THE CHILD CENTER

1. The CHILD Center agrees that it shall:
 - A. Maintain tax-exempt status pursuant to Internal Revenue Code Section 501(c)(3), and if attained, maintain tax-exempt status with all city, county, and state applicable laws and regulations.
 - B. Establish a Board and an Advisory Board, pursuant to the terms of the CHILD Center's Articles of Incorporation and Bylaws, and follow all rules and procedures set forth therein, and as required by law, regulation, or other ordinance, including all applicable laws for 501(c)(3) entities.
 - C. Coordinate and oversee the delivery of services at the CHILD Center, in a manner consistent with the charitable mission of the CHILD Center, as set forth in the CHILD Center's Articles of Incorporation, Bylaws, and by its Board.
 - a. As part of this responsibility, the CHILD Center may enter contracts and other agreements as needed with various for-profit and nonprofit organizations to create a coordinated and collaborative network of services and resources in a single facility necessary to allow the CHILD Center to effectively run the Family Education and Outreach Component, Model Demonstration Component, and Early Education and Care Component of the CHILD Center. Such contracts shall solely be for the purpose of carrying out the charitable mission and operations of the CHILD Center, or for any lawful, necessary, reasonable, and incidental purposes thereof.
 - b. Although the other organizations with which the CHILD Center enters contracts or agreements for the provision of services to assist in carrying out the CHILD Center's charitable mission will be responsible for providing the services contracted, the CHILD Center will retain all ultimate authority over the CHILD Center.

- c. In the appropriate situations, and as agreed to by contract, the CHILD Center may compensate the contracting organizations for services provided. To the extent that the CHILD Center enters any contracts with any for-profit organization for the purpose of carrying out the CHILD Center's mission or providing necessary, reasonable and incidental services on behalf of the CHILD Center, the CHILD Center shall ensure that such agreement does not give rise to any Private Inurement or Private Benefit under any circumstance, that compensation is Reasonable, and regular reviews shall be performed to that end.
- D. Advocate for the provision of services to low-income children aged 0-5, as well as services to support the families caring for those young children in the SWAG Communities and other low-income communities, and for professional development of early childhood educators and practitioners throughout Alachua County.
- E. Obtain and maintain a building to be used as the CHILD Center facility. If the building is leased from a third party, the CHILD Center will meet all terms of that lease, including but not limited to the payment of rent and compliance with all terms therein. The facility will be used exclusively and solely for the charitable purposes of and use of the CHILD Center.
- F. Maintain the CHILD Center as the physical location and "hub" for the charitable operations provided by the CHILD Center, and any other organizations with which the CHILD Center contracts, such as home visiting services, mental health services, and other services and programs, that support the charitable purposes and operations of the CHILD Center.
- G. Develop and maintain the Family Education and Outreach Component of the CHILD Center, together with input from University and any other independent contractors with which the CHILD Center contracts to provide services at the CHILD Center, by performing such functions as:
 - a. seeking input from the SWAG Community and SWAG Residents,
 - b. increasing awareness among the SWAG Residents and in the SWAG Communities, as well as other low-income communities, of the programs provided at the CHILD Center and the benefits of implementing effective early childhood care and education practices both child care and home settings,
 - c. building relationships with organizations that can provide services necessary for the functioning of this Component,
 - d. developing and implementing agreements for the provision of services by such organizations,
 - e. facilitating coordination between all organizations providing such services, delineating and oversight of responsibilities of each Party,

- f. providing the facility for such services,
- g. assessing the effectiveness of such services on a regular and timely basis, and
- h. assessing how the missions of the Model Demonstration Center and Early Education and Care Components can be supported by, and can support, this Component of the CHILd Center.

H. Develop and maintain the Model Demonstration Center Component of the CHILd Center, together with input from University, by performing such functions as:

- a. seeking input from early childhood practitioners about the services needed,
- b. working with established organizations such as the Early Learning Coalition to build relationships with early childhood educators or other early childhood practitioners and support coaches who can help to support the implementation of high quality teaching practices learned at the CHILd Center on a county wide basis,
- c. providing a facility for the community based learning lab and professional development incubator that will be the heart of the Model Demonstration Center,
- d. working with early learning researchers, such as those at University, to create manuals and other deliverables that other early education and child care facilities can use to maximize funding opportunities and streamline reporting requirements at their own facilities throughout the county and beyond,
- e. creating manuals and other deliverables that other early education and child care facilities can use to implement high quality teaching practices in early education and care settings at their own facilities throughout the county and beyond,
- f. assessing the effectiveness of services provided through the Model Demonstration Center Component on a regular and timely basis, and
- g. assessing how the missions of the Family Education and Outreach and Early Education and Care Components can be supported by, and can support, this Component of the CHILd Center.

I. Develop and maintain the Early Education and Care Component of the CHILd Center, together with a licensed child care provider, by performing such functions as:

- a. seeking input from the SWAG Communities and SWAG Residents about the services needed, the provision of services, and how the CHILd Center meets the needs of the SWAG Communities and SWAG Residents,
- b. providing classrooms and other necessary space such as an outside play area in a code-compliant and licensing-compliant facility in which the Early Education and Care Component can operate,
- c. contracting with a licensed child care provider to provide early care and education services, as well as reasonable and incidental services required to operate the CHILd Center,

- d. assessing the effectiveness of the services provided in the Early Education and Care Component of the CHILD Center, with input from experts at University on a regular and timely basis, and
 - e. assessing how the missions of the Family Education and Outreach and Model Demonstration Center Components can be supported by, and can support, this Component of the CHILD Center.
- J. Facilitate communication among the organizations involved with the CHILD Center and surrounding community stakeholders.
- K. Be actively involved in promoting the CHILD Center, and promoting awareness of the CHILD Center and its programs to both CHILD Center patrons, collaborators, and to the larger community, including undertaking efforts such as:
 - a. recruiting SWAG Residents to attend the CHILD Center,
 - b. involving SWAG Residents and the SWAG Community in the Family Education and Outreach Component,
 - c. encouraging SWAG Residents to take advantage of all opportunities and services provided at the CHILD Center, as well as the SWAG Family Resource Center and the SW Health Clinic,
 - d. recruiting organizations to provide additional resources and programing in the CHILD Center,
 - e. recruiting groups, organizations, educators and other practitioners to take part in the Model Demonstration Center services, including other child care providers in the SWAG Communities and other low-income areas to educate the operators on ways to improve the quality of care provided in their own centers,
 - f. working to recruit apprentices, interns, volunteers, and others to assist in the provision of services, and
 - g. promoting the efforts of the CHILD Center to funders, supporters and other groups throughout the broader community, and local, state and federal agencies.
- L. Continue to collaborate with the Parties to this Agreement about the potential expansion of services and benefits offered through the CHILD Center.
- M. Allow the University, subject to the agreed upon protocols such as volunteer screenings and safety guidelines, as well as all applicable laws and regulations, to conduct professional development and educational programing and training for early childhood teachers and other early childhood practitioners at the CHILD Center.

- N. Allow the University confidential access to all data related to the children and families attending the CHILC Center, as well as any other services provided there, and allow University to conduct research on the policies and programs implemented in the CHILC Center, subject to necessary waivers and releases for such purposes, and subject to all applicable laws, rules and regulations, including any applicable rules of the University of Florida, such as allowing the research results to be publishable in academic journals.

SECTION 3: OBLIGATIONS OF THE UNIVERSITY

1. University agrees that it shall devote some effort of a University faculty member, ("Principal Investigator") to advise and support the CHILC Center, its charitable mission, and its charitable operations and programs. The Principal Investigator is Dr. Herman Knopf, who is responsible for performance of the University's obligations under this Agreement. If Dr. Herman Knopf ceases to serve as Principal Investigator for any reason, University shall promptly notify the CHILC Center, and University and CHILC Center shall use good faith efforts to identify a mutually acceptable replacement within sixty (60) days, failing which University or CHILC Center may terminate the Agreement. That support will include:
 - A. Supporting the CHILC Center's Family Education and Outreach Component by performing tasks such as:
 1. assisting in identifying and building relationships with organizations that will provide wrap-around supports and services to the families whose children attend the CHILC Center, and as possible, for other SWAG Residents and the SWAG Communities, including, but not limited to Head Start, Early Head Start, Early Learning Coalition of Alachua County, Meridian Behavioral Health, and Healthy Start;
 2. providing professional guidance with respect to practices for engaging parents and other caregivers in their child's education, and equipping parents/caregivers with the skills needed to make parents/caregivers effective teachers and advocates for their children; and
 3. providing formal and informal supports to families to improve parent involvement and practices with respect to their child's social, emotional, physical and educational growth.
 - B. Supporting the CHILC Center in establishing and maintaining the Early Education and Care Component of the CHILC Center by performing tasks such as:
 1. advising and providing professional development;
 2. providing professional development to people that work in the CHILC Center, including the director of the Early Care and Education Component of the CHILC Center, and all teachers and support staff;
 3. providing feedback on employee performance; and

4. establishing standards of performance and providing feedback on program structures, teaching methods, curriculum, and other educational processes, as well as the implementation of said practices.
- C. Supporting the CHILD Center in establishing and maintaining the Model Demonstration Component of the CHILD Center by performing tasks such as:
1. assisting in building community awareness and participation in the Model Demonstration Program;
 2. contributing to the development and implementation of the CHILD Center results-based accountability and evaluation system;
 3. creating criteria for and conducting an annual performance review of the licensed child care provider with which the CHILD Center contracts, or any other independent contractor responsible for overseeing the Early Education and Care Component of the CHILD Center;
 4. facilitating communication among the CHILD Center, the organizations with which it contracts, and community stakeholders;
 5. assisting in establishing a teacher apprenticeship program in the CHILD Center;
 6. overseeing and supervising all staff, volunteers, students, or other visitors that enter the CHILD Center as part of the Model Demonstration Center, unless otherwise agreed to in advance and in writing that such supervision is delegated to the Operating Partner, in compliance with all applicable laws, regulations, policies, this Agreement, the CHILD Center's Conflict of Interest Policy, and/or other reasonable and necessary requirements, and
 7. working with the CHILD Center and the Parties with which it contracts to provide services in the CHILD Center to develop a manualized plan that sets forth a plan to meet all licensing and funding requirements, and a plan to provide all related documentation requirements.
- D. Facilitate necessary agreements to secure support for high quality services, such as voucher agreements, from organizations such as Head Start, Early Head Start, the Early Learning Coalition of Alachua County. Consult with the CHILD Center on proposal(s) that it may submit for funding from Alachua County. In addition, University, together with the CHILD Center and the organizations with which it contracts, will search for funding sources from additional organizations and agencies, and will work in collaboration with the CHILD Center to secure additional funding for recommended practices and economic effectiveness for the charitable mission and operations of the CHILD Center. Such proposals submitted by the University will propose that the University is the recipient of the funds and that Dr. Knopf or other appropriate UF faculty are the PI with appropriate funds being issued to the CHILD Center through a subaward.

- E. Providing assistance to the operating partner which will be a licensed child care provider responsible for overseeing the daily operations of the child care functions to create a reasonable budget for the operations of the CHILD Center's Early Education and Care Component.
- F. Creating criteria for and conducting an annual performance review of the licensed child care provider or any other party with which the CHILD Center contracts, that is responsible for overseeing the Early Education and Care Component of the CHILD Center.

SECTION 4:

1. PARTIES COOPERATION

The Parties hereto agree to work in good faith with each other, and with any independent contractors with the CHILD Center, toward the sustainability of the CHILD Center and the Components thereof, in order to provide the SWAG Community with a permanent facility that provides (i) quality, fully licensed, safe, early learning child care center with services that will be provided to low income families at no or a nominal cost; (ii) family education and engagement programs that will provide supports to the entire family and allow parents to become better teachers and advocates for their children, and (iii) a model demonstration center to educate and inform parents, caretakers, and other childcare providers in the SWAG Communities, in other low income communities, and throughout Alachua County about ways to implement the best educational practices and wrap around services to allow children to succeed in school and in life.

- A. Admission. The parties will work together to create a list of criteria for how children will be selected to attend the CHILD Center, and will take in to account factors such as residence in the SWAG area, parents actively participating in or seeking employment or education, economic need, siblings, and other mutually agreeable criteria. The Board will approve the criteria and admissions process.
- B. Policies for families, behavior, and other guidelines for children, parents, families, and caretakers attending the CHILD Center. The Parties will work together to create policies on these topics and other topics relevant to the decorum, rights and responsibilities of the children, parents, families, and caretakers participating in programing at the CHILD Center. The Board will approve all such policies.
- C. Communication. The Parties will work together to accurately communicate about the CHILD Center, and all related matters. Day to day communications with the families of the children attending the CHILD Center Early Education and Care Component

will be handled by the licensed child care provider that contracts with the CHILD Center to provide early education and care services. Day to day communications from the Model Demonstration Center Component will be handled by University as identified by the CHILD Center Board to provide services in that component of the CHILD Center.

1. The Parties to this Agreement will develop a joint plan for communications and printed community awareness materials. Printed materials including things such as brochures, handbooks, grant applications, and funding requests, regulatory, licensing, or other submissions required by law, as well as any press releases, must be approved by a designee from each group. Such materials will include the CHILD Center logo. The Parties to this Agreement have permission to use the logo of the CHILD Center in connection with matters being performed on behalf of the CHILD Center.

2. EFFECTIVE DATE AND TERMINATION

This Agreement is effective on the date it is executed, and will expire on June 30, 2021. The agreement shall renew automatically thereafter for successive periods of three years, unless one Party notifies the other Party in writing of its intent of non-renewal or terminates the Agreement as provided herein. Either Party may terminate its participation in this Agreement with or without cause. Notice of termination shall be provided to the other Party at least 90 days prior to the effective date of any termination, however, Parties can agree in writing to extend or shorten the notice period. Parties will use reasonable best efforts to find a solution that causes the termination to be effective on June 30 of a given year. Notice of non-renewal shall be provided at least 90 days prior to the expiration of the existing Agreement.

3. BREACH OF AGREEMENT

If a Party to this Agreement materially breaches the terms of this Agreement, the non-breaching Party must notify the breaching Party in writing and with reasonable detail of their failure to comply with the terms of this Agreement. If the breach is not cured within sixty days of the date of such notice, then the non-breaching Party shall have the right to terminate the agreement by giving written notice of termination. Such termination is effective upon receipt of notice of termination, unless otherwise specified in the notice of termination.

4. ASSIGNMENT

The Parties to the Agreement each binds itself and its successors, legal representatives, and assigns of the other party to this Agreement and to the partners, successors, legal representatives, and permitted assigns of such other Party, in respect to all covenants of this

Agreement; however, neither Party may assign or transfer its rights and obligations in this Agreement without the written consent of the other Party.

5. LIABILITY

Each Party assumes all risks of personal injury and property damage with respect to the willful or negligent acts or omissions of its officers, employees, and agents while acting within the scope of their respective employment. The Parties further agree that, in the case of any dispute between the Parties which has not been resolved through negotiation between the Parties, such dispute shall be settled and determined through mediation. Any mediation shall be held in Gainesville, Florida, and shall be conducted by a single mediator to be selected by other mediators, one of whom shall be selected by each Party to the dispute. If the mediation does not resolve the dispute, the Parties further agree that nothing contained herein shall be construed or interpreted as (1) denying to either Party any remedy or defense available to such Party under the laws of the State of Florida; (2) the consent of the State of Florida or its agents, political subdivisions, and agencies to be sued; or (3) a waiver of sovereign immunity beyond the waiver provided in section 768.28, Florida Statutes.

6. NOTICE

All notices, requests, consents, and other communications required or permitted under this Agreement shall be in writing and shall be (as elected by the person giving such notice) hand delivered by messenger or courier service, or mailed by registered or certified mail (postage prepaid) return receipt requested, addressed to:

As to The CHILD Center:

Dorothy Thomas
CHILD Center Chair
3810 SW 106th Street
Gainesville, FL 32608
917-797-6738

Dorothy.acee.thomas@gmail.com

As to the University:

Administrative:

Division of Sponsored Programs
University of Florida

207 Grinter Hall
Gainesville, FL 32611-5500
(352) 392-3516
ufawards@ufl.edu

Technical Matters:

Dr. Herman Knopf
PO Box 117050
Gainesville, FL 32611-7050
(352) 273-4123
hknopf@coe.ufl.edu

Or to such other address as any Party may designate by notice complying with the terms of this Section. Each such notice shall be deemed delivered (a) on the date delivered if by personal delivery, (b) on the date upon which the return receipt is signed or delivery is refused or the notice is designated by the postal authorities as not deliverable, as the case may be, if mailed.

7. WAIVER OF RECOVERY

No consent or waiver, express or implied, by any Party hereto of any breach or default by any other Party hereto in the performance of its obligations hereunder shall be deemed or construed to be a consent or waiver to or of any other breach or default in the performance by such Party of the same or any other obligations of such Party hereunder. Failure on the part of any Party to complain of any act or failure to act of another Party or to declare another Party in default, irrespective of how long such failure continues, shall not constitute a waiver by such Party of its rights hereunder.

8. SEVERABILITY

Each provision of this Agreement shall be considered severable and if for any reason any provision or provisions hereof are determined to be invalid and contrary to existing or future law, such invalidity shall not impair the operation or affect those portions of this Agreement which are valid, and this Agreement shall remain in full force and effect and shall be construed and enforced in all respects as if such invalid or unenforceable provision or provisions had been omitted.

9. ENTIRE AGREEMENT; VENUE

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior verbal or written agreements between the Parties with respect thereto. This Agreement may only be amended by written document, properly authorized, executed and delivered by all Parties hereto. This Agreement shall be interpreted as a whole unit and section headings are for convenience only. All interpretations shall be governed by the laws of the State of Florida. In the event it is necessary for any of the Parties to initiate legal action regarding this Agreement, venue shall be in Alachua County, Florida. Prior to initiating litigation, the Parties must submit to mediation and make good faith efforts to resolve the dispute.

IN WITNESS WHEREOF, the parties hereto have accepted, made and executed this Agreement upon the terms and conditions above stated.

The University of Florida Board of Trustees

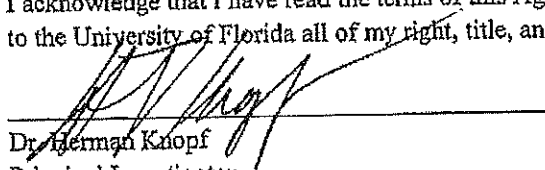
By: _____
Name: Stephanie Gray
Title: Assistant Vice President for Research
Date: November 5, 2017

The Children's Health, Imagination, Learning, and Development Center for Early Learning, Inc.

By: Dorothy Thomas
Name: Dorothy Thomas
Title: Chair, CHILD Center BOB
Date: 10/27/17

PI Acknowledgement:

I acknowledge that I have read the terms of this Agreement. I reaffirm that I have assigned to the University of Florida all of my right, title, and interest in any Intellectual Property.

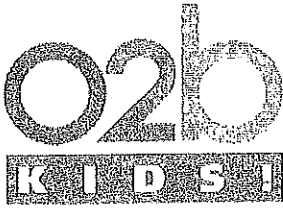

Dr. Herman Knopf
Principal Investigator

Chair Approval for Unfunded Collaboration:

Read and Approved by:


Dr. Patricia Snyder

Director, Anita Zucker Center for Excellence in Early Childhood Studies
David Lawrence Jr. Endowed Chair in Early Childhood Studies.
UF College of Education



the new learning playground

December 12, 2017

Re: Collaboration with the CHILD Center

To Whom It May Concern:

O2B Kids is proud to collaborate with the CHILD Center Board of Directors, the Anita Zucker Center for Excellence in Early Childhood Studies, members of the SWAG community, and other supporting agencies and organizations to create and operate the CHILD Center in Gainesville, Florida. We are looking forward to managing daily operations, hiring personnel, and providing administrative services including human resources, bookkeeping, and compliance assistance.

We are eager to work in the SWAG neighborhoods to meet the needs of young children and their families, to increase children's readiness for Kindergarten, and to work in a facility that will serve as a countywide model demonstration center for other early care and education providers.

Should you have any questions, please feel free to contact us any time. I can be reached via email at andy@o2bkids.com or on my cell: 352-318-1296.

Sincerely,

A handwritten signature in dark ink, appearing to read "Andy Sherrard", written over a horizontal line.

Andy Sherrard



Remzey Samarral, Chair

GreenScapes Property

Dr. Cathy Aull

Edward Jones

Frank Avery

Career Source NCF

Catherine Barnes

Alachua County Public

Schools

Dr. Karen Bennett

Santa Fe Little School

Dr. Wendy Cheyney

Educational Consultant

Rev. George Dix

Cuddly Kids Academy

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Alachua County Health

Department

Debby Knopf

Harbor Community Bank

Trey Long

James Moore & Co.

Elizabeth Patton

Queen of Peace Academy

Mike Powell

Mike Powell & Associates

David Rountree

Meridian Behavioral Healthcare

Russell Scoates

Small World Day Care &

Learning Center

Dr. Patricia Snyder

University of Florida

Natalie Strappy

Alachua County Public

Schools

Cheryl Twombly

DCF

Jacki Jackson

Chief Executive Officer

December 12, 2017

To Whom It May Concern:

This letter is to formally signify our support for the Transformative Professional Development for Early Care and Education Program Providers Grant as the sub-contracted sole source funding in the RFA#18-222.

We commit to ongoing collaboration with a transformational model for professional development which will be implemented at the CHILD Center as a true model and demonstration site. This site will support knowledge dissemination and diffusion of practices that are evidence-based and practically applied in the field of Early Care and Education.

Our role in this collaboration is to have an ELC staff member learn Practice-Based Coaching on-site at the CHILD Center and disseminate lessons learned throughout Alachua County to centers that are contracted with the ELC of Alachua County. This innovative and transformational approach to professional development will allow the ELC to continue providing a longstanding quality of services that can be replicated throughout the community.

Respectfully,

Jacki Hodges

Chief Executive Officer





Early Learning Development and The Parent Academy

Fearnside Family Services Center

3600 NE 15th Street

Gainesville, FL 32609

Phone: 352-955-6875

Natalie G. Strappy, Executive Director • Phyllis McKnight, Manager • Audrey Williams, Manager

December 8, 2017

To Whom It May Concern,

It is a privilege to write a letter of recommendation in support of The Children's Health Imagination Learning and Development (CHILD) Center for the Early Learning application for funding from the CSAB's RFA #18-222 for Transformative Professional Development for Early Care and Education Program Providers.

Head Start is a nationally recognized Early Childhood Development Program, which provides comprehensive services to low-income, preschool children ages 3 to 5, and their families. Locally our program has collaborated with a variety of community agencies to provide quality comprehensive services for over 50 years. With this in mind, we look forward to serving as a partner and resource to the CHILD Center's goals and mission.

Historically, Head Start programs across the nation embrace and fulfill the necessity of providing children and families with a comprehensive approach of support which includes education, social-emotional development, nutrition, disabilities, social services and parent engagement. This comprehensive network of support enables parents to build the necessary skills to nurture their child's education, and social-emotional development which ensures positive outcomes and School Readiness.

We applaud the CHILD Center's mission to provide high quality Early Childhood Education services to children most in need and their families. Additionally, the plans to set forth evidence-based staff development is of particular interest to us. The Head Start Program enthusiastically looks forward to establishing a mutually satisfying collaborative partnership with the CHILD Center.

This collaboration will no doubt benefit Head Start and the community at large in a variety of ways. Moreover, the evidence-based model demonstration center for Alachua County parents and childcare professionals (made possible by the University Of Florida's Anita Zucker Center for Excellence in Early Childhood Studies) will offer a unique opportunity for training and staff development of Early Childhood professionals in Head Start and across the Early Childhood community.

We look forward to a collaborative partnership with the staff of the CHILD Center as we continue to strive toward excellence in supporting children, parents, and the staff who vigorously work to help them achieve academic and life success.

Sincerely,

Natalie G. Strappy

Natalie G. Strappy
Executive Director

The Early Learning Development & The Parent Academy
Alachua County Public Schools



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Columbia

November 20, 2017

Members,
Children's Services Advisory Board

Dear Readers:

Meridian is happy to lend its strong support to the Child Center's application for the CSAB's Grant for Transformative Professional Development. This grant will allow the Center to implement quality early educational practices and to develop a Model Demonstration Center within the CHILD Center. The goal is to create an early learning environment where best practices can be developed, and then disseminated throughout the region.

Training for child care providers is essential if they are to use best practices in fostering cognitive and emotional development of the children they care for and to provide the social and emotional supports to families with young children to address the broader needs of the family. What is envisioned, is a program that gives workers in the Center and across the County the skills needed for early care and education, including trauma responsive care, family engagement, and child abuse prevention.

The Child Center is an innovative project with significant support from other entities that support children and families. Meridian has been involved from early on, engaged in the growth of such projects and proud to lend its full support and commit to participating in making the effort a success. This funding would move us toward a shared goal of improving the lives of young children in our community.

Sincerely,


Margarita Labarta, PhD
President/CEO

Main Office: 4300 SW 13th Street, Gainesville, FL 32608
352.374.5600 • 800.330.5615
TTY Area 800.955.8771 • TTY Local 800.955.877
mbhcl.org

PROGRESS

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Exhibit D: Existing Contracts and Letters of Support for CHLD Center



STRONG
FAMILIES

352.244.1500
www.psf.org
PSF Headquarters
5950 NW 1st Place, Suite A, Gainesville, FL 32607

December 1, 2017

Children Services Advisory Board
c/o CHLD Center
3810 SW 106th Street
Gainesville, FL 32608

To whom it may concern:

Partnership for Strong Families (PSF), the lead community-based care provider for Florida Judicial Circuits 3 and 8, wishes to express our support for the CHLD Center's application through the Children Services Advisory Board for Transformative Professional Development for Early Care and Education Program Providers.

The SW Advocacy Group (SWAG), has been a longtime partner of PSF in establishing and supporting the SWAG Family Resource Center, which provides resources, supports and services to the members of the SWAG Community. Partnership for Strong Families' resource center model relies upon collaboration across sectors to meet patron and community needs. In addition to the Resource Center in which we are the operating partner, SWAG has a long-term vision to bring additional resources to the community which resulted in the opening of the SW Health Clinic, and soon, the opening of the CHLD Center. We feel strongly that their continued efforts to provide these place based services will help improve the lives of individuals, families, and the community, and present a unique opportunity where a continuum of care can be established to support a variety of needs of the families we serve.

The CHLD Center plans to open in the spring of 2018, and will supplement Partnership for Strong Families and SWAG Family Resource Center's mission by providing quality early learning programs, parent engagement and education, and other early childhood supports essential to family resiliency and success in life. The CHLD Center will serve two critical needs in the 32607 zip code:

- Provide a quality early childhood center for children who currently have no access to these services in southwest Gainesville; and
- Give low income mothers and other caregivers access to resources that will help them improve their own lives, and thereby the lives of their children.

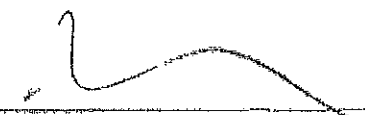
While these needs are critical in the 32607 zip code, the need for quality early childhood learning exists throughout Alachua County. We are pleased that the CHLD Center will utilize evidence-based practices and plans to serve as a model demonstration center to ensure that early care and educational professionals from across Alachua County have access to transformative professional development.

It is expected that SWAG Family Resource Center and the CHLD Center will collaborate on programs, services, and resources to promote nurturing and attachment, knowledge of parenting and child development, children's social emotional competence, and individual and family resiliency while coordinating to close service gaps and reduce the duplication of services. Partnership for Strong Families, through its network of resource centers including Library Partnership and Cone Park Library Resource Center, is interested in expanding this type of collaboration with other locations as the Early Learning Center disseminates the model and it is replicated throughout Alachua County.

We believe that the proposed CHLD Center will have a significant impact in both the 32607 zip code and throughout Alachua County. Partnership for Strong Families is excited to support this proposal by the CHLD Center.

Sincerely,


Pebbles Edelman, Senior V.P., Clinical & Community Services


Stephen Pennypacker, President & CEO



Alachua County, Alachua, Bradford, Columbia, Levy,
Gadsden, Hamilton, Harney, Levy, Marion, Putnam,
Suwannee, Union Counties

The mission of the Healthy Start of North Central Florida
Coalition is to ensure a comprehensive, coordinated,
system and support services for women and their infants.

December 3, 2017

Ms. Dorothy Thomas
CHILD Center

Dear Dorothy,

It gives me great pleasure to write this letter of support for the proposal you are submitting for funding for the CHILD Center through the Transformative Professional Development initiative being supported by the Alachua County Children's Services Advisory Board.

Healthy Start of North Central Florida has been providing home visiting services in Alachua County for 25 years and is proud to have partnered with many organizations in the community to help pregnant women and families with children 0-3 years of age have healthy pregnancies, positive birth outcomes, access to quality parent education and other supports and services they may need to be successful parents.

We are excited to know that the CHILD Center will be providing children with access to best practices in early childhood education and will also provide families with linkages to wraparound supports and services that will help ensure their children will have access to the education and social and emotional support they need to be ready for kindergarten. I look forward to working with the families that will be served at the CHILD Center to provide complementary home visiting services and supports that would help these families access parent education, smoking cessation, childbirth education, breastfeeding support, interconceptional planning and information and referral for other services, supports and basic needs they may have.

Providing high quality early care and education is critical to school readiness, however we also know many families need additional assistance and support to provide their children with a safe, healthy, and positive home environment that will complement the best practices in early childhood education being offered through the CHILD Center. Through our Coordinated Intake and Referral System we can help ensure that each family that can benefit from home visiting services will have access to the program that will best meet their needs and continue to get the support they need to be their child's first and most important teacher during their formative years.

We look forward to partnering with you and the CHILD Center staff and volunteers as we collaborate to create a comprehensive, integrated, system of care that helps to ensure that all the families with children 0-3 years of age get the support they need to maximize optimal growth and development.

Sincerely,

Julie Moderle, MPH
Program Director

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

November 28, 2017

RE: Letter of Support for CSAB's Grant for Transformative Professional Development

Dear CSAB:

On behalf of the Florida Department of Health in Alachua County (DOH-Alachua), I am pleased to provide this letter in support of the Southwest Advocacy Group's (SWAG) CHILD Center grant application for the above funding opportunity. For almost 10 years DOH-Alachua has collaborated with SWAG to improve social determinants in the Southwest area of Alachua County.

The Tower Road Corridor has been identified as an area of highly concentrated health disparities and social determinants with few resources. However, through model community advocacy and collaboration, this once isolated area now has a family resource center, a health and dental clinic, and plans to open a childcare learning center in the near future. DOH-Alachua operates the Southwest Health Clinic for the Tower Road Corridor communities as a result of this collaboration with the Southwest Advocacy Group (SWAG) and other key partners. Currently, the health clinic sees approximately 3000 clients per year between the health, WIC, and dental clinics with a focus on children.

The SWAG CHILD Center will further this collaborative model by increasing evidence-based early learning resources within the community. The center's vision includes not only a focus on educational practices in the classroom, but also training child care providers in responding to the needs of families; by providing the social, emotional, and health supports to families with young children with the goal of improving the social determinant barriers these families face.

The Florida Department of Health in Alachua County and SWAG already have a significant history of working collaboratively to improve access to services for individuals in the community. The CHILD Center will be an extension of the collaboration to incorporate health prevention, education, and intervention within the community.

As an ongoing partner in these community efforts, the Florida Department of Health in Alachua County remains committed to promoting access to care, increasing health care awareness and understanding, and reducing barriers to prevention and treatment for all citizens in need.

Sincerely,

Tamara Carmichael
Program Development Administrator
DOH-Alachua

Florida Department of Health
in Alachua County
224 SE 24th Street • Gainesville, FL 32641
PHONE 352-334-7500 • <http://www.alachuacountyhealth.com>
FloridaHealth.gov



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Public Health Accreditation Board



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Elizabeth
Deborah Cull Smith
Ray Norwood, MD



December 6, 2017

Re: Children's Health Imagination Learning and Development Center

Dear Children's Services Council Advisory Board:

This letter is to pledge the support of the Child Advocacy Center, Inc. for the Children's Health Imagination Learning and Development (CHILD) Center for Early Learning and their request for funding for their program to benefit children, ages 0-5, and their families in our community. This project exemplifies the goals set forth by Alachua County Board of County Commissioners, and have been further developed by the Children's Services Council Advisory Board in that the entire focus of this effort is to focus on early learning, transformational professional development and social/emotional development in children 0-5.

The CHILD Center, located in the heart of the SWAG community, will provide an early learning option for children, but will also bring early learning to the forefront in this underserved area of Gainesville. The SWAG community has developed community partnerships and has taken the opportunities provided by the SWAG Center and the Alachua County Health Clinic already, so the foundation and openness to supportive services in the community has already been well established. The CHILD Center will provide high quality pre-school programming and curriculum while assessing and meeting the needs of children and their families.

What makes the CHILD Center stand out is its focus on the 0-5 population, while also recognizing that the adult caregivers in children's lives may need support, structure and information to help them develop the strengths and knowledge base to help their children learn, grow and flourish. The holistic focus and the development of a demonstration center for children is such a gift to the community. It has the ability to develop best practices in early learning that children deserve.

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CHILD Center Model Demonstration Center

Exhibit E

Exhibit E: CHILD Center Operating Budget for Children's Services

The CHILD Center
Summary Pro Forma Operating Budget

Revenues	
School Readiness (ELC)	297,699
Parent Fee	62,395
VPK	43,200
USDA	66,014
<u>Total Revenue</u>	<u>469,308</u>
Expenses	
Staffing	436,839
Program	82,475
Building	54,000
Admin	58,698
<u>Total Expenses</u>	<u>632,011</u>
<u>Fund Raising GAP</u>	<u>162,703</u>

Assumptions:
90% Occupancy

Financial Impact
At 100% occupancy, fundraising GAP decreases by approximately \$20,000.

\$5 per day (approx 100/mo) parent fee (In addition to minimum required by ELC)

Every \$1 of parent fee is approximately \$12,500 of revenue

Ideal Staffing

Approx \$105,000 difference between model demonstration level staffing and bare bones day care

Ideal Wages

Approx \$45,000 difference between minimum wage and requested salary levels

No full tuition children (\$800/mo)

Each full tuition child would increase revenue by approximately \$2,000

CHILD Center
 Exhibit E: CHILD Center Operating Budget for Children's Services
 4,500 Sq Ft - Monthly Cash Flow Projection
 90% Occupancy

	Max Occupancy
# SR Infants	8
# SR Toddlers	12
# SR Preschool	38
Parent Fee	58
# of VPK	20
# of Summer VPK	0
# of Early Head Start	0
# of Head Start	0
# of Full Tuition	0
# of USDA	58

REVENUE

SR Infants	\$	50,415	10.7%
SR Toddlers	\$	63,488	13.5%
SR Preschool	\$	183,795	39.2%
Parent Fee	\$	62,395	13.3%
VPK	\$	43,200	9.2%
Summer VPK	\$	-	0.0%
Early Head Start	\$	-	0.0%
Head Start	\$	-	0.0%
Full Tuition	\$	-	0.0%
USDA	\$	66,014	14.1%
County	\$	-	0.0%
Fundraising	\$	-	0.0%
Total Revenue	\$	469,308	100.0%

EXPENSES

Staff Costs

Wages	\$	378,452	80.6%
Payroll Taxes	\$	34,061	7.3%
Insurance - Health	\$	12,000	2.6%
Insurance - Workman's Comp	\$	6,327	1.3%
Fun Crew Recruiting & Hiring	\$	2,400	0.5%
Training & Development	\$	3,600	0.8%
Total Staff Costs	\$	436,839	93.1%

Program Costs

Supplies - Programming	\$	9,386	2.0%
COGS - Food	\$	62,395	13.3%
Marketing	\$	4,693	1.0%
Miscellaneous	\$	6,000	1.3%
Total Program Costs	\$	82,475	17.6%

Building Costs

Lease - Building	\$	-	0.0%

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Lease - CAM, Taxes, Insurance	\$	0.0%
Housekeeping & Maintenance	\$ 12,000	2.6%
Utilities, Garbage, Phone	\$ 26,000	5.5%
Insurance - Personal Property	\$ 6,000	1.3%
Insurance - Liability & Accident	\$ 6,000	1.3%
Insurance - Auto	\$ -	0.0%
Taxes - Tangible Property	\$ 4,000	0.9%
Loan	\$ -	0.0%
Total Building Costs	\$ 54,000	11.5%

Admin Costs

Credit Card Fees	\$ 1,248	0.3%
Bank Service Charges	\$ 1,200	0.3%
Supplies - Administrative	\$ 3,600	0.8%
Payroll Service Fees	\$ 3,000	0.6%
Professional Fees - Accounting	\$ 5,550	1.2%
Professional Fees - Computer	\$ 900	0.2%
Travel & Entertainment	\$ 3,600	0.8%
License & Permit	\$ 3,600	0.8%
Management Fee	\$ 36,000	7.7%
Total Admin Costs	\$ 58,698	12.5%

Total Expense	\$ 632,011	134.7%

Net Cash from Operations	\$ (162,703)	-34.7%

Assumptions

CHILD Center - Year 1

Occupancy % =	90.0%
SR Infant Rate (Daily) =	\$ 29.29
SR Toddler Rate (Daily) =	\$ 24.59
SR Preschool Rate (Daily) =	\$ 22.48
Parent Fee (Daily) =	\$ 5.00
VPK (Half-Day) Annual Reimbursement =	\$ 2,400.00
VPK (Summer) Annual Reimbursement =	\$ 2,048.00
Early Head Start Annual Reimbursement =	\$ 8,000.00
Head Start Annual Reimbursement =	\$ 8,000.00
Full Tuition Rate (Weekly) =	\$ 200.00
USDA Reimbursement (Daily) =	\$ 5.29
Property Lease - Gross (\$ per Sq Ft) =	\$
Property Lease - CAM (\$ per Sq Ft) =	\$
Total Square Feet =	4,500
Loan Amount =	\$
Interest Rate % =	0.0%
Term (Months) =	
Payroll % =	80.6%
Lead Teacher Wage (Hourly) =	\$ 14.00
Assistant Teacher / Café / Clean Wage (Hourly) =	\$ 10.00
Admin Wage (Hourly) =	\$ 12.00
Director Wage (Hourly) =	\$ 18.27
Marketing % =	1.0%
Supply % =	2.0%
Daily Food per Preschool Child =	\$ 5.00
Credit Card Charges % =	2.0%

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CHILD Center

Labor Summary - Model Demonstration

Peak Occupancy

	#	Weeks	Hours per Week	Rate	Salary
Director	1	52	50.00		\$ 47,500
Admin	2	52	66.25	\$ 12.00	\$ 41,340
Food Service / Clean	2	52	42.50	\$ 10.00	\$ 22,100
Lead Teacher	4	52	160.00	\$ 14.00	\$ 116,480
Apprentice Teacher	4	52	160.00	\$ 10.00	\$ 83,200
Assistant Teacher / Sub	5	52	168.75	\$ 10.00	\$ 87,750
Total	18		647.5		\$ 398,370

\$ 378,452 95% cost for reduced
occupancy

Operational Hours

	Times	Hours
Monday	6:30-7:00	12.5
Tuesday	6:30-7:00	12.5
Wednesday	6:30-7:00	12.5
Thursday	6:30-7:00	12.5
Friday	6:30-7:00	12.5
Saturday	Closed	0
Sunday	Closed	0
Total		<u>62.5</u>

CHILD Center Model Demonstration Center

Exhibit F

Exhibit F: Reference List

Harms, T., Cryer, D., & Clifford, R. M. (2006). *Infant/Toddler environment rating scale* (Revised Edition). Teachers College Press, New York, NY.

Harms, T., Clifford, R. M., Cryer, D. (2005). *Early childhood environment rating scale* (Revised Edition). New York, NY: Teachers College Press.

Hemmeter, M.L., Fox, L., & Snyder, P. (2014). *Teaching Pyramid observation tool manual – Research edition*. Baltimore: Brookes.

Hemmeter, M.L., Snyder, P., Fox, L., & Algina, J. (2016). Evaluating the implementation of the Pyramid Model for promoting social-emotional competence in early childhood classrooms. *Topics in Early Childhood Special Education*, 36, 133-146. doi: 10.1177/0271121416653386

Pianta, R., LaParo, K., & Hamre, B. (2008). *Classroom assessment scoring system*. Baltimore: Brooks.

Snyder, P., Hemmeter, M.L., & Fox, L. (2015). Supporting implementation of evidence-based practices through practice-based coaching. *Topics in Early Childhood Special Education*, 35, 133-143.

Snyder, P., Hemmeter, M.L., McLean, M., Sandall, S., McLaughlin, T., & Algina, J. (in press). Effects of professional development on preschool teachers' use of embedded instruction practices. *Exceptional Children*.

Sutherland, K. S., Conroy, M. A., Vo, A., & Ladwig, C. (2015). Implementation integrity of practice-based coaching: Preliminary results from the BEST in CLASS Efficacy Trial. *School Mental Health*. DOI 10.1007/s12310-014-9134-8

Winton, P.J., Snyder, P., & Goffin, S. (2016). Beyond the status quo: Rethinking professional development for early childhood teachers. In L. Couse & S. Recchia (Eds.), *Handbook of early childhood teacher education* (pp. 54-68). New York: Routledge.

18-222 Transformative Professional Development

CHILD CENTER MDC

DEC 13 '17 AM 10:18

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RFA SELECTION PROCEDURES

The Organization(s) selected to provide the services described herein will be selected from the qualified Organization(s) submitting responses to this request for applications. The selection process will be as follows:

1.1 Staff Application Review

All proposals received by the submittal due date and time will be evaluated by Purchasing and Community Support Services staff to verify the type of agency applicant and proposed location of the pilot demonstration site(s). Additionally, staff will verify that commitments have been made with Key Collaborators as outlined in section 2.1

3.2 RFA Evaluation Team

Members of the CSAB will comprise the RFA Evaluation Team and will review the written materials received and score all applications not removed from the process during the staff evaluation phase.

Exhibit D, the Qualification Evaluation form, will be used to record the scoring of each application. The scores of each evaluator will be totaled, the scores of all evaluators will be summed, and then the results will be divided by the number of evaluators to arrive at a final average score for each application.

Applications scoring 70 or more points will be considered for a funding recommendation. There are, however, no guarantees or commitment to make a funding recommendation for any or all applications submitted under this RFA.

3.3 RFA Evaluation Team Discussions and Funding Recommendations

The maximum funding range determined by the average score of each application serves as a starting point for the Evaluation Team discussions. Evaluation Team members each bring a unique perspective and insights based on areas of professional and personal expertise, education, training, and community involvement. The RFA Evaluation Team arrives at a final decision by majority vote on a motion made and supported by two (2) members of the team. All members present for the entire evaluation process are entitled to vote on the motion made. Any member who is absent from any portion of the evaluation process shall be required to abstain from voting on the motion. The RFA Evaluation Team recommendation is subject to review and change by the Board of County Commissioners. The Board of County Commissioners will make the final award of funding at a meeting following the completion of the scoring process. Regardless of a given proposal's score, there is no guarantee a funding recommendation or funding award will be made for any or all applications submitted.

Proposal Average Score	Funding Range
70 - 100	0% to 100%
Below 70	Not eligible

On a separate page, and **not included** in the 20 page limit, provide a summary abstract of the proposal suitable for publication, generally two to three paragraphs is sufficient.

Project Narrative (20 page limit not including the budget template and letters of commitment), 12 point font, single spaced, with minimum 1" margins. Describe in detail how you will meet each of the essential program requirements listed in Section 2, Scope of Services, and as outlined below.

1. Program approach to Essential Program Requirements / Key Collaborators (30 points)

- a. Describe in detail how the demonstration site(s) includes key structural and process characteristics to successfully implement the proposed program.
- b. Describe in detail the geographic location of the proposed demonstration site(s) including a summary description of the qualities of the site in relationship to Section 2.4 of the RFA, i.e., access to comprehensive services.
- c. Describe how children and families will access other services including but not limited to pre-academic, social, emotional, physical, family support, and health needs.
- d. Describe how the organization will facilitate the development of policies, practices, and systems to create a coordinated referral and service delivery system.
- e. Describe how your organization will work with the Early Learning Coalition of Alachua County to disseminate the lessons learned from the demonstration site.
- f. Describe in detail the transformational professional development approaches that will be used including how these are evidence-based.
- g. Identify the key collaborators and a brief description of the role for each, i.e., colleges, universities, research entity, ELC, early childhood mental health and family support services, as described in Section 2.1 Key Collaborators.
- h. Include copies of letters of commitment, memorandums of understanding, and any other documentation that describes the relationship, responsibilities, or commitment of each collaborator.

2. Resources/Organizational Capacity (10 points)

- a. Describe the personnel resources you have available to commit to the TPD initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational and experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.
- b. Describe other personnel available or needed to support the TPD which are not directly funded.
- c. Describe your organization's experience providing similar services.
- d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the TPD program.
- e. Describe the experience the organization and its personnel have that demonstrates the successful implementation of evidenced-based practice related to interactional and instructional practices including practice based coaching, embedded instruction, and social-emotional practices.

3. Marketing and Outreach/Community Education (10 points)

- a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education

campaign.

4. Timeline (5 points)

- a. Briefly describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.

6. Outcomes to be Addressed and Measures Used (15 points)

- a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

7. Data Collection, Data Analysis, and Data Sharing (10 points)

- a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.
- b. Identify who will complete the data analysis, the frequency and type of analysis that will be completed. Explain the types of data reports that will be created.
- c. Propose how you will share outcome data with others, the CSAB, and County staff, to coordinate services and to reduce duplication.

8. Overall Impact on Health and Wellbeing of Alachua County Children and Families (10 points)

- a. The CSAB has adopted the **Results Based Accountability** Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.
- b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

9. Project Budget (10 points)

- a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e., personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.
- b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.
- c. Complete and attach a detailed line item budget using the Budget Template (Exhibit B) or a similar document.
- d. Provide a completed Budget Template or alternative format providing all of the same information, including additional information as desired, on a separate page.

Program	Proposed Funding FY 2018	Requested Funding FY 2018	Twombly	Duque	Patton	Tibbs
CHILD Center Model Demonstration Center	\$439,228.00	\$439,228.00	85	93	75	75
Score: 70 - 100 Funding: 0 - 100%						
Score: 0 - 69.99 Funding: 0						

e	Hardt	Logan	Total	Average	Maximum Funding Allowed	Proposed Funding	\$ Difference Between Funds Requested and Max Funds Allowed
			Score	Score			
	83	89	589	84	\$439,228.00	\$439,228	\$0.00

Total Funding Requested					\$439,228.00
Maximum Funding Allowed by Scores					\$439,228.00
Total Funds Available					\$400,000.00
Proposed Funding					\$439,228.00



Agenda

ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS

Jack Durrance Auditorium
Second Floor
12 SE 1st Street

February 13, 2018 BoCC Regular Meeting 9:00AM

Agenda Item #17.

Agenda Item Name:

Request to approve award of \$439,228.00 for the CHILD Center Model Demonstration Site

Presenter:

Claudia Tuck, Tom Tonkavich, 231-0058

Item Description:

Children's Services Advisory Board recommendation to award \$439,228.00 for the CHILD Center Model Demonstration Site in response to RFA 18-222.

Recommended Action:

Approve the award of \$439,228.00 to the CHILD Center for its model demonstration site.

Prior Board Motions

On August 8, 2017 the BoCC moved to approve the RFA for Transforming Professional Development (TPD) and directed staff to provide language to allow flexibility with the contract term and add a provision that it can be assigned to another entity in the future. The motion carried 5-0.

Fiscal Consideration:

Sufficient budget was approved in the FY18 Adopted Budget.

001.29.2910.569.82.00

Adopted Budget - \$1,212,831

Amount Requested - \$439,228

Background:

The draft RFA# 18-222 Transforming Professional Development, was amended as directed by the BoCC and issued by Purchasing. A pre-proposal conference was held and while four (4) different organizations attended, only one (1) proposal was received in response to the RFA. On January 24, 2018 Purchasing, working with several members of the Children's Services Advisory Board scored the proposal received from the CHILD (Children's Health Imagination Learning and Development) Center. The proposal scored a total of 84, above the minimum threshold of 70 to be considered for an award. The Advisory Board by unanimous motion (8-0) recommended the award of \$439,228.00 to the CHILD Center.

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ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS

REQUEST FOR APPLICATIONS
(RFA) #18-223

Healthy Social and Emotional Development and Family Support (SED)



MANDATORY PRE-APPLICATION MEETING

**1:00 PM, Friday, March 30, 2018
Alachua County Community Support Services
Conference Room A
218 SE 24th Street
Gainesville, FL 32641**

**RFA Submittal Deadline:
5:00 P.M., Wednesday April 25, 2018**

LATE APPLICATIONS WILL NOT BE CONSIDERED

Any applications received after the above submittal deadline **will not be considered.**

Submit Applications to:
Alachua County Procurement,
County Administration Building
12 SE 1st Street, 3rd Floor
Gainesville, Florida 32601-6983
(352) 374-5202 (PHONE)

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ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS
REQUEST FOR APPLICATIONS #18-223
FOR THE PROVISION OF
Healthy Social and Emotional Development and Family Support (SED)

1.0 **GENERAL PROVISIONS**

1.1 **Purpose**

The Alachua County Board of County Commissioners (BoCC) created the Children's Services Advisory Board in August 2016. The BoCC also appropriated \$1.2 million to fund programs directed at early childhood development with an emphasis on children, prenatal to age five, and their families. The overarching goal is to assure all children are ready to enter kindergarten. This ten-member board comprised of individuals with expertise in the area of early childhood development has identified three initiatives to improve outcomes for children prenatal to age five. The Healthy Social and Emotional Development and Family Support (SED) pilot is the third initiative designed to improve outcomes for children prenatal to age five in Alachua County. The CSAB anticipates that no more than \$400,000 of its \$1.2 million will be allocated to this initiative annually.

The SED pilot is an initiative to develop a system for the provision of early childhood mental health consultation and trauma responsive training for caregivers and families that will promote healthy social and emotional development for children prenatal to age five and their families. The initiative will provide consultation benefitting children and families receiving early care and education from licensed center-based and home-based programs in Alachua County and also benefitting the staff of those early care and education providers. Improving the accessibility of infant and early childhood mental health services was identified as a critical need in Alachua County in the recently conducted needs assessment. As summarized in the research synthesis, "Early Childhood Mental Health Consultation", produced by The Center on the Social and Emotional Foundations for Early Learning, young children's healthy social and emotional development is critical to school readiness and positive long-term outcomes. High rates of preschool expulsion, coupled with estimates that one in ten young children exhibit problem behaviors, suggests that all young children do not progress without significant challenges. Early childhood providers have increasingly voiced concerns about young children showing signs of serious emotional distress and have expressed the need for training and assistance around managing challenging behaviors. One approach to addressing challenging behaviors, as well as promoting social and emotional health and preventing the onset of serious behavioral issues, is Early Childhood Mental Health Consultation (ECMHC). ECMHC produces positive social and emotional outcomes for young children in early childhood settings, including reductions in preschool expulsions. Research shows positive outcomes among Early Childhood Education (ECE) staff and programs receiving consultation services: increased staff confidence in dealing with young children's behaviors and overall improvement in ECE classroom climates.

A collaborative interagency initiative is needed to design pilot SED/ECMHC programs in Alachua County by providing trauma responsive mental health consultation services to early care and education providers, to help these providers implement evidence-based classroom practices to enhance the healthy social and emotional development of young children, and to support to the children's families. The purpose of this Request for Proposals is to initiate a pilot SED/ECMHC system to provide (cf. The Center on the Social and Emotional Foundations for Early Learning):

- 1.1.1 Promotional activities for all children, e.g., providing families with information on children's social and emotional development, helping early childhood staff improve their learning environments.

- 1.1.2 Prevention activities for children at-risk for behavioral problems, e.g., offering families help in addressing challenging behaviors, supporting early childhood staff with strategies for working effectively with at-risk children.
- 1.1.3 Intervention activities for individual children exhibiting challenging behaviors, e.g., helping families and staff develop plans for individual children, helping family's access local mental health services.
- 1.1.4 A proposal for a SED pilot project will include both structural (i.e., where trauma responsive mental health consultation is delivered) and process (i.e., how trauma responsive mental health consultation is delivered) components. The SED pilot will be established by working through existing local early childhood education systems, e.g., The Early Learning Coalition of Alachua County (ELC). The pilot should, to the extent possible, be integrated with existing family and health services and serve to coordinate access to those services (e.g., family education and support services, health services, and mental health services).

1.2 **Mandatory Pre-Application Meeting**

All applicants must attend the pre-application meeting. Procurement will conduct a Mandatory Pre-Application Meeting during which potential applicants are provided with an overview of the program, information on the grant and instructions on completing the application. The Mandatory Pre-Application meeting will be held:

March 30, 2018, 1:00 p.m.
Alachua County Community Support Services
Conference Room A
224 SE 24th Street
Gainesville, FL 32641

1.3 **Application Submission**

Applications should be submitted with all required information as contained in Exhibit A (Cover Page, Abstract/Executive Summary, Narrative), Exhibit B (Budget and Budget Narrative), Exhibit C (Alachua County Government Minimum Wage form), and letters of commitment from applicant-selected Key Collaborators (Section 2.4). Each applicant is responsible for the full and complete compliance with all laws, rules and regulations which may be applicable. All applications should be bound/stapled together on the left side.

Include One (1) Original and one (1) Electronic Thumb Drive labeled with "**18-223: Healthy Social and Emotional Development and Family Support (SED).**" Each program proposal should be placed in a sealed box or envelope and labeled on the outside of the box or envelope:

18-223: Healthy Social and Emotional Development and Family Support (SED).

It is the complete responsibility of the applicant agency to compile and package its proposals according to the instructions. The Division of Purchasing will NOT provide assistance in any manner, including making copies.

Applications must be received no later than **5:00 p.m., Wednesday, April 25th, 2018** at:

Alachua County Procurement
Alachua County Administration Building
12 SE 1st Street, 3rd Floor
Gainesville, Florida 32601
352-374-5202

1.4 **Inquiries/Question**

Questions regarding any portion of the application or application process must be made in **WRITING**, via mail, fax or email to the Purchasing Agent. **Verbal** questions may only be asked at the pre-application meeting. All questions must be submitted no later than **Saturday, March 31, 2018**. Any Applicant in doubt as to the true meaning of any part of the Request for Application (RFA) or related documents may submit a written question/request to the Purchasing Agent, in order to be answered. All questions will be answered in writing in the form of an Addendum.

Theodore White, Purchasing Agent
Alachua County Procurement
12 SE 1st Street, 3rd Floor
Gainesville, Florida 32602-1467
E-Mail: twhite@alachuacounty.us

1.5 **Prohibited Communications During the RFA Application Process**

The RFA funding process is not over until the final award decisions are made by the County Commission. To ensure fair consideration for all Applicants, the County prohibits communication regarding this funding process, including the funding recommendations to or with any department, employee, elected official, or any other person involved in evaluation of or consideration of the applications, except as provided in Section 1.4, until the County Commission has formalized its funding decision. Communication includes both oral and written. The RFA funding process is not over until the final award decisions are made and formalized by the County Commission.

Additionally, the County prohibits communications initiated by an Applicant to any department, employee, elected official, or anyone evaluating or considering the application prior to the time an award decision has been made. Applicants or applicant representatives may not communicate with RFA Advisory Board members or with any County Commissioner regarding this RFA or RFA process, until after final funding decision is made by the Board of County Commissioners. Violation of the communication restrictions can result in not only disqualification of the offending Applicant from consideration of the proposal, but for any future proposals.

The County's Division of Purchasing or representative may initiate communication with an Applicant in order to obtain information. Communications initiated by an Applicant to anyone other than the appropriate Purchasing Agent or representative may be grounds for disqualifying the offending Applicant from consideration of its proposal/s and possibly any future application.

1.6 **Acceptance/Rejection of Applications**

Alachua County reserves the right to reject any application which may be considered irregular, show serious omission, unauthorized alteration of form, unauthorized alternate applications.

Alachua County reserves the rights to accept or reject any or all applications in whole or in part, with or without cause, to waive technicalities, or to accept applications or portions thereof which, in the County's judgment, best serve the interests of the County.

1.7 **RFA Process Appeal**

*Only the RFA **process**, itself, up to the point of Advisory Board Funding Recommendations may be appealed. RFA Advisory Board Funding Recommendations are not released prior to the resolution of any appeal or prior to the appeal deadline, itself. The Funding Recommendations made by the RFA Advisory Board cannot be appealed. The final funding decision made by the Board of County Commissioners can also not be appealed. All decisions made by the Board of County Commission shall be finalized at a scheduled Special County Commission Board meeting, TBA.*

Applicant complaints or grievances shall first be submitted in writing to the Purchasing Manager, Mr. Larry Sapp. ***The deadline for filing an appeal is May 18th, 2018, by 11:59 p.m. (one minute before midnight).*** The Purchasing Manager will investigate the complaint and present the findings in writing to the applicant. If the funding applicant is dissatisfied with the Purchasing Manager's decision and desires to continue with the appeal, s/he may make an appeal in writing to the County Manager within 5 (five) days of the Purchasing Manager's written finding. The County Manager will render a written response to the funding applicant. All decisions by the County Manager shall be considered final, and no further appeal is allowed.

Failure of any funding applicant to submit and appeal within the time frames provided in this section shall constitute a waiver of such funding applicants' right to appeal.

All appeals must have had a final decision rendered, or formal withdrawal of the appeal, before the RFP Advisory Board funding recommendations can be released.

1.8 **Proprietary Information**

Responses to this Request for Application upon receipt by the County become public records subject to the provisions Chapter 119 F.S., Florida Public Records Law.

2.0 **GENERAL PROGRAM GUIDELINES**

The services requested herein are for Healthy Social and Emotional Development and Family Support (SED).

2.1 **Essential Program Requirements**

The focus of the SED pilot is to adopt and implement an evidence-based, trauma responsive Early Childhood Mental Health Care (ECMHC) system serving children (birth through age five), staff, and families in licensed center-based care and licensed family child care homes. The ECMHC system will employ licensed mental health professionals working with Early Childhood Education (ECE) staff and families to help them prevent and reduce the impact of trauma among the children receiving ECE services. The ECMHC system will provide ECE staff and parents with the knowledge, skills, and dispositions to support meaningful interactions and instruction in early care and education, including trauma responsive care and child abuse prevention, leading to improved kindergarten readiness outcomes.

2.2 **SED Pilot Site(s)**

A critical component of the SED is the development of model ECMHC pilot site(s) where licensed mental health professionals will collaborate with and support ECE providers and families by providing a wide range of services, including early childhood mental health consultation in classrooms and through home visits; training and coaching staff; child screening, assessment, and referral; and facilitating child and family access to community mental health services.

2.2.1 The SED pilot site(s) will be located in Alachua County, will be chosen in collaboration with the ELC, and will include the staff and program characteristics necessary for implementing high quality, trauma responsive early childhood mental health and family support services. The SED pilot site(s) will also be able to model ECMHC in order to facilitate its dissemination to other licensed child care centers and family child care homes across Alachua County.

2.2.2 The Alachua County pilot will be modeled on the successful ECMHC programs required of all Head Start grantees (Head Start Program Performance Standards, 1302.45), as well as the Head Start Trauma Smart (HSTS) system developed by the Crittenton Children's Center in Kansas City (Journal of Child and Family Studies, 2015). All Head Start ECMHC programs are required to secure mental health consultation services to support classroom management and positive learning environments, to help staff support children with challenging behaviors, as well as to partner with families.

- 2.2.3 As in the HSTS program, the Alachua County pilot will offer support to all family members and staff in all positions. The consultants will be master's level, licensed clinicians with a trauma-informed background and/or early childhood training.
- 2.2.4 Among other activities the grantee staff will:
 - 2.2.4.1 Make regular classroom and home visits.
 - 2.2.4.2 Provide child development information to staff and parents related to social-emotional development and mental health.
 - 2.2.4.3 Provide guidance to staff on selecting, implementing, and interpreting social-emotional screening and assessment tools and findings.
 - 2.2.4.4 Provide written and oral observations and strengths-based feedback to classrooms on a regular basis.
 - 2.2.4.5 Meet with classroom and other staff to review classroom observations and develop and implement plans as needed.
 - 2.2.4.6 Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
 - 2.2.4.7 Support, coordinate, and provide staff trainings related to social-emotional development, family support, early child trauma, and mental health issues.
 - 2.2.4.8 Establish, coordinate and convene multi-disciplinary team meetings.
 - 2.2.4.9 Coordinate and facilitate parent training.
 - 2.2.4.10 Conduct observations and assessments of individual children as assigned or referred for consultation.
 - 2.2.4.11 Meet with families to consult on child and family needs and create follow-up plans to support these needs.
 - 2.2.4.12 Conduct standardized developmental, behavioral, and/or social-emotional screens and assessments for individual children as assigned or referred for consultation.
 - 2.2.4.13 Provide child and family referral and follow-up to community services.

2.3 **Ongoing Collaborative Efforts and Quality Improvement**

The Contractor(s) shall be responsible for providing:

- 2.3.1 The SED Providers will closely collaborate with related early childhood services in order to close current service gaps and reduce duplication.
- 2.3.2 The SED Providers' staff will meet on a regular basis to review process, client participation, and quality improvement needs.
- 2.3.3 The SED Providers will collect and analyze process and outcome data, and utilize information to improve program quality.
- 2.3.4 The SED Providers will propose a plan to share data as appropriate to support measuring long term outcomes.
- 2.3.5 The SED Providers will detail the sustainability of the program and what other sources of funding will be relied upon to maintain the program.

2.4 **Working with the Collaborators**

The early childhood mental health consultants at the SED pilot site(s) will meet regularly with key collaborators to review and discuss structural and process issues related to trauma responsive early learning and care with the goal of using this knowledge to improve the SED knowledge and skills of other community providers. Key collaborators include the early care and learning center, evaluators, helping professionals, student, parents, and other organizations. Key collaborators should be identified and include a brief description of their responsibilities and agency's history. Also, identify the type of relationship with the collaborator and whether it is informal or ad hoc or formal, i.e., memorandum of understanding, referral agreement, etc.

2.5 **Others Interested in Replication**

The SED pilot site(s) are encouraged to allow others interested in replicating the model, to visit, observe, and request information on the site(s) operation and overall progress.

2.6 **Data Sharing**

The CSAB and BoCC require assurance that data will be collected, analyzed and shared. Data sharing will occur between the providers and other agencies, as appropriate, as well as with the CSAB and Alachua County staff. Providers will propose how each would share data to measure outcomes, to coordinate services and to reduce duplication. Data that would assist the CSAB to ultimately measure how this initiative prepares children for kindergarten is of particular interest. It is the BoCC and CSAB intent to create a centralized data base for all providers to participate in entering data to measure outcomes.

2.7 **Notification of Significant Changes**

The Providers will notify the BoCC prior to any significant change(s) in the delivery of the services as set forth in their proposal. Significant changes that require notification include, but not be limited to, the commencement or conclusion of employment of key staff and any material change(s) in the delivery of services set forth in its proposal. Material change(s) would include, but not be limited to, location of facilities where services are being provided or the number of staff assigned to a service delivery site.

2.8 **Site Visits**

The Providers agree to permit the BoCC and its staff to conduct site visits. The Providers will grant full access at administrative and service delivery sites to CSAB, BoCC and staff during all announced and unannounced visits, for the purpose of examination of records and data as well as observation of service delivery.

2.9 **Meeting Attendance with the CSAB and BoCC**

The Providers will assign appropriate staff as necessary to attend meetings with CSAB, BoCC and/or Alachua County staff to discuss issues and recommendations including, but not limited to, quality of service, service delivery systems, and coordination of services, client satisfaction, records, maintenance, and funding maximization.

2.10 **Confidentiality**

The Providers will maintain the confidentiality of client services and records in accordance with applicable federal and state laws and regulations.

2.11 **Quarterly Reporting**

The Providers will submit quarterly program reports. The Providers will also share with the CSAB and BoCC and other agencies as specified such information and data as the CSAB and BoCC determine to be appropriate.

3.0 **RFA SELECTION PROCEDURES**

The Organization(s) selected to provide the services described herein will be selected from the qualified Organization(s) submitting responses to this request for applications. The selection process will be as follows:

3.1 **Staff Application Review**

All the applications will be reviewed by a County Commission appointed RFA Evaluation Team taking into account all the criteria and the overall application(s). The application(s) of these Organization(s) will be reviewed and funding recommendations presented to the BoCC for consideration and final approval of the funding award amount.

3.2 **RFA Evaluation Team**

Members of the CSAB will comprise the RFA Evaluation Team and will review the written materials received and score all applications.

Exhibit D, the Qualification Evaluation form, will be used to record the scoring of each application. The scores of each evaluator will be totaled, the scores of all evaluators will be summed, and then the results will be divided by the number of evaluators to arrive at a final average score for each application.

Applications scoring 70 or more points will be considered for a funding recommendation. There are, however, no guarantees or commitment to make a funding recommendation for any or all applications submitted under this RFA.

3.3 **RFA Scoring Criteria**

The maximum funding range determined by the average score of each application serves as a starting point for the Evaluation Team discussions. Evaluation Team members each bring a unique perspective and insights based on areas of professional and personal expertise, education, training, and community involvement. The RFA Evaluation Team arrives at a final decision by majority vote on a motion made and supported by two (2) members of the team. All members present for the entire evaluation process are entitled to vote on the motion made. Any member who is absent from any portion of the evaluation process shall be required to abstain from voting on the motion. The RFA Evaluation Team recommendation is subject to review and change by the Board of County Commissioners. The Board of County Commissioners will make the final award of funding at a meeting following the completion of the scoring process. Regardless of a given proposal's score, there is no guarantee a funding recommendation or funding award will be made for any or all applications submitted.

Proposal Average Score	Funding Range
70 - 100	0% to 100%
Below 70	Not eligible

3.4 **Negotiation of Contract**

The County will negotiate contract(s) with approved Grantee(s) for the provision of these services requested in this Request for Application.

4.0 **GENERAL TERMS AND CONDITIONS**

The following are the general terms and conditions, supplemental to those stated elsewhere in the Request for Application, to which the selected Organization(s) must comply in order to be consistent with the requirements for this Request for Application. Any deviation from these or any other stated requirements should be listed as exceptions in a separate appendix of the proposal.

4.1 **Assignment of Personnel**

All personnel assigned to the grantee will be subject to the approval of the County and no changes shall be allowed unless prior written approval is obtained.

4.2 **Basis for Contract Negotiation**

The proposal/application will serve as the basis for negotiating the contract.

4.3 **Insurance Requirements for Independent Contractor**

4.3.1 Awarded applicants (hereafter referred to as "Grantee") will be acting in the capacity of an independent contractor and not as an agent, employee, partner, joint venture, or associate of the County. Grantee is solely responsible for the means, method, techniques, sequence, and procedure utilized by the Grantee in the full performance of this agreement. Neither Grantee nor any of its employees, officers, agents or any other individual directed to act on behalf of Grantee for any act related to this Agreement shall represent, act, purport to act, or be deemed to be the agent, representative, employee or servant of the County.

4.3.2 For Independent Contractors outside the construction industry with fewer than four employees choosing not to secure worker's compensation coverage under the Florida Worker's Compensation Act, the Independent Contractor outside the construction industry verifies that it has posted clear written notice in a conspicuous location accessible to all employees, telling employees and others of their lack of entitlement to worker's compensation benefits.

4.3.3 Policies and decisions of Grantee, which may be represented by Grantee in performance of this Agreement, shall not be construed to be the policies or decision of the County.

4.4 **Term of the Contract**

The overarching goal of this program to ensure all Alachua County children are successful in kindergarten, and the time required to measure the outcomes of performance under this proposal, it is the intent of the Alachua County BoCC to execute contract(s) multi-year terms. Term length will be negotiated, including a provision for review to determine performance outcomes, and any subsequent renewal term. Additionally, during the term of the SED, if a dependent or independent Children's Services Council exists, the contract will include a clause for an assignment of the SED contract to the Children's Services Council.

4.5 **Governing Law**

This agreement shall be governed in accordance with the laws of the State of Florida. Venue shall be in Alachua County.

4.6 **Indemnification**

To the maximum extent permitted by Florida law, the Grantee shall defend, indemnify and hold harmless the County and its officers and employees from any and all liabilities, claims, damages, penalties, demands, judgments, actions, proceedings, losses or costs, including, but not limited to, reasonable attorneys' fees and paralegals' fees, whether resulting from any claimed breach of this Agreement by the Grantee or from personal injury, property damage, direct or consequential damages, or economic loss, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of the Grantee or anyone employed or utilized by the Grantee in the performance of this Agreement.

The duty to defend under this Article is independent and separate from the duty to indemnify, and the duty to defend exists regardless of any ultimate liability of the Grantee, the County and any indemnified party. The duty to defend arises immediately upon presentation of a claim by any party and written notice of such claim being provided to the Grantee. The Grantee's obligation to indemnify and defend under this Article will survive the expiration or earlier termination of this Agreement until it is determined by final judgment that an action against the County or an indemnified party for the matter indemnified hereunder is fully and finally barred by the applicable statute of limitations.

Nothing contained herein shall constitute a waiver by the County of sovereign immunity or the provisions of §768.28, Florida Statutes.

4.7 **Amendments**

This agreement may be amended by mutual written agreement of the parties and may be changed only by such written amendment.

4.8 **Independent Organization(s)**

In the performance of this agreement, the Grantee(s) will be acting in the capacity of an independent Organization(s) and not as an agent, employee, partner, joint venture, or associate of the County. The Grantee(s) shall be solely responsible for the means, method, technique, sequences, and procedures utilized by the Grantee(s) in the full performance of the agreement.

COVER PAGE

Name of Agency: _____

Address: _____

Telephone: _____

Email: _____

Contract Signatory: _____

Title: _____

Signature: _____

Date: _____

AGENCY TYPE:

☐ Government

☐ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)

☐ Other, specify: _____

PROGRAM:

Contact Person Name: _____

Name of Program: _____

Address: _____

Telephone: _____

Email: _____

Amount Requested: _____

Abstract/Executive Summary

On a separate page, and **not included** in the 20 page limit, provide a summary abstract of the proposal suitable for publication, generally two to three paragraphs is sufficient.

Project Narrative (20 page limit not including the budget template and letters of commitment), 12 point font, single spaced, with minimum 1" margins. Describe in detail how you will meet each of the essential program requirements listed in Section 2, Scope of Services, and as outlined below.

1. Program approach to Essential Program Requirements / Key Collaborators (30 points)

- a. Describe in detail how the demonstration site(s) includes key structural and process characteristics to successfully implement the proposed program.
- b. Describe in detail the geographic location of the proposed demonstration site(s) including a summary description of the qualities of the site in relationship to Section 2.2.1 of the RFA, i.e., access to comprehensive services.
- c. Describe how children and families will access other services including but not limited to pre-academic, social, emotional, physical, family support, and health needs.
- d. Describe how the organization will facilitate the development of policies, practices, and systems to create a coordinated referral and service delivery system.
- e. Describe how your organization will work with the Early Learning Coalition of Alachua County to disseminate the lessons learned from the demonstration site.
- f. Describe in detail the Early Childhood Mental Health Consultation (ECMHC) approaches that will be used.
- g. Describe how to establish, coordinate and convene multi-disciplinary team meetings: who would be on the team, who the basic stakeholders, etc.
- h. Identify the key collaborators and a brief description of the role for each, i.e., colleges, universities, research entity, ELC, early childhood mental health and family support services, as described in Section 2.4 Key Collaborators.
- i. Include copies of letters of commitment, memorandums of understanding, and any other documentation that describes the relationship, responsibilities, or commitment of each collaborator.

2. Resources/Organizational Capacity (10 points)

- a. Describe the personnel resources you have available to commit to the SED initiative including roles and responsibilities, education, experience, credentials, etc. For new positions, provide a job description including educational and experience requirements. Describe the organizational structure including supervisor and subordinate chains of command, necessary to implement the project.
- b. Describe other personnel available or needed to support the SED which are not directly funded.
- c. Describe your organization's experience providing similar services.
- d. List and describe any required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the SED program.
- e. What experience does the organization and its personnel have that demonstrate the capacity to successfully implement evidenced based, trauma responsive Early Childhood Mental Health Consultation (ECMHC) practice.

3. Marketing and Outreach/Community Education (10 points)

- a. Explain how your project will be marketed including a description of any planned publications, special events, how social media will be used, and the key elements of any message or community education campaign.

4. Timeline (5 points)

- a. Briefly describe the key milestones in the proposed project and how many days following grant/contract approval each will occur.

5. Outcomes to be Addressed and Measures Used (15 points)

- a. List each desired outcome and the data measures used to determine the level of attainment. Where applicable, relate outcomes and measures to assuring children are ready for kindergarten, or how it supports that overarching goal.

6. Data Collection, Data Analysis, and Data Sharing (10 points)

- a. Identify the key data elements collected, how these support the proposed outcome measures, and the source of information.
- b. Identify who will complete the data analysis, the frequency and type of analysis that will be completed. Explain the types of data reports that will be created.
- c. Propose how you will share outcome data with others, the CSAB, and County staff, to coordinate services and to reduce duplication.

7. Overall Impact on Health and Wellbeing of Alachua County Children and Families (10 points)

- a. The CSAB has adopted the **Results Based Accountability** Framework as its evaluation model. The CSAB overarching goal is to assure all children are ready for kindergarten by age 5. Describe how the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten.
- b. What measures will demonstrate the desired impact? What intervals do you plan to measure and evaluate progress?

8. Project Budget (10 points)

- a. Provide a narrative description of all key budget items and briefly explain how each is utilized in providing services, i.e., personnel, fringe benefits, travel, operating supplies, etc. Provide a detailed explanation of any items listed in the "Other" budget category. Describe the scope of services for any contractual items.
- b. Identify the amount of funding requested and any other resources included in the budget, i.e., other outside funding, in-kind contributions, etc.
- c. Complete and attach a detailed line item budget using the Budget Template (Exhibit B) or a similar document.
- d. Provide a completed Budget Template or alternative format providing all of the same information, including additional information as desired, on a separate page.

EXHIBIT B

Alachua County Children's Services Advisory Board			
Healthy Social and Emotional Development and Family Support (SED)			
Budget Template			
Personnel	Hours Per Week	Annual Cost	List each position proposed to provide services under the project
			Add or delete rolls as needed
Total Personnel			
Fringe Benefits	Monthly Cost	Annual Cost	
			List all fringe benefits separately
Total Fringe Benefit			
Operating Expenses	Monthly Cost	Annual Cost	Provide a general description of items purchased using funds provided
			Add rows as needed
Supplies			
Travel			
Equipment			Include start up equipment
Printing			
Training			Specify type of training, who will be attending length and duration, travel costs including mileage, per diem, etc.
Insurance			
Contractual			Identify the organization contracted with and a brief description of the planned scope of services
Other			
Total Operating Exepneses			
Total Project Expenses			

275

Project Revenues	Annual Total			
Amount Requested from the CSAB				
Other Funds				Describe any other funds leveraged or contributed to the project including in-kind
Total Project Revenues				

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE

THIS IS FOR INFORMATION PURPOSES ONLY

Alachua Board of County Commissioners has adopted the new County Government Minimum Wage ordinance. Please provide the following information.

1. Are your employees paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents? ____ yes or ____ no
2. Are your employees paid a minimum wage of \$15.04 hourly without health insurance benefits related to programs assisting Alachua County residents? ____ yes or ____ no
3. If funding is received, will your employees be paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents?
4. If funding is received, will your employees be paid a minimum wage of \$15.04 hourly without benefits related to programs assisting Alachua County residents?

If funding is received and employees will not be paid a minimum wage of \$13.00 hourly plus health insurance benefits or \$15.04 hourly without benefits please explain:

EXHIBIT D**QUALIFICATIONS EVALUATION**PROJECT: Healthy Social and Emotional Development and Family Support (SED) EVALUATOR: _____

FIRM NAME: _____ DATE: _____

TECHNICAL QUALIFICATIONS	POINT VALUE	POINTS AWARDED	STRENGTHS/OPPORTUNITIES
• Approach to Achieve Essential Program Requirements	30		
• Resources/Organizational Capacity	10		
• Marketing and Outreach/Community Education	10		
• Proposed Timeline	5		
• Outcomes to be Addressed and Measures to be Used	15		
• Data Collection, Data Analysis and Data Sharing	10		
• Overall Impact on Health and Wellbeing of Alachua County Children & Families including kindergarten readiness	10		
• Proposed Budget	10		
Total Points Possible/Awarded	100		



**Response to
RFA #18-223
Healthy Social and Emotional Development and Family Support (SED)**

**Submitted by
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608**

**with Partnership for Strong Families,
Child Advocacy Center, the Early Learning Coalition
of Alachua County
and Other Community Partners**

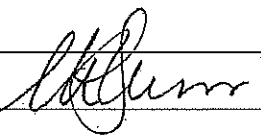
**Primary Contact:
Margarita Labarta, Ph.D.
President/CEO
(352) 374-5600, ext. 8220
maggie_labarta@mbhci.org**

**Submitted to
Alachua County Procurement
County Administration Building
12 SE 1st Street, 3rd Floor
Gainesville, FL 32601-6983
(352) 374-5202**

April 25, 2018

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COVER PAGE

Name of Agency: Meridian Behavioral Healthcare, Inc.
Address: 4300 SW 13th Street, Gainesville, FL 32608
Telephone: (352)-374-5600, ext. 8220
Email: maggie_labarta@mbhci.org
Contract Signatory: Margarita Labarta, Ph.D.
Title: President/CEO
Signature: 
Date: 4/16/2018

AGENCY TYPE:

☐ Government

☒ Nonprofit (copy of IRS 501(c)(3) IRS Exemption Letter must be submitted with Proposal)

☐ Other, specify:

PROGRAM:

Contact Person Name: Terri Crawford
Name of Program: Healthy Social and Emotional Development and Family Support (SED)
Address: 4300 SW 13th Street, Gainesville, FL 32608
Telephone: (352)-374-5600, ext. 8271
Email: terri_crawford@mbhci.org
Amount Requested: \$354,636



ABSTRACT/EXECUTIVE SUMMARY

The Healthy Social and Emotional Development and Family Support (SED) pilot program is a community-based collaboration between Meridian Behavioral Healthcare, the lead agency; Partnership for Strong Families; and the Child Advocacy Center with the aim of supporting early learning center teachers and staff in addressing challenging classroom behaviors. These key SED providers will work in partnership with the Early Learning Coalition (ELC) of Alachua County and the CHILD Center in the SWAG communities of Southwest Gainesville to implement Early Childhood Mental Health Consultation (ECMHC) and related services for children ages 0 to 5 and their primary caregivers. The pilot will also provide preventative and supportive services for center teachers and staff. Services will be provided at five early learning centers chosen as demonstration sites. The SED partners intend to work collaboratively with the ELC and other stakeholders to replicate ECMHC services in early learning centers throughout Alachua County.

Core services implemented will include classroom observation, assessment, and consultation for children and families; evidence-based, trauma responsive brief therapy for children needing more intensive intervention; linkages to community resources and supports to promote family stability and protective factors; trauma responsive prevention activities for all children at the centers; evidence-based training for caregivers and center staff focused on child abuse identification, prevention, reporting and intervention; and consultation to assist center teachers and staff with strategies for working affectively with children displaying or at-risk of behavior problems.

The pilot will evaluate effectiveness through outcomes measuring early learning center calls for assistance and center expulsions; family stability through linkages to resources and supports; staff knowledge of trauma responsive principles; and child functioning related to traumatic stress, anxiety, depression, and related factors. The primary goal of the pilot is to improve social and emotional development outcomes for young children. The program is designed to support the Alachua County Board of County Commissioners, the Children's Services Advisory Board (CSAB), and the other (CSAB) initiatives - the Transformative Professional Development Program and NewboRN Home Visiting Program - with realizing their overarching goal of assuring that all of Alachua County's children are ready for kindergarten.



PROJECT NARRATIVE

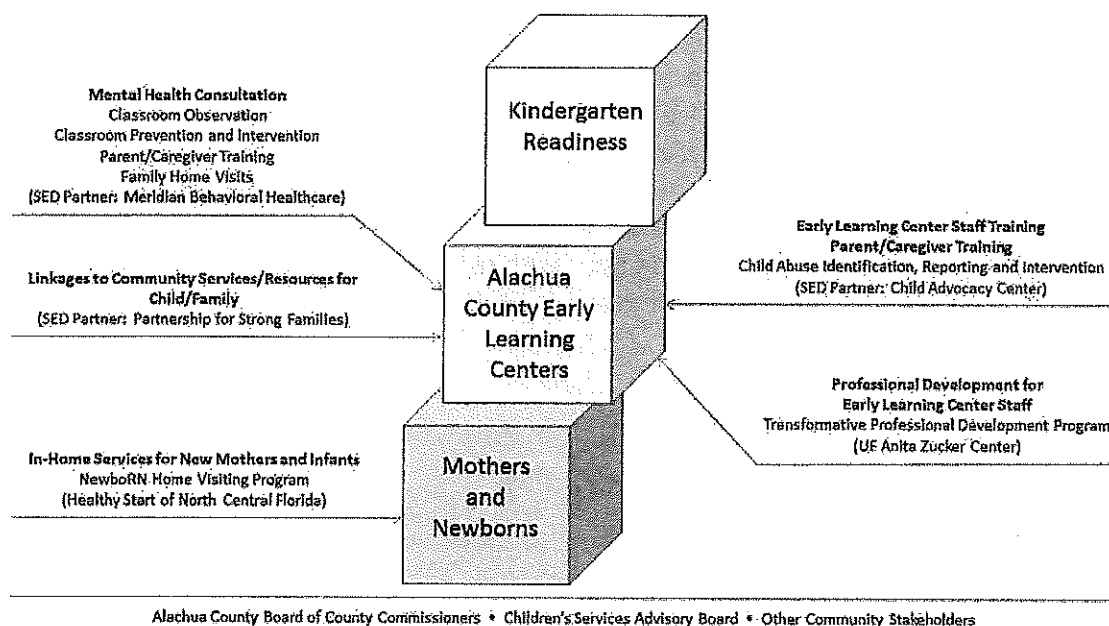
1. Program Approach to Essential Program Requirements/Key Collaborators

a) How demonstration sites include key structural and process characteristics to implement the program

Overview: The core providers of the proposed Healthy Social and Emotional Development and Family Support (SED) pilot – Meridian Behavioral Healthcare, the lead agency; Partnership for Strong Families; and the Child Advocacy Center – will work collaboratively with the Early Learning Coalition (ELC) of Alachua County and the CHILD Center to provide Early Childhood Mental Health Consultation (ECMHC) services and trauma-responsive caregiver training at five Alachua County early learning centers. The target population will be children ages 0 to 5 and their primary caregivers receiving services at the identified centers. A primary aim of these consultation services is to support early learning center staff in addressing challenging child behavior issues through evidence-based classroom practices. The SED partners will also support the activities and goals of the other Children's Services Advisory Board (CSAB) initiatives, the Transformative Professional Development Program and the NewboRN Home Visiting Program, with the overarching goal of ensuring that Alachua County's children are ready to enter kindergarten. (See also letters of commitment in Attachment A.)

Figure 1 summarizes the roles of these partners and the components of the proposed SED pilot.

Figure 1: SED Pilot Collaborators and Components





Structure and Process: The SED pilot will implement services at five (5) early learning center demonstration sites at diverse geographic locations in Alachua County based on local needs assessment data and current ELC assessment. (See Section 1.b. below for more information on needs assessment data and the selection criteria.) Demonstration sites will be staffed by **two SED Consultation teams**. Each team will consist of the following staff members:

1) **Licensed Early Childhood Mental Health Consultant (ECMHC)**, employed by Meridian: The ECMHC will provide evidence-based, trauma responsive Mental Health Consultation services to support providers at the identified early learning centers. The ECMHC will share resources with center staff and directors and other partners with the aim of preventing and managing child behavioral problems in the classroom. The ECMHC will offer information/education activities for all caregivers at center sites focused on topics such as developmental stages and trauma responsive care. Additionally, the ECMHC will offer informal group consultation (e.g., “morning coffee” question and answer sessions), as well as one-on-one consultation with identified caregivers. The consultant will also work collaboratively with center staff to implement in-classroom prevention activities for children. For children needing more intensive intervention, the ECMHC will provide classroom or in-home services using evidence based model components (e.g., TF-CBT). **See Section 1.f. for information on the evidence-based, trauma responsive ECMHC approaches that will be used.**

2) **Early Childhood Family Support Facilitator**, employed by Partnership for Strong Families: The Family Support Facilitator will provide face-to-face consultation with identified families of children receiving services at a demonstration site to identify any service needs. Caregivers and their children will be linked to other assessments, community-based resources and services as indicated (e.g., pre-academic services, medical treatment, family support). The Family Support Facilitator will provide limited case management services to the identified families (e.g., connecting families with resources, ensuring services/supports are in place, acting as a liaison between the family and providers). Services will be provided at the identified early childhood center or other community location convenient to the family. **See Section 1.c. below for detailed information on these services.**

One team will have a scheduled rotation between three (3) centers and one team will have a scheduled rotation between two (2) centers based on acuity and number of children at the selected centers. Each team will promote a consistent, recognizable presence at their assigned centers to develop relationships with children, caregivers and staff. Team member schedules will also be flexible to allow ECMHC staff to respond to any immediate calls for assistance from early learning center staff at the demonstration sites.

Additionally, SED partner **Child Advocacy Center** will provide two scheduled trainings at each of the demonstration centers. Training will be specific to **child abuse identification, reporting and intervention**. One training for teachers/staff will include prevention of child abuse in the child care setting, self-care, signs and symptoms of child abuse, child abuse reporting requirements,



and self-assessment. Another training, provided to caregivers, will cover identifiers of child maltreatment; prevention in the home and community; and signs and symptoms of trauma. Caregiver training will also include strategies to deal with children's behavior that is most likely to result in harm from another. Child Advocacy Center staff will also implement the **No Hit Zone** program through materials distributed at each center. No Hit Zone, a trauma responsive, evidence-based program of the Gundersen National Child Protection Training Center, promotes safe environments and healthy relationships, focuses on prevention and support, and fosters nonviolent conflict resolution.

Meridian and the SED partners will also collaboratively support the goals and objectives of the UF Anita Zucker Center for Excellence in Early Childhood Studies in their implementation of the Transformative Professional Development Program for the early learning center staff and teachers.

SED partners will work collaboratively and be in frequent communication with early learning center directors to ensure that all services provided are appropriate to the schedules and needs of center staff.

b) Geographic location of proposed demonstration sites, including a summary description of site qualities related to RFA Section 2.2.1

Geographic Location and Site Selection: The new CHILD Center located in the Southwest Advocacy Group (SWAG) communities (zip code 32607) has been finalized as a SED demonstration site. The ELC is also proposing the OakTree Early Learning Academy in Gainesville (zip code 32609) and the Martin-Rochelle Learning Center in the city of Archer (zip code 32618) as potential demonstration sites. The ELC has indicated their intent to formally identify the remaining four centers within one month of the grant award to allow for the most current needs assessment at that time. Concurrently with need, emphasis will be placed on choosing sites from varied geographic locations of Alachua County.

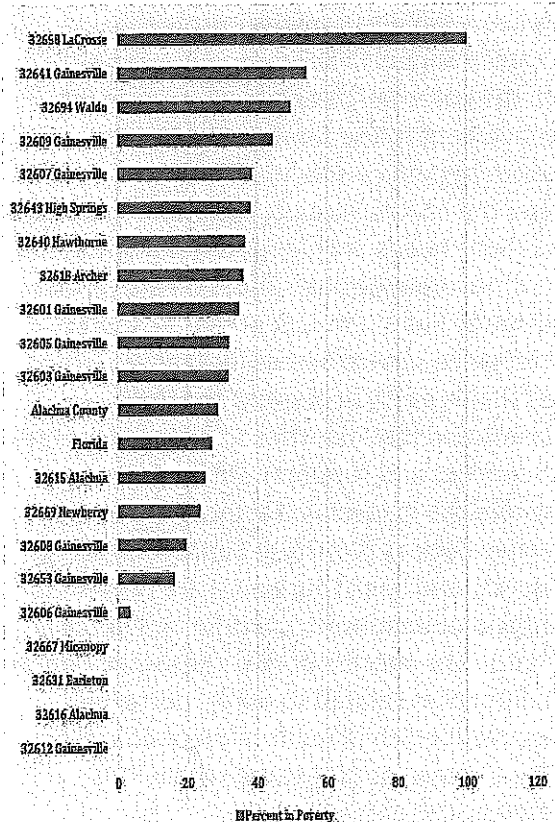
Locations will be chosen based on high need as evidenced by early learning center data, such as number of enrollments, history of expulsions for behavioral issues, and the number of calls for assistance from the center's staff. **Additionally, with guidance from existing local needs assessments, it is the SED partners' intent to include centers within areas that have high density of socioeconomic, health and safety disparities, including those related to early childhood trauma.** Because the scope and resources of the pilot program are limited, the needs assessments will serve as tools for targeting services where they are needed most and where the pilot will have the greatest potential impact.

For example, needs assessment data compiled by WellFlorida (Figure 2) delineates by zip code location the percent of children 0-5 who are living in poverty, an overarching cause of health and wellbeing disparities for children and families, while geographic information systems (GIS) "hot spot" maps serve to visually identify the highest geographic density of specific disparities



known to impact early childhood social and emotional development, including those related to early adverse childhood experiences (Figure 3).

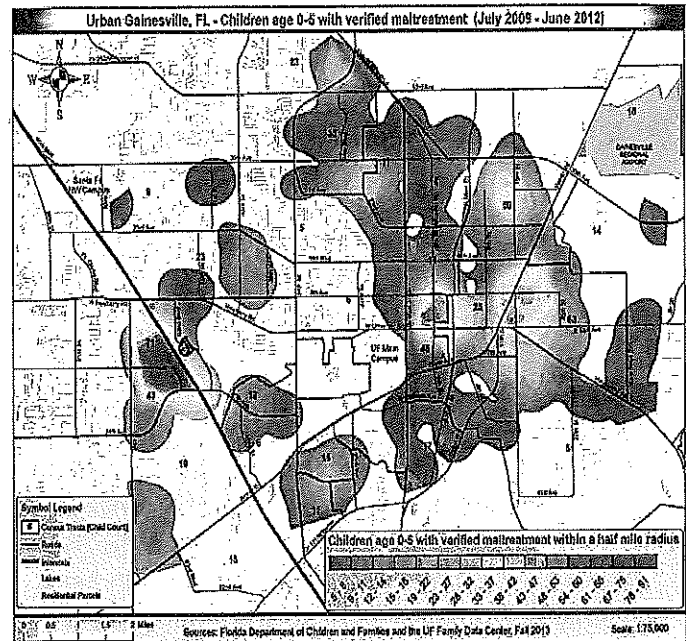
Figure 2. Estimated Percent of age 0-5 in Poverty by Zip Code , 2010-2014



Sources: Table 49, Alachua County Children's Services Technical Appendix 2016, prepared by WellFlorida Council.

Note: Reprinted from "Alachua County Children's Needs Assessment", WellFlorida Council, 2016.

Figure 3. Urban Gainesville, FL – Children age 0-5 with verified maltreatment (July 2009-June 2012)



Note: UF Family Data Center map reprinted from "2014 Report of the Women's Giving Circle", Hardt, N., Sayedul Huq, M., McLean, J. Estrella, R., 2014 September 17. Retrieved from <http://advisoryboards.alachuacounty.us/boards/agendas.aspx?id=60>

Site Selection and Potential for Replication: In collaboration with the ELC, SED partners will ensure that all pilot sites chosen will have adequate child attendance and staffing to support comprehensive ECMHC service delivery. As stated above, it is the initiative's intent to include sites from diverse geographic locations to make replication relevant to a wide range of sites countywide. Taking into account needs assessments in site selection will not only allocate pilot resources where they are needed most, but will also inform service delivery by helping to identify what works on a neighborhood level.



c) How children and families will access other services, including, but not limited to, pre-academic, social, emotional, physical, family support, and health needs

The Early Childhood Family Support Facilitators, who are collaborative members of the SED Consultation team, will provide consultation and limited case management to families at the demonstration centers. Family Support Facilitators will be employees of Partnership for Strong Families (PSF). With the objective of improving outcomes related to caregiver protective capacities, family stability and school readiness, the Family Support Facilitator will arrange to conduct face-to-face consultations with families, with the parental/caregiver permission, at their assigned childcare facility or another location convenient to the family. The Family Support Facilitator will gather information related to demographics and household environment to assess caregiver needs. As appropriate, the Family Support Facilitator will link families with existing community supports to address those needs, including, but not limited to, those found at PSF's local Resource Centers. As part of the organization's focus on prevention and meeting families' needs on the front-end, PSF currently has a network of four Resource Centers, three located in Alachua County, which will enhance service access for families. The Centers provide a "one-stop-shop" for local resources that is easily accessible and non-stigmatizing, with resources ranging from clothing closets and food pantries to financial literacy for adults and afterschool programs for children. All services and supports will focus on strengthening the five key family protective factors within the Protective Factors Framework model. Research has shown that when the five Protective Factors (Concrete Supports, Parent-Child Development, Nurturing and Attachment, Resiliency, and Social Supports) are present in families, the risk of child abuse and neglect is reduced and outcomes for children and families are improved (Center for the Study on Social Policy, n.d.). The success of PSF's Resource Center Model further supports the significance of protective factors as related to family outcomes. From 2009-2017, data demonstrates a 67% decrease in verified child maltreatment counts for the 5 zip codes served by the Alachua County Resource Centers, as compared with a 59% reduction in the areas not served by the Resource Centers (PSF data).

The Family Support Facilitator will also provide limited case management services to the identified families (e.g., connecting families with resources, ensuring services/supports are in place, acting as a liaison between the family and providers). The Family Support Facilitator will display an understanding of, and sensitivity to, the family's cultural and socioeconomic characteristics and will be trained to identify the causes and effects of trauma and victimization, including the impact of early and cumulative trauma and victimization, along with techniques for management and recovery. Additionally, one of the core duties of the Family Support Facilitator will be to conduct regular community outreach by actively seeking out and engaging community agencies, businesses, and individuals who will contribute to meeting the needs of local families with children ages 0-5.



d) How the organization will facilitate the development of policies, practices, and systems to create a coordinated referral and service delivery system

In support of system-wide coordination and communication, the SED pilot partners will implement quarterly stakeholder meetings that will include the SED and other CSAB initiative partners, the BoCC/CSAB members and other interested parties. The Child Advocacy Center has agreed to coordinate and convene the stakeholder meetings. Meridian currently has letters of commitment (see Attachment A) from the core SED partners, to include the Early Learning Coalition, PSF, CHILD Center in the SWAG communities, and the Child Advocacy Center, as well as from the other entities involved in CSAB initiatives, i.e., Transforming Professional Development (UF Anita Zucker Center) and the NewboRN Home Visiting program (Healthy Start of North Central Florida/WellFlorida). These letters state the partners' agreement to share data and to participate in the quarterly meetings. An initial task of the stakeholder meetings will be to assist with drafting and reviewing SED pilot procedures and developing a communication, referral and shared data plan. Meridian and Healthy Start of North Central Florida have also formally agreed to provide and receive referrals of families who may benefit from our mutual programs. Additionally, the SED program will hold multi-disciplinary staffings, which will further communication and service coordination for identified families. These staffings will be attended by early learning center service providers, including the Transforming Professional Development staff, Meridian, PSF, CAC, center staff and directors and family members as appropriate (see section 1.g.).

Both Meridian and PSF will provide any existing policies and procedures related to similar referral and delivery system functions to inform the SED pilot. Both Meridian and PSF will draw on their many existing working and formal partnerships to maximize family access to coordinated services across multiple systems of care. By using a consultation model, the PSF Family Support Facilitator can assist families with making direct and coordinated connections to a range of services based on their individual needs, rather than simply providing referrals and having families navigate often complex systems on their own. The Family Support Facilitator will work closely with childcare workers, educational providers, healthcare providers and other community organizations in order to connect families to services related, but not limited to, the following areas: social and emotional well-being, healthcare, concrete supports, and crisis resolution. Meridian and PSF have formalized this service delivery partnership to include PSF as a sub-recipient under the SED grant. Services for youth and families can also be extended through referrals to the comprehensive services Meridian offers. Meridian is contracted with Managed Medicaid Associations (MMAs), so is therefore able to bill Medicaid to extend treatment services as needed. The organization is also able to work with and bill the regional Managing Entity, Lutheran Family Services, through contracts for state funded services and has the ability to bill most commercial insurances and Medicare. This gives the organization the ability to braid and blend funding for extended services for individuals and families served.



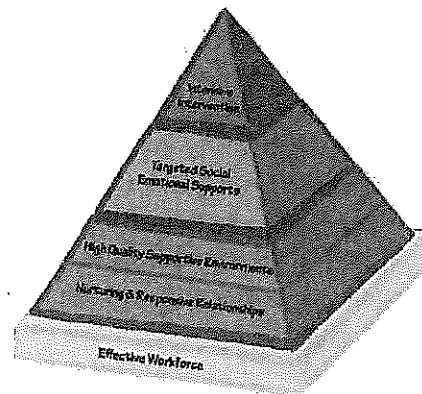
e) How the organization will work with the Early Learning Coalition of Alachua County to disseminate the lessons learned from the demonstration site

Meridian will work collaboratively with the ELC to compile both quantitative and qualitative data, to include early learning center staff and consumer input, for required quarterly reports to CSAB and BoCC and other stakeholder agencies. These reports will assist in future dissemination to other early learning centers. Outcome and other performance data, as well as information on what works and any barriers encountered, will be shared at stakeholder meetings and more often with partners as needed. Development of a formal data sharing plan will be a designated early action item for partners and relevant stakeholders participating in the stakeholder meetings. Meridian will also have ongoing communication with ELC throughout the entire project period to include dissemination planning and implementation. ELC has agreed to be an active partner in data sharing and performance and quality improvement monitoring (see letter of commitment in Attachment A).

f) Early Childhood Mental Health Consultation (ECMHC) approaches that will be used

ECMHC approaches will be modeled on the Head Start ECMHC programs and the Head Start Trauma Smart (HSTS) modality that promotes an integration of evidence-based training, classroom consultation, and intervention delivered in an environment where they are needed most, i.e., in the child's classroom and home. The model emphasizes building the everyday skills and tools of the child's community, to include caregivers and early learning center teachers, with the goal of creating a trauma responsive environment that promotes a child's healthy development and increases school readiness (Holmes, Levy, Smith, Pinne, & Neese, 2015).

The SED model also uses the conceptual framework of the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. The model promotes a tiered approach of wellness supports for all children: effective workforce; universal supports, i.e., supportive environments and relationships; and prevention for all children, as well as individualized, intensive intervention only for those children whose behaviors are persistent in spite of other supports. In accordance with this model, the proposed SED pilot is primarily consultative and preventative based on classroom observation with more intensive treatment intervention used only when absolutely necessary. Consultation, based on classroom observation, will be provided to teachers/staff and the child's caregivers. The goal is to decrease challenging child behaviors and promote healthy development by increasing teacher and caregiver skills in responding to that behavior. The approach also aims to promote



Note: Reprinted from The National Center for Pyramid Center Innovations, n.d. Retrieved from <http://challengingbehavior.cbcs.usf.edu/>



a safe, nurturing and trauma responsive environment for the child.

The ECMHC will submit an observation form to the center director regarding any relevant classroom observations. The ECMHC will administer the Children's Functional Assessment Rating Scale (CFARS) for children referred or assigned for consultation. Using the results of the assessment and the classroom observation, the ECMHC will meet with the center staff and director as needed for development of a behavior plan that will help the child be successful and minimize or eliminate the risk of suspension or expulsion from the center. The ECMHC will also convene caregiver/staff/teacher meetings to discuss observations and recommendations as needed.

If observation and assessment indicate the child has behaviors that are determined to require more intensive intervention, the ECMHC will implement one-on-one intervention with the child/family at the center or, if needed, in the child's home. The licensed and trained ECMHC will provide brief evidence-based Family Focused Solution Focused Therapy using components of Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is applicable for a broad range of trauma types (traumatic grief/loss, domestic violence, complex trauma) and addresses multiple trauma domains, such as PTSD; depression; anxiety; and attachment, school and cognitive issues. Trauma-specific components include, but are not limited to, psychoeducation; relaxation, modulation and coping skills; enhancing safety; parent-child sessions; parenting skills; and future development (National Child Traumatic Stress Network, 2018). Should the child and/or family members need more long-term treatment, the ECMHC can link the family to treatment provided at Meridian if appropriate. This treatment will be provided with funding outside of the funding provided under this SED grant.

The child's discharge from SED services will occur when the goals of the behavior plan are met, and the child no longer displays the behavior.

g) How multi-disciplinary team meetings will be established, coordinated and convened

As is relevant, multi-disciplinary team meetings will consist of the dissemination site service delivery partners as relevant to the child/family, i.e., the Early Learning Coalition, early learning center directors and teachers, Partnership for Strong Families, Meridian and the Transforming Professional Development program (UF Anita Zucker Center). Families and other service providers may also participate as needed and appropriate. Meetings will be formally scheduled monthly, but will be flexible to meet more frequently based on the child and family needs. The CAC will be responsible for organizing and convening multi-disciplinary team meetings.



h) Key collaborators and the role of each

Table 1: Key Collaborators and Their Roles in the SED Pilot Program

Organization	Description	Role in Pilot
Partnership for Strong Families (PSF)	Lead Community-Based Care agency for Judicial Circuits 3 and 8 delivering comprehensive child welfare services for children who are victims of abuse/neglect and children/families at risk.	Offer Early Childhood Family Support Facilitator services for families to include service linkages and limited case management. Participates in all meetings and shares data with CSAB partners. PSF is a proposed SED sub-grantee.
Child Advocacy Center (CAC)	Promotes a child-friendly setting for the identification, investigation, prosecution, treatment and prevention of child abuse, including an array of trauma-informed services to help children in need.	Provides training for teachers/staff and caregivers at each of the demonstration centers on child abuse identification, reporting and intervention. Implements trauma responsive No Hit Zone program at centers. Participates in all meetings and shares data with CSAB partners. CAC is a proposed SED sub-grantee.
Meridian Behavioral Healthcare	Offers comprehensive behavioral health services to adults and children across 11 North Central Florida counties.	Provides mental health consultation services in classroom, prevention services for children and caregivers, and evidence-based, trauma responsive intervention for children/families when indicated. Provides skills building and support for teachers/staff. Participates in all meetings and shares data with CSAB partners. Meridian will serve as the lead agency for the SED pilot.
Early Learning Coalition of Alachua County (ELC)	Alachua County's coalition of partners and advocates required by state statute to coordinate local services for children from birth through kindergarten	Identifies demonstration sites. Provides consultation team access to site staff and patrons. Works collaboratively with SED team to implement effective provision of consultation and related services. Participates in meetings and shares data with CSAB partners. Assists with the evaluation and dissemination of SED program results to other ELC centers.
The CHILD Center	A child care and early education collaboration to support and enhance the quality of life, health, and early education for young children and families in the SWAG	A confirmed SED pilot site. Assists the SED team with building relationships with Center staff and patrons. Works collaboratively with the SED team to develop effective provision of services.



Organization	Description	Role in Pilot
	communities in southwest Gainesville.	Participates in meetings and shares data for and assists with service evaluation.
UF Anita Zucker Center for Excellence in Early Childhood Studies	Promotes and supports interdisciplinary research, teaching, model demonstration and outreach activities in early childhood studies.	Recipient of the CSAB grant to support the Transformative Professional Development Program. Works collaboratively with SED partners to implement services that meet the needs of early learning centers.
Healthy Start of North Central Florida (HSNCF) Coalition/WellFlorida	Provides services to families with pregnant women, infants and children up to age 3 who are at risk for poor birth outcomes and need help with healthy child development.	Recipient of the CSAB grant to support the NewboRN Home Visiting Program. Participates in stakeholder meetings and shares data with CSAB partners. Provides and receives referrals of families who may benefit from mutual CSAB programs.

i) Letters of commitment from each collaborator

Letters of commitment from the collaborators in the SED pilot are included in Attachment A.

2. Resources/Organizational Capacity

a) Personnel resources available to commit to the SED initiative

Table 2 below indicates the personnel resources allocated for the ECMHC team. This includes job descriptions for staff employed by Meridian and Partnership for Strong Families (PSF).

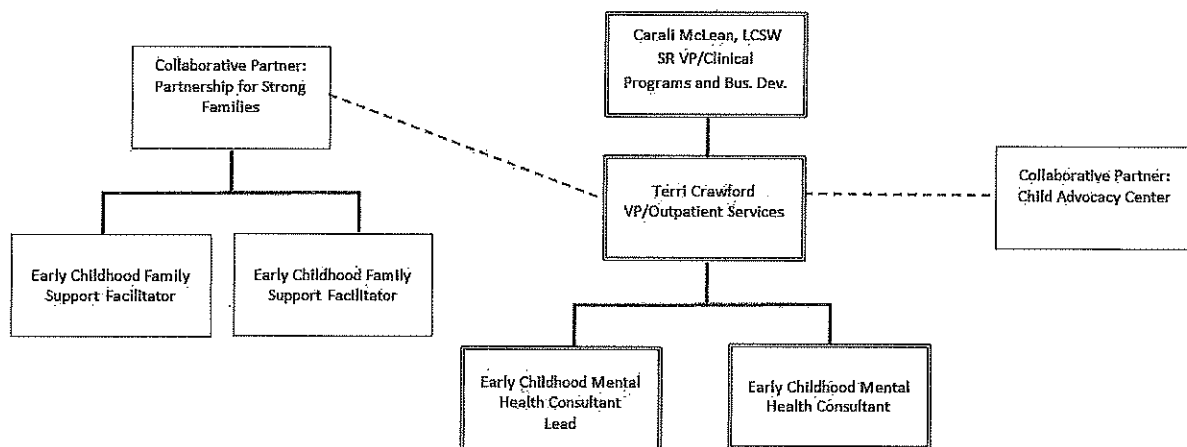
Table 2: Personnel Resources Available to Commit to the SED Initiative

Position/FTE	Responsibilities/Qualifications
Vice President, Outpatient Services South (Meridian) Terri Crawford, LMFT .25 FTE	Oversees program operations, contract compliance, and performance. Serves as a liaison to partners and stakeholders and collaborates to develop a data sharing and reporting plan. Ms. Crawford is a Licensed Marriage and Family Therapist, has a Master's degree in Marriage and Family Counseling, and is trained in evidence-based, trauma responsive models for children and families. She is currently responsible for managing multiple behavioral health programs for children and adults throughout a large geographic area and oversees the Center for Healthy Families at Meridian. With expertise in implementing trauma responsive programs, Ms. Crawford has over 20 years of experience working with children and families.
Lead Early Childhood Mental Health Consultant (Meridian)	Provides day-to-day management of the SED program. Provides evidence-based, trauma responsive Mental Health Consultation services to support providers at identified early learning centers in Alachua County to include caregiver education and support and intensive brief intervention to children/families as appropriate. Attends all meetings as required and assists in the compilation of data and reports.



Position/FTE	Responsibilities/Qualifications
1 FTE	Qualifications include MA/MS/MSW from an accredited university with major course work in the areas of psychology, sociology, social work, mental health counseling, or a related human services field; a current Florida license as a clinical social worker (LCSW), mental health counselor (LMHC), or marriage and family therapist (LMFT); and at least a year of experience working with ages 0-5.
Early Childhood Mental Health Consultant (Meridian) 1 FTE	Provides evidence-based, trauma responsive Mental Health Consultation services to support providers at identified early learning centers in Alachua County to include caregiver education and support and intensive brief intervention to children/families as appropriate. Attends all meetings as required. Qualifications include MA/MS/MSW from an accredited university with major course work in the areas of psychology, sociology, social work, mental health counseling, or a related human services field; a current Florida license as a clinical social worker (LCSW), mental health counselor (LMHC), or marriage and family therapist (LMFT); and at least a year of experience working with ages 0-5.
Early Childhood Family Support Facilitator (PSF) 2 FTE	Assesses and meets individual and/or family service and resource needs through one-on-one consultation along with needed follow-up. Qualifications include a bachelor's in Counseling, Social Work or related field (master's preferred) with 2 years of experience in child welfare, social work, or related field. Case management, early childhood education and/or service coordination and experience working with families/children with significant behavioral needs preferred

Following is a chart of the program's organizational structure, including key SED partners:



b) Other personnel available or needed to support the SED which are not directly funded

Meridian's administrative departments are structured to provide fiscal oversight; human resources management; advancement; decision support through integrated quality improvement and risk management activities; and information technology to support the SED



program. Meridian's Finance and Accounting departments routinely manage performance based contracts with funding entities and subcontractors, and have the ability to submit invoices, report services and outcomes, and monitor subcontracts. The Advancement/Development staff will coordinate efforts to publicize the SED program.

c) Organization's experience providing similar services

Meridian is a licensed and accredited healthcare service provider specializing in the provision of behavioral health services for adults and children. (See Attachment B for Meridian's IRS 501(c)(3) letter as requested.) For over 47 years, Meridian has been a member of North Central Florida's communities and has made a commitment to those communities to provide comprehensive services. Meridian offers a full continuum of outpatient and inpatient care for individuals with mental illness, substance use disorders, and co-occurring disorders, as well as integrated primary care and outreach and prevention services. The Center for Building Healthy Families at Meridian provides multi-disciplinary assessments and treatment for children ages 0-18 at clinic locations, at home or at school. The Center's goals are to promote each child's healthy development by addressing the family as a whole and involving all caregivers in the process. Services include a range of evidence-based, trauma responsive outpatient services for children, adolescents and their families, such as trauma-focused play therapy techniques (e.g., play, art and sand tray) and a range of evidence-based models, such as Eye Movement Desensitization and Reprocessing for Children and Adolescents (EMDR), trauma-focused Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT). The Center has continued to focus on the provision of services for children ages 0-5 and their caregivers. See also 2.e. below for additional information and experience related to the SED initiative.

d) Required licensures, certifications, accreditations, or other achievements of the organization related to the successful implementation of the SED program

Meridian is accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF), and is licensed by the Department of Children and Families, Agency for Healthcare Administration, and Drug Enforcement Agency to provide residential and outpatient substance use and mental health treatment services, and crisis stabilization. Meridian has clinicians on staff who are independently licensed through the state of Florida, which will be required of the SED consultants. Meridian also has the ability to bill Medicaid or the regional Managing Entity, Lutheran Family Services, through contracts for state funded services, as well as most commercial insurances and Medicare, for extension and continuity of services if the child/family requires longer term treatment.

e) Experience organization and its personnel have that demonstrates the capacity to successfully implement evidence-based, trauma responsive Early Childhood Mental Health Consultation (ECMHC) practice

See also Section 2.c. above. Meridian has been a provider of similar consultation services for



the School Board of Alachua County Head Start Program. Meridian staff are also currently integrated in multiple schools in Alachua County to act as a resource and provide treatment services for children who have experienced school-related or other trauma. The organization has existing clinical staff experienced in the provision of treatment for children ages 0-5 and trained in evidence-based, trauma responsive models for children and their caregivers. Two staff members, for example, are certified Child-Parent-Psychotherapy (CPP) providers.

Meridian has been an active participant in meetings of the CSAB since its inception and is committed to working collaboratively with its partners to realize the CSAB's goals.

3. Marketing and Outreach/Community Education

a) How project will be marketed

Meridian will oversee a kickoff event held in conjunction with the ELC demonstration sites and the CHILD Center at SWAG to inform caregivers and other community members of the availability and types of services. Meridian's Advancement Department will oversee press releases and other media contact upon award. Meridian will use Facebook and other social media to announce and continually inform the public on the principles, goals and outcomes of the program. In collaboration with partners, the SED program will be announced in an initial stakeholder/community meeting. Stakeholder meetings will be continued quarterly throughout the entire grant period to keep community members aware and informed on the program's goals and progress. Meridian also plans to publish trauma responsive Parent Tips and other materials to keep ongoing contact with caregivers receiving services at the pilot centers. Informal groups, such as planned "morning coffee" question and answer sessions with the consultants at the pilot centers will also serve to promote continual awareness of SED services among caregivers.

4. Timeline

The timeline on the following page specifies months milestones occur **after award and contract approval** and assumes a 36 month (3-year grant period).



Key: M-Meridian, PSF-Partnership, CAC-Child Advocacy Center, ELC- Early Learning Coalition;
ECMHC – Early Childhood Mental Health Consultant, ECFSF – Early Childhood Family Support
Facilitator, VP – Vice President of Outpatient Services

MILESTONES/ PRIMARY AGENCY OR PERSON RESPONSIBLE	Year 1 (in Months)												Year 2		Year 3	
	1	2	3	4	5	6	7	8	9	10	11	12	13- 18 mo.	19- 24 mo.	25- 30 mo.	31- 36 mo.
Initial coordination with key partners (M-VP)	X	X														
Initial community-wide outreach & education; invite other stakeholders (M, PSF)	X	X														
Finalize demonstration sites (ELC)	X															
Recruit and hire new staff (M; PSF)	X	X	X													
Ensure orientation and initial training of new staff (M-VP)		X	X													
Ensure staff trained on EBPs/ Annual refresher training (M-VP)		X	X									X	X	X	X	X
Finalize operating procedures (M; PSF; CAC)			X													
Convene Stakeholder Meetings (M-Lead ECMHC)	X		X			X			X			X	X	X	X	X
Implement consultation services at identified centers (M-ECMHC; PSF-ECFSF)				X	X	X	X	X	X	X	X	X	X	X	X	X
Implement prevention services for caregivers (M-ECMHC)				X	X	X	X	X	X	X	X	X	X	X	X	X
Implement child abuse training for teachers/parents (CAC)				X	X	X	X	X	X	X	X	X	X	X	X	X
Convene monthly multi-disciplinary meetings with core partners (CAC)				X	X	X	X	X	X	X	X	X	X	X	X	X
Provide families linkages to services and resources (PSF-ECFSF)				X	X	X	X	X	X	X	X	X	X	X	X	X
Complete monthly reports (M-VP, M-Lead ECMHC)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Finalize data sharing plan for SED (actual date dependent on stakeholder agreement)				X												

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	Year 1 (in Months)												Year 2		Year 3	
	1	2	3	4	5	6	7	8	9	10	11	12	13-18	19-24	25-30	31-36
Complete quarterly outcome and progress reports for stakeholders (M-VP; M-Lead ECMHC)			X			X			X			X	X	X	X	X
Complete annual evaluation report (M; PSF; CAC; ELC)												X		X		X
Develop plan for shared data across 3 CSAB programs (All CSAB grant partners; actual date dependent on partner agreement)												X				
Meet on feasibility of long-term evaluation (All CSAB grant partners)						X						X				
Final report of grant period (M- VP)																X

5. Outcomes to be Addressed and Measures Used

a) **Desired outcomes and data measures used to determine level of attainment and relationship to assuring children are ready for kindergarten**

Throughout the grant period, Meridian will collaborate with the BoCC/CSAB and all involved partners on any outcomes they may require or propose. Following are the outcomes Meridian initially proposes for the SED pilot:

1. Decrease in the number of calls for assistance from early learning demonstration sites at end of each grant year as compared to previous years (Target 20% in year one for ELC centers; 40% subsequent years as measured by child care center data)
2. Decrease in expulsions each grant year as compared to the previous year (Target 15% in year one for ELC centers; 20% in subsequent years as measured by child care center data)
3. Increase in early learning center staff knowledge of trauma responsive principles as measured by Gunderson pre- and post-test administered by the Child Advocacy Center (Target 85%)
4. Increase in stability and protective factors among families receiving consultation through connections to community services and resources as measured by needs assessment and follow-up (Target 75%)
5. Improvement in child functioning (e.g., traumatic stress, anxiety, depression) in children receiving consultation and intervention as measured by the Children's Functional Assessment Rating Scale (CFARS) administered at admission and discharge from services (Target 50%)

All the outcomes above are directly related to a child's readiness for kindergarten. Outcomes 1



and 2 measure data from the individual demonstration sites on the effectiveness of consultation services in preventing and intervening with challenging classroom behaviors before they escalate and have an impact on a child's successful functioning in kindergarten and beyond. They also can be linked to teacher/staff skills in responding to those behaviors. Responding to early classroom behavior problems by expulsion deprives a child from learning the self-regulating, communication and other social skills preschool is intended to foster and from any early mental health intervention if required before a child enters kindergarten. Expulsion also leaves families without the supports they need for addressing challenging behavior in the future (Connors-Tadros & Hammond, 2017).

Extensive research has shown how adverse childhood experiences and resulting traumatic stress in young children profoundly impact their healthy development, including their ability to learn. A teacher's/staff member's skills in recognizing and properly responding to the signs and symptoms of childhood trauma (outcome 3) is fundamental for a child to thrive in current and in future school settings. Research has also shown that a child's ability to succeed in school is formed early and is greatly influenced by family stability and wellbeing. Addressing socioeconomic and other family functioning risk factors through community resources and support (outcome 4) is essential to a child's success in school and in preventing more serious behavior and discipline problems from developing (Lamont, 2013).

6. Data Collection, Data Analysis, and Data Sharing

a) **Key data elements to be collected, how these support the proposed outcome measures, and the source of information**

Table 3 outlines the key data elements and their relationship to the proposed SED outcomes.

Table 3: Key Data Elements

Outcome	Data Elements	Data Source
Decrease in the number of calls for assistance from early learning demonstration sites	Number of assistance requests annually	Early learning center documentation
Decrease in expulsions	Number of disciplinary actions in classroom Number of expulsions annually	Observation; Early learning center documentation
Increase in early learning center staff knowledge of trauma responsive principles	Staff awareness and knowledge of trauma and trauma responsive principles	Pre- and post-test; Classroom Observation; Consultation with staff
Increase in family stability among families receiving consultation through connections to services and resources	Services provided: Linkages of families with socioeconomic supports; Case management	Needs assessment and follow-up with caregivers

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Outcome	Data Elements	Data Source
Improvement in child functioning (e.g., traumatic stress, anxiety, depression) in children receiving consultation and intervention	Number of children with identified trauma history; Number of children indicating anxiety, depression and related factors	CFARS assessment of child; Classroom observation; Consultation with caregivers and center staff/teacher

Meridian will also work with partners to explore the ability to do longitudinal evaluations of school readiness as evidenced by grades, disciplinary actions in kindergarten and other factors.

b) Who will complete the data analysis, the frequency and type of analysis, and the types of data reports created

The Meridian Lead ECMHC, with oversight from the Meridian Vice President/Outpatient Services, will ensure that data collection occurs as required. Meridian's IT and QI departments will collaborate on the mechanics of data collection and analysis. The Vice President/Outpatient Services will assure that reports are generated and disseminated to partners and key stakeholders. Meridian will compile numbers served, demographics, services and any other data required for monthly reports. Data on outcomes will be compiled quarterly.

c) How outcome data will be shared with others, the CSAB and County staff to coordinate services and reduce duplication

Meridian proposes to share outcome data quarterly in stakeholder meeting reports and in required reports to the CSAB/County. All partners in the SED program have agreed to share data in support of program goals and outcomes. **A priority of the stakeholder meetings will be to develop a data plan to share data not only between the SED partners, but also between all the CSAB programs, the Transformative Professional Development Program, NewboRN Home Visiting Program and SED.** We have already begun preliminary discussions regarding this plan. The plan will include methods for ensuring data confidentiality.

7. Overall Impact on Health and Wellbeing of Alachua County Children and Families

a) How the proposed project will impact the health and wellbeing of the children and families served and how it is related to readiness for kindergarten

In accordance with a Results Based Accountability (RBA) framework, the proposed program emphasizes partnership to promote the community-wide outcome of ensuring that Alachua County's children are ready to enter kindergarten and succeed at school. The quality of a child's preschool experience, and their readiness for kindergarten, behaviorally, emotionally and socially, can impact the trajectory of the child's life and ultimately the well-being of the community. The proposed program has been designed as a collaboration to achieve the following: reduce childhood stress and improve coping and social skills for children through



classroom consultation and intervention; provide caregivers strategies for responding appropriately to a child's behavior; strengthen family protective factors through linkages to community resources and support; and give each child the opportunity to experience the safe, positive early learning environment needed to move successfully to kindergarten and beyond.

b) What measures will demonstrate the desired impact and at what intervals do you plan to measure and evaluate progress?

Table 4 adapts the RBA performance measure framework to illustrate SED's potential impact.

Table 4: Impact and Intervals of SED Measures

How Much Did We Do?	How Well Did We Do It?	How Is the Community Better?
# of hours of classroom observation	% decrease in calls for assistance (measured annually)	Expulsion as a response to behavior problems is reduced in early learning centers
# times responding to calls for assistance	% decrease in expulsions (measured annually)	Early childhood learning workforce has knowledge of trauma-responsive principles
# of children receiving prevention	% of staff increasing knowledge of trauma responsive principles (measured quarterly)	Families have the protective factors they need to support and nurture their child(ren)
# of children receiving consultation/intervention	# of families engaged in ECMHC services (measured quarterly)	Children have the skills and resiliency needed for school readiness
# of families linked to community resources/supports	% of children receiving consultation/intervention who show improved functioning (measured quarterly)	
# of parents receiving prevention/education/consultation		
# of teachers/staff receiving trauma responsive skills training		

Note: Adapted from "Results Based Accountability", Clear Impact. n.d. Retrieved from <https://clearimpact.com/results-based-accountability>.

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8. Project Budget

a) Budget Narrative

Personnel		
Title	FTE	Annual Cost
Vice President, Outpatient Services South (Meridian)	0.25	\$20,000
Lead Early Childhood Mental Health Consultant (Meridian)	1	\$60,000
Licensed Early Childhood Mental Health Consultant (Meridian)	1	\$55,000
Early Childhood Family Support Facilitators (Partnership)	2	\$85,000
TOTAL PERSONNEL	4	220,000

The Vice President, Terri Crawford, LMFT, will oversee program operations, contract compliance, and performance. Meridian will employ two licensed clinical staff full time as Early Childhood Mental Health Consultants, one as a lead to supervise day to day service delivery. Partnership for Strong Families will employ two full time Early Childhood Family Support Facilitators. Salaries are based on current pay rates for similar positions within each agency.

Fringe		
Position	FTE	Annual Cost
Vice President	0.25	\$4,400
Lead Consultant	1	13,200
Licensed Consultant	1	12,100
Early Childhood Family Support Facilitator	2	25,500
TOTAL FRINGE		55,200

Fringe reflects organization's current percentage for full time staff for health insurance, FICA/retirement, Medicare, workers' compensation, unemployment tax, etc.

Operating Expenses		
Type	Description	Annual Cost
Equipment	Laptops and smartphones for staff	\$5,800
Travel	Local travel between centers and home visits	\$7,524
Cell phone service	Monthly charges for smartphones	\$2,880
Printing, copying, postage	Program materials and information	\$9,600
Supplies	General office supplies	\$3,600
TOTAL		\$29,404

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Operating expenses include four laptops and smartphones for full time staff for services, documentation, and communication in centers and client homes. Local travel covers costs of staff travel to centers, home visits, and activities on behalf of families at prevailing mileage rates for each agency. Cell phone service is based at \$60 per month x 4 staff x 12 months.

Training		
Trauma Focused CBT	\$685 x 2 FTEs	\$1,370

While the primary model is consultation and training, the two consultants will be trained and become proficient in Trauma-Focused Cognitive Behavioral Therapy, which includes evidence-based strategies to help parents/caregivers and staff respond effectively to child behaviors resulting from trauma.

Incidentals	Family support	\$10,000

Incidental expenses will be used as a fund source of last resort to assist families with basic needs that address barriers to participation in program activities and economic stressors affecting family functioning.

Specialized Services		
Child Abuse Identification training for staff/teachers and caregivers	\$506 per center	\$2,530
Multidisciplinary Staffing	\$1095 per center	\$5,475
No Hit Zone Program	\$275 per center	\$1,375
TOTAL		\$9,380

The Child Advocacy Center will provide training for staff/teachers on child abuse prevention in the child care setting, self-care, signs and symptoms of child abuse, reporting requirements, and self-assessment; and for parents/caregivers about identifiers of child maltreatment, prevention in the home/community, and signs/symptoms of trauma. Each training is 1.5 hours, with 1.5 hours for preparation and logistics. The CAC will also participate in monthly multidisciplinary team staffing, estimated at 2 hours per center per month x 12 months. The CAC will provide the evidence-based No Hit Zone program at each center. Expenses include materials (brochures, posters, and presentations) at \$275 per center per year.

Administrative	\$29,282

Administrative costs are based on 9% rate and cover IT support, quality and compliance monitoring, fiscal, Human Resources and clerical support.

TOTAL ANNUAL BUDGET: \$354,636

Acknowledgment of Addenda

Meridian acknowledges receipt of Addenda 1 and 2.

Healthy Social and Emotional Development and Family Support Line Item Budget

Personnel

Title	FTE	Annual Cost
Senior VP	0.25	\$20,000
Lead Clinician/Manager	1	\$60,000
Licensed Clinician	1	\$55,000
Early Childhood Family Support Facilitator	2	\$85,000
TOTAL PERSONNEL	4	\$220,000

Fringe Benefits

	Annual Cost
VP/Outpatient	0.25 \$4,400
Lead Clinician/Manager	1 \$13,200
Licensed Clinician	1 \$12,100
Early Childhood Family Support Facilitator	2 \$25,500
TOTAL FRINGE	\$55,200

Operating Expenses

Equipment	\$5,800
Travel	\$7,524
Cell phone service	\$2,880
Printing, copying, postage	\$9,600
Supplies	\$3,600
TOTAL OPERATING EXPENSES	\$29,404

Training	
Trauma Focused CBT	\$685 x 2 FTEs \$1,370

Incidentals	\$10,000

Specialized Services

Child Abuse Identification training for staff/teachers and	\$506 per center	\$2,530.00
Multidisciplinary Staffing	\$1095 per center	\$5,475.00
No Hit Zone Program	\$275 per center	\$1,375.00
TOTAL SPECIALIZED SERVICES		\$9,380.00

Administrative	\$29,282.00

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TOTAL DIRECT SERVICES:

\$325,354.00

TOTAL BUDGET:

\$354,636.00

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE

THIS IS FOR INFORMATION PURPOSES ONLY

Alachua Board of County Commissioners has adopted the new County Government Minimum Wage ordinance. Please provide the following information.

Are your employees paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents? ____ yes or x no

Are your employees paid a minimum wage of \$15.04 hourly without health insurance benefits related to programs assisting Alachua County residents? ____ yes or x no

If funding is received, will your employees be paid a minimum wage of \$13.00 hourly plus health insurance benefits related to programs assisting Alachua County residents? No

If funding is received, will your employees be paid a minimum wage of \$15.04 hourly without benefits related to programs assisting Alachua County residents? No

If employees are not currently paid a minimum wage of \$13.00 hourly plus health insurance benefits or \$15.04 hourly without benefits please explain:

As a "not for profit" organization, we were given an exemption by the commission last year. We rely heavily on governmental funding, largely Medicaid and state of Florida (DCF), and saw DCF funding from the State decrease by \$440,000 for our current fiscal year. Florida is 50th in the country in per capita mental health spend, and this translates into low reimbursement for providers. Additionally, we supply approximately \$1,400,000 in uncompensated services each year. Our revenues do not support an increase. Our minimum wage is currently \$11.00/hr. and we provide benefits including 100% funding of employee health insurance, paid Time off for sick, vacation and holidays.

Meridian currently has 503 FTE, roughly 620 staff. 131 are below \$13.00/hour an increase to this new based would require approximately \$600,000 in salary and compression and is not feasible under our current reimbursement without significantly reducing service levels. With the Opioid crisis, and the current focus on mental health needs related to the recent gun violence issues, we expect that demand to rise.

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Attachment A: Letters of Commitment/MOUs

Memorandum of Agreement
Between
Partnership for Strong Families, Inc.
and
Meridian Behavioral Healthcare, Inc.
Regarding Healthy Social and Emotional Development and Family Support

I. Purpose

The following is an agreement between Partnership for Strong Families, hereinafter referred to as Partnership, and Meridian Behavioral Healthcare, Inc, hereinafter referred to as Meridian.

The purpose of this Memorandum of Agreement (MOA) is to recognize the interconnected and complementary nature of the services provided by Partnership and Meridian in this initiative, and to define the roles, responsibilities, and procedures for collaboration between Partnership and Meridian.

The core providers of the proposed Healthy Social and Emotional Development and Family Support (SED) pilot – Meridian Behavioral Healthcare, the lead agency; Partnership for Strong Families; and the Child Advocacy Center – will work collaboratively with the Alachua Early Learning Coalition (ELC) to provide Early Childhood Mental Health Consultation (ECMHC) services and trauma-responsive parent/caregiver training at five Alachua County early learning centers. The target population will be children ages 0 to 5 and their parents/primary caregivers receiving services at the identified centers. A primary aim of these consultation services is to support early learning center staff in addressing challenging child behavior issues through evidence-based classroom practices. The SED partners will also support the activities and goals of the other Child Services Advisory Board (CSAB) initiatives, the Transformative Professional Development Program and the Newborn Home Visiting Program, with the overarching goal of ensuring that Alachua County's children are ready to enter kindergarten.

The services area includes the following counties: Alachua County

II. Roles and Responsibilities

- Each entity will assign an employee(s) to serve as a point of contact or liaison.
- Meridian will provide two licensed therapists to provide services including, but not limited to:
 - Classroom observation at identified early learning centers
 - Classroom prevention and intervention
 - Parent/Caregiver training
 - Family home visits

- Partnership will provide two bachelor's level staff to provide consultation and limited case management services to include linkage to community resources for children and families served in the program.

III. Funding

Based on available funding, Meridian agrees to provide \$125,373.00 for the two full time staff provided by Partnership, inclusive of salary, fringe, equipment, travel and related administrative expenses necessary to meet the requirements of the grant.

IV. Information Sharing

- Both parties agree to:
 - Participate in multi-disciplinary team meetings to review and monitor client needs and progress.
 - Meet quarterly with the program partners to monitor program performance and quality improvement needs.
 - Share data to support measuring and reporting program outcomes.
 - Provide each other with information regarding unmet needs of children and families receiving services

V. Collaboration on Community Events & Outreach

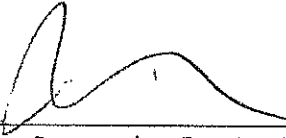
Partnership and Meridian will collaborate on community events and outreach, as is feasible, related to this program.

VI. Confidentiality

Both parties shall protect the confidentiality of information obtained or accessed in the implementation of the MOA. The use of confidential information is confined to the activities that are essential for the purpose of the MOA. Client information must be protected in accordance with the state and federal laws governing the programs and with the federal Health Insurance Portability and Accountability (HIPAA). If it is determined that the relationship between parties to this MOA require the sharing of data information defined in HIPAA as personal health information, a Business Associate Agreement will be executed.

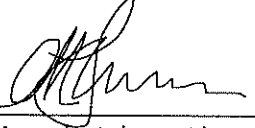
VII. Term and Termination

This agreement is effective until terminated by either party and may be revised upon the mutual concurrence of both parties.



Stephen Pennypacker, Esq., President / CEO
Partnership for Strong Families, Inc.

4/23/18
Date



Margarita Labarta, Ph.D., President/CEO
Meridian Behavioral Healthcare, Inc.

4/23/18
Date

Effective: [DATE]
Revised: [DATE]



352.244.1500
www.pfsf.org
PSF Headquarters
5950 NW 1st Place, Suite A, Gainesville, FL 32607

April 23, 2018

Dr. Margarita Labarta
President/CEO
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608

Re: Funding Opportunity, RFA #19-223, Alachua County Board of County Commissioners. Healthy Social and Emotional Development and Family Support (SED)

Dear Dr. Labarta:

I am writing this letter regarding our collaboration with Meridian Behavioral Healthcare, Inc., in the Healthy Social and Emotional Development and Family Support Proposal. The core providers of the proposed Healthy Social and Emotional Development and Family Support (SED) pilot - Meridian Behavioral Healthcare, the lead agency; Partnership for Strong Families; and the Child Advocacy Center - will work collaboratively with the Alachua Early Learning Coalition (ELC) to provide Early Childhood Mental Health Consultation services at five Alachua County early learning centers.

Partnership for Strong Families (PSF) provides comprehensive child welfare services for judicial circuits 3 and 8, which includes Alachua County, this project's focus area. PSF's mission is to enhance the community's ability to protect and nurture children by building, maintaining and constantly improving a network of family support services. PSF and Meridian have a history of successful collaboration designed to improve access to services for families involved in the child welfare system, and with at-risk families to strengthen protective factors known to reduce the risk of child abuse or neglect. Based on this past success, we are very excited for this new opportunity to work together with the goal of strengthening local families and communities.

If this project is funded, PSF will utilize funds as described in the application budget to provide two Early Education-Family Support Facilitators (FSF) who will be housed at an existing resource center and travel to each of the five specified child care centers. The FSF staff will work closely with childcare workers, educational providers, and local community organizations in order to meet the needs of the children and families served, providing referrals and linkage with community resources. PSF will work with Meridian to ensure practices complement the Early Childhood Mental Health Consultation model, providing a family-centered approach designed to further develop caregiver protective capacities, increase family stability, and improve child outcomes related to school readiness.

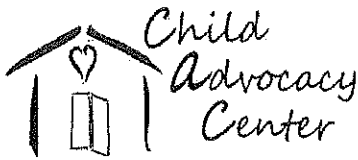
I believe your support of this project will have a long lasting and tangible impact for Alachua County, not only for the participating children (ages 0-5) and families, but also for future generations of students.

Sincerely,

Pebbles Edelman, M.Ed., Ed.S., LMHC
Senior Vice President, Clinical and Community Services
Partnership for Strong Families, Inc.

PDE/djs

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Together, breaking the cycle of child abuse

P.O. Box 13454
Gainesville, FL 32604
P: (352) 376-9161
F: (352) 376-9165
www.cacgainesville.org

PRESIDENT/CEO

Sherry Kitchens

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EMERITUS

Leslie Bram
Susan Chauncey Horky
Scott Costello
Alan Hitchcock
Liz Jones
Dee Dee Cain Smith
Jay Herrington, D.M.D.*

*Posthumous Dedication



The Child Advocacy Center, Inc. is funded in part by the City of Gainesville Community Development Block Grant Program and the Alachua County Commission's Community Agency Partnership Program. The Child Advocacy Center, Inc. is an equal opportunity provider and employer.

Friday, April 20, 2018

Dr. Margarita Labarta
President/CEO
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608

Re: Funding Opportunity, RFA #19-223, Alachua County Board of County Commissioners.
Healthy Social and Emotional Development and Family Support (SED)

Dear Dr. Labarta:

I am writing this letter regarding our collaboration with Meridian Behavioral Healthcare, Inc., in the Healthy Social and Emotional Development and Family Support Proposal. The core providers of the proposed Healthy Social and Emotional Development and Family Support (SED) pilot – Meridian Behavioral Healthcare, the lead agency; Partnership for Strong Families; and the Child Advocacy Center – will work collaboratively with the Alachua Early Learning Coalition (ELC) to provide Early Childhood Mental Health Consultation (ECMHC) services at five Alachua County early learning centers.

The Child Advocacy Center (CAC) serves child victims, age 0 to 18 as well as their families and non-offending caregivers, focusing on children who have experienced abuse, neglect, human trafficking, and trauma, in Alachua and neighboring counties.

If this project is funded, CAC will utilize funds as described in the application budget to provide the following services: Child Abuse Identification, Reporting and Intervention Training for each child care center, one for teachers and staff and one for caregivers that will include child maltreatment prevention, signs and symptoms of trauma, and strategies to deal with children's behavior that is most likely to result in harm from another; facilitation of multidisciplinary staffing at each child care center; and implementation of the No Hit Zone program.

CAC will work with Meridian and other partners to ensure practices complement the Early Childhood Mental Health Consultation model, providing a family-centered approach designed to further develop caregiver protective capacities, increase family stability, and improve child outcomes related to school readiness.

Best,

Sherry Kitchens, Ed.S., LMFT

President/ CEO

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Paul Metts
At Large

Christina Seifert
Columbia

Roslyn Slater
Emeritus

Patricia Yates
Gilchrist

Sharon Gay
Hamilton

Becky Sharpe
Lafayette

Natasha Allen
Levy

John Martz
Suwannee

April 17, 2018

Mr. Theodore White
Purchasing Agent
Alachua County Procurement
12 SE 1st Street, 3rd Floor
Gainesville, FL 32602-1467

Dear Mr. White:

This letter indicates Meridian Behavioral Healthcare, Inc.'s intent to work collaboratively with the partners of the proposed Healthy Social and Emotional Development and Family Support (SED) program. Meridian will serve as the lead agency for the SED initiative.

If the proposed program is funded, Meridian agrees to provide the following in support of the SED program's goals and outcomes:

- Provide evidence-based, trauma responsive Mental Health Consultation services by licensed clinicians to support providers at identified early learning centers in Alachua County;
- Offer promotional/educational activities for children and parents/caregivers at identified centers;
- Provide prevention activities in the classroom for children at risk for behavioral problems;
- Implement classroom and in-home intervention activities for children exhibiting challenging behaviors;
- Facilitate multi-disciplinary meetings of core service delivery partners;
- Work in collaboration with other key partners to ensure other SED program components are implemented as proposed;
- Share data with SED partners, Children's Service Advisory Board (CSAB) grantees, the Board of County Commissioners, the CSAB members, and other community stakeholders to support program outcomes;
- Facilitate quarterly meetings of program partners to monitor program performance and quality improvement needs;
- Perform other activities to provide consultation and training for early learning center staff and families/caregivers.

The above services are further detailed in our application. If I can provide any additional information, please feel free to contact me.

Sincerely,

Margarita Labarta, Ph.D.
President/CEO



Main Office: 4300 SW 13th Street, Gainesville, FL 32608
352.374.5600 • 800.330.5615
TTY Area 800.955.8771 • TTY Local 800.955.8771
mbhcci.org

AN AFFILIATE OF
PROGRESS
HEALTH SYSTEM



311



Remzey Samarraï, Chair

GreenScapes Property

Dr. Cathy Aull

Edward Jones

Frank Avery

Career Source NCF

Dr. Catherine Barnes

Alachua County Public

Schools

Dr. Karen Bennett

Santa Fe Little School

Dr. Wendy Cheyney

Educational Consultant

Rev. George Dix

Cuddly Kids Academy

Diana Duque

Alachua County Health

Department

Laura Gillman

Austin, Gillman & Lovano,

P.L.L.C

Debby Knopf

Harbor Community Bank

Trey Long

James Moore & Co.

Elizabeth Patton

Queen of Peace Academy

Mike Powell

Mike Powell & Associates

David Rountree

Meridian Behavioral Healthcare

Russell Scoates

Small World Day Care &

Learning Center

Dr. Patricia Snyder

University of Florida

Natalie Strappy

Alachua County Public

Schools

Cheryl Twombly

DCF

Jacki Hodges

Chief Executive Officer

March 30, 2018

Dr. Margarita Labarta

President/CEO

Meridian Behavioral Healthcare, Inc.

4300 SW 13th Street

Gainesville, FL 32608

Re: Healthy Social and Emotional Development and Family Support (SED)/ Early Childhood Mental Health Consultation (ECMHC) Program

Dear Dr. Labarta:

On behalf of the Early Learning Coalition (ELC), I am writing this letter to express ELC's commitment to collaborate with Meridian Behavioral Healthcare, the lead agency, and other community partners in the provision of the SED/ECMHC pilot program.

ELC understands that the purpose of the program is to implement an evidence-based, trauma responsive ECMHC pilot system for children age 0-5, their families, and ELC staff in identified Alachua County ELC centers. ELC agrees to work collaboratively with the SED/ECMHC partners and the Alachua County Board of County Commissioners (BoCC) to promote the goals of the proposed project, including the tracking and reporting of outcomes leading to improved kindergarten readiness.

If the project is funded, ELC agrees to perform the following:

- Identify ELC centers that will participate in the project.
- Provide SED/ECMHC partner staff access to identified ELC centers, clients, and staff for the provision of consultation and related services.
- Participate in multi-disciplinary team meetings to review and monitor client needs and progress.
- Meet quarterly with the program partners to monitor program performance and quality improvement needs.
- Share data to support measuring and reporting program outcomes.

ELC looks forward to participating in this important pilot and in furthering efforts to support families and enhance the healthy social and emotional development of Alachua County's children.

Sincerely,

Jacki Hodges
CEO



United Way
of North Central Florida

312



UF Anna C. G. Center for Excellence
in Early Childhood Studies
UNIVERSITY OF FLORIDA

SWAG
SOUTHWEST GAINESVILLE
COMMUNITIES

o2b
ORANGE COUNTY
BOARD OF COUNTY COMMISSIONERS

April 19, 2018
Dr. Margarita Labarta
President/CEO
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608

Re: Healthy Social and Emotional Development and Family Support (SED)/ Early Childhood Mental Health Consultation (ECMHC) Program

Dear Dr. Labarta:

On behalf of the Board of Directors of the CHILD Center, a child care and early education collaboration located in the SWAG communities in southwest Gainesville, I am writing this letter to express our agreement to collaborate with Meridian and other community partners in the SED pilot program. The SED program is an initiative of the Alachua County Board of County Commissioners and the Children's Services Advisory Board aimed at improving outcomes for children prenatal to age five.

We understand that, if funded, Meridian will oversee a collaborative Mental Health Consultation team to provide regularly scheduled services at the CHILD Center. Meridian will ensure that these services, including any staff interactions or trainings, are scheduled to meet the needs of the CHILD Center and the families it serves and will not interfere with other scheduled activities. The Mental Health Consultation team will also respond to any requests for immediate assistance by the CHILD Center.

Consultation services provided by the Mental Health Consultation team will include classroom observation; evidence-based, trauma responsive prevention and intervention services for children and their parents/caregivers; limited case management services to help identify and meet family and child needs and resources; and ongoing communication with and support of Center staff in responding to children with challenging classroom behaviors.

If the project is funded, the CHILD Center will:

- assist the Mental Health Consultation Team in building relationships with the CHILD Center staff and its patrons,
- work with the Mental Health Consultation Team in a collaborative way to develop effective ways to for the team to provide ongoing consultation and services to the staff, families, and children attending the CHILD Center,
- participate in scheduled multi-disciplinary team meetings to review and monitor client needs and progress, and
- evaluate the effectiveness of such services.

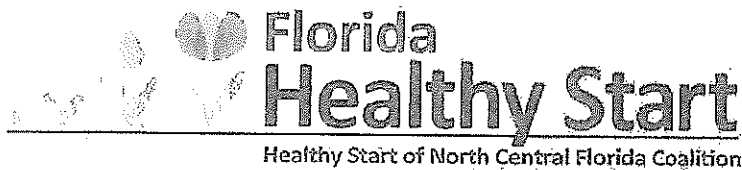
The CHILD Center looks forward to participating in this pilot to support the healthy social and emotional development of Alachua County's young children.

Sincerely,

A handwritten signature in black ink that reads "Dorothy Thomas". The signature is written in a cursive, flowing style.

Dorothy Thomas
The CHILD Center

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A Coalition Serving: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Marion, Putnam, Suwannee and Union Counties

The mission of the Healthy Start of North Central Florida Coalition is to maintain a comprehensive healthcare system and support services for women and their infants.

April 16, 2018

Dr. Margarita Labarta
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608

Re: Healthy Social and Emotional Development and Family Support (SED)/Early Childhood Mental Health Consultation (ECMHC) Program

Dear Dr. Labarta:

On behalf of Healthy Start of North Central Florida (HSNCF), I am writing this letter to express our commitment to collaborate with Meridian Behavioral Healthcare, the lead agency, and other community partners in the provision of the SED/ECMHC pilot program.

The purpose of the proposed pilot is to provide mental health consultation for children ages 0-5 and their families at identified Alachua County early learning centers. The program's primary goal is to assist early learning center staff in providing evidence-based, trauma responsive classroom practices that support the healthy development of young children. In support of this goal, Meridian will provide classroom observation, prevention activities, and intervention for children exhibiting challenging behaviors, as well as parent/child trainings for children at-risk. Meridian will also partner with the Partnership for Strong Families, who will provide advocacy and service linkages for families.

HSNCF is the recipient of a Children's Services Advisory Board (CSAB) grant to support the Newborn Home Visiting program. This program is being offered to mothers and babies who are Alachua County residents and provides home visits by registered nurses and licensed midwives for mothers who recently gave birth to provide support, physical exams, and linkages to other health services or resources.

HSNCF agrees to work collaboratively with the SED/ECMHC partners to support the goals of the proposed SED/ECMHC project. If the project is funded, HSNCF agrees to the following:

- Share data to support measuring and reporting program outcomes when consent is provided by the program participant.
- Meet quarterly with the program partners to monitor program performance and quality improvement needs.
- Provide and receive referrals of families who may benefit from our mutual programs.

We look forward to working collaboratively with Meridian and the CSAB grant partners to further our shared goal of enhancing the healthy development of Alachua County's children.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Moderie".

Julie Moderie, MPH
COO and Program Director
WellFlorida Council and Healthy Start North Central Florida



Anita Zucker Center for Excellence
in Early Childhood Studies

Administrative Office
College of Education
1345 Norman Hall
PO Box 117050
Gainesville, FL 32611-7050
352-273-4287
352-392-2655 Fax

April 24, 2018

Dr. Margarita Labarta
President/CEO
Meridian Behavioral Healthcare, Inc.
4300 SW 13th Street
Gainesville, FL 32608

Re: Healthy Social and Emotional Development and Family Support (SED)/Early Childhood Mental Health Consultation (ECMHC) Program

Dear Dr. Labarta:

On behalf of the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies, I am writing this letter to express our commitment to collaborate with Meridian Behavioral Healthcare, the lead agency, and other community partners in the provision of the SED/ECMHC pilot program. We understand that the purpose of Meridian's proposed program is to implement an evidence-based, trauma responsive pilot system for children ages 0-5 and their families in identified Alachua County early learning centers.

If the project is funded, the Anita Zucker Center agrees to meet quarterly with the SED/ECMHC program partners to 1) review SED/ECMHC program performance and overall county service needs and 2) identify ways Meridian can support education/training to teachers on positive behavior support.

We look forward to working collaboratively with Meridian and the CSAB grant partners to further our shared goal of enhancing the healthy development of Alachua County's children.

Sincerely,

A handwritten signature in black ink that reads "Maureen Conroy". The signature is written in a cursive, flowing style.

Maureen Conroy, Ph.D.
Co-Director
Anita Zucker Center for Excellence in Early Childhood Studies
University of Florida

Attachment B: IRS 501(c)(3) Letter



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248562362
Dec. 04, 2008 LTR 4168C EO
59-1906214 000000 00 000
00019914
BODC: TE

MERIDIAN BEHAVIORAL HEALTHCARE INC
PO BOX 141750
GAINESVILLE FL 32614



313627

Employer Identification Number: 59-1906214
Person to Contact: Mr. McQueen
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Nov. 24, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1979, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

318

18-223:
Healthy Social and Emotional
Development and Family Support
(SED)

18-223:
Healthy Social and Emotional
Development and Family Support
(SED)

8972187-040

Agency	Program	Proposed Funding FY 2018	Twombly	Duque	Patton	Snyder	Hart: Logan	Average		Maximum Funding Allowed	Proposed Funding	Between Funds Requested and Max Funds Allowed
								Total Score	Average Score			
Meridian Behavioral Healthcare, Inc	Healthy Social and Emotional Development and Family Support (SED)	\$354,636.00	83	91	92	85	68	87	506	84	\$354,636.00	\$0.00
KEY:			Total Funding Requested									
Score: 70 - 100	Score: 70 - 100 Funding: 0 - 100%		Maximum Funding Allowed by Scores									
Score: 0 - 69.99	Score: 0 - 69.99 Funding: 0%		Total Funds Available									
			Proposed Funding									
			Remaining Funds									
			\$45,364.00									



Agenda

**ALACHUA COUNTY
BOARD OF COUNTY COMMISSIONERS**

**Jack Durrance Auditorium
Second Floor**

12 SE 1st Street

June 12, 2018 BoCC Regular Meeting 9:00AM

Agenda Item #16.

Agenda Item Name:

Request to approve award of \$354,636.00 for the Healthy Social and Emotional Development and Family Support Pilot Program

Presenter:

Claudia Tuck, Tom Tonkavich, 231-0058

Item Description:

Children's Services Advisory Board recommendation to award \$354,636.00 for the Healthy Social and Emotional Development and Family Support pilot program in response to RFA 18-223.

Recommended Action:

Approve the award of \$354,636.00 for the Healthy Social and Emotional Development and Family Support pilot program to Meridian Behavioral Healthcare, Inc.

Prior Board Motions

At the February 27, 2018 meeting, Commissioner Hutchinson moved to approve the text and release of the RFA for Healthy Social and Emotional Development and Family Supports. The motion carried 5-0.

Fiscal Consideration:

Adequate budget exists in the FY18 Adopted Budget
001.29.2910.569.82.00 \$354,636.

Background:

Purchasing issued RFA# 18-223 Healthy Social and Emotional Development and Family Support (SED) on March 21, 2018. A pre-proposal conference was held and while four (4) different organizations attended, only one (1) proposal was received in response to the RFA. On May 16, 2018 Purchasing working with several members of the Children's Services Advisory Board scored the proposal received from Meridian Behavioral Healthcare, Inc. The proposal scored a total of 84, above the minimum threshold of 70 to be considered for an award. The Advisory Board by unanimous motion (6-0, with one abstention due to conflict of interest) recommended the award of \$354,636.00 to the Meridian Healthcare, Inc.

Item # 8

Guiding Principles and First Year Goals

Background

Interim Chair Cornell asked County staff to provide information on the goals, funding priorities, and/or focus areas of the various Children's Services Councils to initiate a conversation amongst Trust members about CTAC first year goals. County staff reviewed various reports of all the CSC's and condensed down the essential elements on the attached.

Attachments

1. Children's Services Council's Current Goals

Staff Recommendation

Receive the attached summary information on the current CSC's goals.

CHILDREN'S SERVICES COUNCIL'S CURRENT GOALS

Children's Services Council of Broward

GOALS - Indicators of Broward Child Well-Being

1. Broward Children Live In Safe & Nurturing Families
2. Broward Children Are Physically and Mentally Healthy
3. Broward Children are Ready to Succeed in School
4. Broward Young People Successfully Transition to Adulthood
5. Broward Children Live in Safe and Supportive Communities

Duval – Kids Hope Alliance

Strategic Goals

1. Improve Literacy for All At-Hope Children and Youth
2. Improve Family and Community Engagement for All At-Hope Children and Youth
3. Improve access to KHA programs, services, and activities for at-hope children and youth in all geographic regions of Jacksonville and council districts
4. Improve Employability and College-Readiness for All At-Hope Children and Youth
5. Improve School Readiness Outcomes
6. Increase Awareness of Best Practices in Early Learning and Literacy
7. Improve Family Engagement Outcomes
8. Improve Access to and Participation in Out of School Programs
9. Improve Core Academic Outcomes
10. Improve Personal, Social, Cultural, and Physical Well-being Program Outcomes
11. Provide a Variety of Healthy Food Options
12. Improve Access to and Participation in the Continuum of Services
13. for Children and Youth with Special Needs
14. Increase Participant, Family, and Caregiver Access to Support Systems
15. Prevent Child and Youth Involvement in Delinquent Behaviors
16. Increase Child and Youth Desistance
17. Increase Access to and Knowledge of College and Career Opportunities
18. and Strategies for Success
19. Increase Civic Engagement

Manatee County Children's Services

Investment Goals

1. Children in foster care gain a permanent, stable, and nurturing home within 12 months of entering care and remain there.
2. Children remain in their homes free of abuse and neglect and do not enter foster care
3. Funders, systems, policies and practice align to ensure that our children read on grade level by 4th grade
4. Stable social, behavioral and emotional well-being for our children

Children's Services Council of Martin County

The Four Priority Areas:

- (1) Healthy Children
- (2) Strong Families
- (3) Safe Communities
- (4) Success in School and Life

Children's Services Council of St. Lucie County

Strategic Focus Areas:

1. Ensuring Every Baby Is a Healthy Baby
2. Keeping Kids Away from Drugs, Alcohol & Other Risky Behaviors
3. Keeping Kids in School
4. Keeping Kids off the Streets
5. Stopping Child Abuse Before It Happens and Building Strong Families

Children's Services Council of Palm Beach County

Goals

Four goals that all our children are:

1. Born healthy
2. Safe from abuse and neglect
3. Ready for kindergarten
4. Able to access quality afterschool and summer programming.

The Childrens Trust (Miami-Dade)

Priority Investment Areas

1. Parenting
2. Early Childhood Development
3. Youth Development
4. Health and Wellness
5. Family & Neighborhood Supports
6. Community Awareness & Advocacy
7. Program & Professional Development

Item # 9
Future Meeting Formats

Background

Interim Chair Cornell has asked County staff to check on other possible locations for CTAC meetings to facilitate input from the Gubernatorial Nominees. County staff have been in contact with the Library District and can provide additional information at the meeting.

Attachments

None

Staff Recommendation

Provide staff direction on holding future meetings at the Alachua County Library District Headquarters.

Consent Agenda Items

When the Trust adopts its meeting agenda, all items remaining on the consent agenda are approved as recommended by staff. Any member of the Trust or public may ask that an item be moved from the consent agenda to the regular agenda. Consent agenda items will not be discussed unless moved to the regular agenda.

Items

10. Approval of May 20, 2019 Meeting Minutes
Staff Recommendation: Approve the April 29, 2019 meeting minutes as presented.
11. Information Received from Other Children's Services Councils.
Staff Recommendation: Receive the information.
12. Adoption of Financial and Budget Management Policies
Staff Recommendation: Adopt the Budget and Financial Management Policies

Children's Trust of Alachua County

Monday, May 20, 2019 | 4:00 pm | Alachua County Health Department
(Thomas Coward Auditorium)

Members Present: Ken Cornell, Alachua County Commissioner; Honorable Susanne Wilson-Bullard, Circuit Judge; Tina Certain, Alachua County School Board Member; Karen Clarke, Alachua County School Superintendent; Cheryl Twombly, DCF Community Development Administrator

Staff Present: Carl Smart, Assistant County Manager for Public Safety and Community Support Services; Robert Swain, Senior Assistant County Attorney; Claudia Tuck, Community Support Services Director; Tom Tonkavich, Community Support Services Assistant Director

1. Call To Order

Interim Chair Ken Cornell called the meeting to order at 4:06 pm.

2. Agenda Review, Revision and Approval

Interim Chair Ken Cornell explained the new agenda format, which consists of a regular section and consent items. The "consent" agenda is more time efficient with many agenda items being approved all at one time. After further commentary and requests for clarification Member Certain moved to adopt the agenda as presented and approve all of the consent agenda items. Second by the Honorable Susanne Wilson-Bullard. Call for public input. Motion carried 5-0.

3. Draft Inter Local Agreement for Administrative Functions

Todd Hutchison, Finance Director for the Clerk of the 8th Circuit Court, presented a revised draft interlocal agreement between the Children's Trust of Alachua County, the Clerk of the Circuit Court of the Eight Judicial Circuit and the Alachua County Board of County Commissioners. The purpose of this draft was to include the revisions from "Option A" that the Board adopted at its last meeting. The draft agreement outlined a number of items including the term, each party's duties, payment information, and several attachments outlining the duties of the parties. Interim Chair Cornell requested several revisions. Member Clarke moved to adopt the Interlocal agreement in concept as presented and with the requested revisions and that staff bring back a final revised document for signature. Second by Member Certain. Call for public input. Motion passed 5-0.

4. Budget Workshop

John Brower, Senior Financial Management Analyst for the Alachua County Board of County Commissioners, and Ron Atkins, Administrative/Fiscal Support Manager for Alachua County Community Support Services, gave thorough presentations on budget

and financial management. Draft Budget and Financial Management procedures were discussed. A draft budget for the upcoming fiscal year was presented as well. There were discussions on the Truth in Millage (TRIM) process, including different millage rates/scenarios, maximum millage calculation and the rolled-back rate. Discussion also centered on future funding for current programs, personnel services funding, memberships, one-time opportunities and new initiatives. A review of the adoption requirements and the Florida statutes helped to add clarity to the complexity of the overall budget workshop. After a call for input from the nominees and the public, several discussed their opinions on which amount of the millage to levy. The Board concluded that they would not take action on the millage rate and requested county staff revise and build a draft budget for the next meeting. After additional comments and questions from members, nominees and the public, Interim Chair Cornell called for a motion to act on the budget. Member Certain moved to adopt the administrative procedures for budget and financial management, after further revision and subject to legal review. Second by Member Clarke. Call for public input. Motion carried 5-0.

5. Proposed CTAC Staffing

Assistant County Manager Carl Smart made introductory comments on personnel options for the Trust. Heather D. Akpan, Human Resources Director, gave a presentation that included draft job descriptions for an Executive Director, Administrative Support Manager and an Administrative Assistant. The presentation explained the JAT process that the county uses and how the hiring process varies in each department. The Board would be responsible for setting the application criteria. Human Resources can screen the applicants, especially for the Executive Director position. The hiring process generally takes 3-6 months, so the Board was advised to develop a few strategies and begin to act as soon as possible. After a call for input from the nominees and the public, several people expressed a need for staff members with strong skills in data collection and data analysis, marketing, social media, etc. In addition, there was discussion on the salary ranges for each position being considered. The Board asked for further changes to the job descriptions and additional information on metrics concerning counties similar in size to Alachua – including employee benefits, professional membership, population, budget, duties and organizational structure. Each member gave feedback on the overall hiring process and the costs associated with it. Interim Chair Cornell called for the Board to take action. The Honorable Wilson-Bullard moved to table action until county staff provide additional information at the next meeting; including information on other options to compare/contrast. Second by Member Clarke. Motion carried 5-0.

6. Call for Public Input

Interim Chair Ken Cornell called for questions and comments from the public. Several citizens gave commentary on a wide range of topics, including the process for funding organizations, millage rates, needs assessments, developing an operational budget, etc.

7. CTAC Gubernatorial Nominees General Comments

Interim Chair Cornell called for comments from the nominees, receiving various comments similar to the topics discussed by the public.

8. Board Member General Comments

Interim Chair Cornell called for comments from fellow Board members. The Honorable Wilson-Bullard discussed the Trust and the job that the public is expecting the Board to fulfill. Also, discussion on the procurement process for current program and future initiatives was taken into consideration. A motion was made by Interim Chair Cornell for the county staff to provide a procurement process for consideration at the next meeting. Second by the Honorable Wilson-Bullard. Motion carried 5-0.

9. Adjournment

Interim Chair Ken Cornell adjourned the meeting at 8:03 pm.

Recorded by:

LaRaven Temoney, Intern

Reviewed by:

Thomas Tonkavich, Liaison



Ask a CSC

Requestor: Alachua County Children's Trust

Topic: CEO and Staff Information

Request Date: May 2019

Questions:

1. CEO Information:
 - a. Current Salary
 - b. Years of Employment
 - c. Salary Range for the Position
 - d. Director Responsibilities/Performance Contract with the CSC Board
2. When the CSC was created, did the original staff start as County Employees?
 - a. If yes, how many years did it take until staff became independent of the County?
 - b. Were there issues or Concerns about having CSC independent district staff under the direction of a County Manager?
 - i. If yes, how was this addressed?
3. How many employees are employed by your CSC?
4. What is your County Population?

Responses from Children's Services Council Members:

CSC of Martin County

1. CEO Information:
 - a. Current Salary: \$111,182
 - b. Years of Employment: 29 years with the CSC – 12 as Executive Director
 - c. Salary Range: CSCMC does not have a salary range for the ED position. Salary is determined based on the experience of the individual and the package negotiated prior to employment
 - d. See attached Job Description
2. No, the original staff were hired by the Children's Services Council Board of Directors and were hires as Children's Services Council staff independent of the County.
3. Number of Staff: 11
4. County Population:
 - a. 2010 Census – 146,318
 - b. 2018 Estimate – 155,556

CSC of Palm Beach County

1. CEO Information:
 - a. Current Salary: \$201,427
 - b. Years of Employment: 14.5 years with the CSC – 4 as Executive Director
 - c. Salary Range: Contract Position and not part of organizational Salary Structure
 - d. See attached Job Description
2. No, the original staff did not start out as County employees.
3. Number of Staff: 102
4. County Population:
 - a. 2010 Census – 1,320,134
 - b. 2018 Estimate – 1,433,417

CSC of St. Lucie County

1. CEO Information:
 - a. Current Salary: \$99,768
 - b. Years of Employment: 21 years with the CSC – 9.5 as Executive Director
 - c. Salary Range: per salary study conducted in 2015 - \$85,000-\$110,000. Conducting new salary study this year for all positions.
 - d. See attached Job Description
2. First year of the CSC (organizing and before funds were collected) was staffed by the Assistant County Administrator and his Administrative Assistant. They worked with the board to develop the organizational structure, policies, etc. Afterward, an Executive Director was hired along with a Resource Director and Administrative Assistant.
 - a. Per the interlocal agreement (attached), the County authorized the CSC to utilize the services of the County Administrator and his staff until the CSC hired an Executive Director and Administrative Assistant. It also authorized the CSC to utilize the services of the County Attorney and his staff until September 30, 1991 (around 6 months from the signing of the interlocal agreement)
 - b. Am not aware of any issues.
3. Number of Staff: 8 FTE and 2 Part-time
4. County Population:
 - a. 2010 Census – 277,789
 - b. 2018 Estimate – 302,432

The Children's Trust of Miami-Dade County

1. CEO Information:
 - a. Current Salary:
 - b. Years of Employment: 3+
 - c. Salary Range: set by board

- d. See attached Job Description
- 2. We were unique in that once the voters approved the creation of the Children's Trust, the CEO for the already established CSC within the County transitioned to his role as CEO on a temporary basis and reported to the person who created the Trust. So, there were no issues. The County loaned staff to help where necessary.
- 3. Number of Staff: 82 – 1 part-time and 1 unfilled
- 4. County Population:
 - a. 2010 Census – 2,496,435
 - b. 2018 Estimate – 2,779,322

Children's Services Council of Broward County

- 1. CEO Information:
 - a. Current Salary: \$211,056
 - b. Years of Employment: 18 years – all as Executive Director
 - c. Salary Range:
 - d. See attached Job Description
- 2.
- 3. Number of Staff: 75
- 4. County Population:
 - a. 2010 Census – 1,748,066
 - b. 2018 Estimate – 1,897,976

INTERLOCAL AGREEMENT BETWEEN ST. LUCIE COUNTY
AND THE CHILDREN'S SERVICES COUNCIL OF ST. LUCIE COUNTY

THIS AGREEMENT, made this 5th day of March,
1991, by and between ST. LUCIE COUNTY, FLORIDA, a political
subdivision of the State of Florida, hereinafter referred to as
"County", and the CHILDREN'S SERVICES COUNCIL OF ST. LUCIE
COUNTY, an independent special district, hereinafter referred to
as "CSC".

WHEREAS, the Children's Services Council of St. Lucie County
was created by the Board of County Commissioners of St. Lucie
County effective July 1, 1990; and

WHEREAS, pursuant to the referendum held on October 2, 1990,
the Children's Services Council was granted the authority to fund
the improvement of children's developmental, health and other
juvenile welfare services by the levying of an ad valorem tax not
to exceed one-half (1/2) mill for services for children; and

WHEREAS, the Children's Services Council will levy an ad
valorem tax for the first time effective for the fiscal year
beginning October 1, 1991; and

WHEREAS, those tax revenues will not be collected until
after November 1991; and

WHEREAS, pursuant to Section 125.901(5), Florida Statutes,
the Board of County Commissioners has agreed to assist the
Children's Services Council during the interim by providing a
loan in the form of a line of credit and through the use of
County staff for legal, administrative, and clerical services;
and

WHEREAS, it would be more economical for the Children's
Services Council to utilize the County's Purchasing Department,
phone system, and meeting rooms.

NOW, THEREFORE, the parties to agree to cooperate as
follows:

1. AUTHORITY - This Agreement is entered into pursuant to
Section 163.01. Florida Statutes, the Interlocal Cooperation Act
of 1969.

2. Pursuant to Section 125.901(5), Florida Statutes, the County shall provide a loan to the CSC in the form of a line of credit in an amount not to exceed one hundred twenty-five thousand and 00/100 dollars (\$125,000.00). The line of credit shall remain open until the CSC receives sufficient tax revenues for the payment of its operating expenses. These tax revenues should be received by the CSC during December 1991 and January 1992. The CSC shall repay to the County the total amount of the line of credit utilized within one year from the date of this agreement.

3. The County authorizes the CSC to utilize the services of the County Administrator and his staff as he designates to provide administrative and clerical assistance until the CSC hires an Executive Director and Administrative Assistant.

4. The County authorizes the CSC to utilize the services of the County Attorney and his staff to provide legal assistance until September 30, 1991.

5. The County authorizes the CSC to utilize the services of the County Purchasing Department for the procurement of warehouse items available through that department.

6. The County authorizes the CSC to utilize the County's Essex phone system. The CSC shall be responsible for all charges and costs associated with its use of the system. The CSC shall arrange for direct billing of the costs and charges to the CSC.

7. This Agreement shall be filed with the Clerk of the Court of St. Lucie prior to its effectiveness.

8. This Agreement embodies the whole understanding of the parties. There are no promises, terms, conditions, or obligations other than those contained herein, and this Agreement shall supersede all previous telecommunications, representations, or agreements, either verbal or written, between the parties hereto.

9. This Agreement may only be amended by a written document signed by all parties.

10. This Agreement shall be governed by the laws of the State of Florida

11. All notices or other communications hereunder shall be in writing and shall be deemed duly given if delivered in person or sent by certified mail return receipt requested and addressed as follows:

If to County:

County Administrator
2300 Virginia Ave., Annex
Fort Pierce, Florida 34982

With copies to:

County Attorney
2300 Virginia Ave., Annex
Fort Pierce, Florida 34982

Public Services Administrator
2300 Virginia Ave., Annex
Fort Pierce, Florida 34982

If to Children's Services
Council:

Chairman
Children's Services Council
2300 Virginia Avenue, Annex
Fort Pierce, Florida 34982

12. Either party may terminate this Agreement with or without cause upon thirty (30) days written notice to the other party provided however that the obligation of the CSC to repay the total amount of the line of credit utilized shall continue.

IN WITNESS WHEREOF, the parties have caused this Agreement to be made and entered into the day and year first written above.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
ST. LUCIE COUNTY, FLORIDA

Debbie Webb
Deputy CLERK

BY: *Harriet L. Fenn*
CHAIRMAN

APPROVED AS TO FORM AND
CORRECTNESS

Kurt A. Gray
Asst. COUNTY ATTORNEY

ATTEST:

CHILDREN'S SERVICES COUNCIL
OF ST. LUCIE COUNTY

Dandra H. Dote
SECRETARY

BY: *Judith James*
CHAIRMAN



CHILDREN'S TRUST
OF ALACHUA COUNTY

Administrative Procedure

Adoption Date: June 10, 2019
Review Date:

Effective Date: October 1, 2019
Revised Date:

This Administrative Procedure supersedes and replaces any previous versions

FINANCIAL MANAGEMENT

Purpose: To establish the framework for the Children's Trust of Alachua County's (CTAC) overall financial planning and management.

Policy: To show the citizens and other stakeholders CTAC's commitment to sound financial management and fiscal integrity. To improve CTAC's fiscal stability by helping officials plan fiscal strategy in a consistent manner.

Procedure:

1. Financial Goals
 - A. To maintain the financial viability of CTAC in order to ensure adequate levels of services.
 - B. To maintain financial flexibility in order to continually adapt to local and regional economic and demographic changes.
 - C. To maintain and enhance services in order to provide for the health, safety and welfare of the County's youth.
2. Inter-fund Loan Policy – Inter-fund Loan Policies are intended to provide parameters and guidance for the management of loans between funds. Inter-fund loans may be necessary to provide adequate cash flow for reimbursable grants and contractual obligations with deferred revenues.
 - A. Repayment of any loan shall not exceed one year without approval of the CTAC. Loans outstanding at fiscal year-end will be reported to the CTAC.
 - B. Any fund may receive an interfund loan with the approval from the CTAC.
3. Fund Balance
 - A. CTAC will report Fund Balance in accordance with Governmental Accounting Standards CTAC Statement No. 54 Fund Balance Reporting and Government Fund Type Definitions. The financial reporting fund's Fund Balance shall be composed of non-spendable, restricted, committed, assigned, and unassigned amounts.

- B. The unassigned plus assigned fund balance at each fiscal year end, shall not be less than 5% of the following year's projected operating revenue. In any fiscal year where CTAC is unable to maintain the minimum fund balance as required in this section, they shall reestablish the minimum amount in the following year. During the reestablishment period, CTAC shall not appropriate any amounts of such fund balance for the purpose of balancing the budget until the minimum is reached.

4. Reporting and Audits

- A. Balanced revenue and expenditure forecasts will be prepared to examine CTAC's ability to absorb operating costs due to changes in the economy, service demands, and capital improvements.
- B. CTAC's accounting and financial reporting systems will be maintained in conformance with all state, federal and local laws, as well as generally accepted accounting principles as required in Florida Statutes Chapters 129 and 200.
- C. An annual audit will be performed by an independent public accounting firm, as required by Florida Statute. The results of the audit and the audit opinion will be reported to the CTAC and included in CTAC's annual financial report.
- D. Financial information mentioned within this section, including the Budget, will be published on the CTAC's website.
- E. The CTAC will perform quarterly reviews to determine if the budgetary plan is being followed and if budgetary expectations are being achieved. Any problems discovered in this process will be corrected at the appropriate level of budgetary control.
- F. Property control shall be applied to all assets valued at the level required by State Statute, the current minimum monetary threshold for capitalization and the item shall be tagged and identified by asset number when appropriate. Each item is to be physically identified and assessed as to its condition at least once per fiscal year.
- G. Travel reimbursement will be in accordance with policies adopted in compliance with Florida Statute 112.061 (14).



Administrative Procedure

Adoption Date: ~~XX-XX~~ June 10, 2019
2019

Review Date: XXXX

Effective Date: October 1,

Revised Date: XXXX

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- G. Travel reimbursement will be in accordance with policies adopted in compliance with Florida Statute 112.061 (14).

~~AS ADOPTED BY THE CHILDREN'S TRUST OF ALACHUA COUNTY~~
~~RESOLUTION XX-XX~~
~~DATED XX/XX/XXXX~~



CHILDREN'S TRUST
OF ALACHUA COUNTY

Administrative Procedure

Adoption Date: ~~XX-XX~~ June 10, 2019
2019

Review Date: XXXX

Effective Date: October 1,

Revised Date: XXXX

FINANCIAL MANAGEMENT

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- G. Travel reimbursement will be in accordance with policies adopted in compliance with Florida Statute 112.061 (14).

AS ADOPTED BY THE CHILDREN'S TRUST OF ALACHUA COUNTY
RESOLUTION XX XX
DATED XX/XX/XXXX



CHILDREN'S TRUST
OF ALACHUA COUNTY

Administrative Procedure

Adoption date: June 10, 2019
Review Date:

Effective Date: October 1, 2019
Revised Date:

This Administrative Procedure supersedes and replaces any previous versions

BUDGET MANAGEMENT

Purpose: To establish and maintain practices for the adoption, administration, and amendment of the annual budget in accordance with Florida Statutes Chapter 129.

Policy: To exercise the highest level of budgetary control by adopting the procedures set forth in Florida Statute Chapter 129 with an emphasis on transparency to communicate the Children's Trust of Alachua County's (CTAC) annual budget process from conception to finality including adjustments made throughout the fiscal year.

Procedure:

1. Revenues

- A. CTAC will estimate revenues as early as possible in the budget process in order to provide expenditure guidelines. It will establish its budget priorities based upon the revenue estimates and expenditure guidelines.
- B. The budget shall be balanced: the total estimated receipts (including balances brought forward) shall equal the total appropriations and reserves in accordance with Florida Statute Chapter 129.01(2)(b).
- C. In general, current operating revenue should be sufficient to support current operating expenditures, with adjustments made to budgeted fund balance or appropriations if necessary.
- D. One-time revenues will be utilized to fund one-time expenditures wherever possible. If one-time revenues are assigned to pay for recurring expenditures a three to five year plan for transferring the expenditure to a recurring revenue source will be adopted by CTAC as a part of the budget process in the initial year.

2. Expenditures

- A. The financial impact associated with new programs or program modifications will be analyzed and determined prior to adoption by the CTAC. When new programs or increased levels of service are proposed, CTAC will identify any applicable Federal or State mandates; outline client benefits and strategic initiatives; demonstrate alignment to organizational goals, objectives, and agreements; identify related health and safety issues; demonstrate conformance

to industry/professional standards; and identify all funding sources including tax increases needed to partially or fully fund the program or service.

- B. Understanding what a program or activity costs, and what benefits are derived from these programs or activities allows CTAC to make informed funding decisions. To that end, all expenditures will be analyzed to ensure service alignment with current priorities.
- C. CTAC shall utilize performance measures in order to track performance, support operational improvement, and determine effective use of resources for each program.
- D. Grant applications to fund services/programs with state or federal funds will be recommended to the CTAC upon review with significant consideration given to:
 - I. The cost of administering the grant relative to the amount of the grant
 - II. The availability of matching funds
 - III. The extent to which locally generated funds will be required to support the program when the grant funding is no longer available.
- 3. Operating Budget – For purposes of budgetary control, expenditures cannot legally exceed the total annual budgeted appropriations.
- 4. Budget Request – CTAC shall develop a proposed budget to include, when appropriate, personal services, operating, capital outlay, grants and aids, and other uses categories.
- 5. Budget Adjustments – Budgetary levels of authority are as follows:
 - I. Budget amendments that change the fund's total appropriation require the approval of the CTAC. The CTAC, at any time within a fiscal year, may amend its budget for that year, and may within the first 60 days of a fiscal year amend the budget for the prior fiscal year.
 - II. Budget transfers between Functions and/or Object Classification, as defined by the Uniform Chart of Accounts (AKA Uniform Accounting System Manual for Florida Local Governments) require approval of the CTAC.

Example:

XXX.XX.XXXX.56X.31.00

Function is the first two numbers in the activity code

Sub-Object Code is the first two numbers in the Object Code.

To determine Object Classification find where this number falls within the following chart. In the above example the account is "Operating Expenditures"

Object Codes (A.K.A. "Categories")

10	Personal Services Includes Sub-Object Codes 11-29
30	Operating Expenditures Includes Sub-Object Codes 31-59
60	Capital Outlay Includes Sub-Object Codes 61-68
80	Grants and Aids Includes Sub-Object Codes 81-83
90	Other Uses Includes Sub-Object Codes 91-99

- III. Per F.S 129.06(2), appropriations related to prior year non-operating encumbrances, grants, and capital projects not completed will be submitted to the CTAC as a budget amendment no later than the deadline set by Florida Statute Chapter 129. Transfers from the Reserve for Contingency require CTAC approval.
- IV. Establishing a budget for revenues that were not anticipated during the annual budget process requires that the CTAC adopt a resolution to recognize and appropriate the revenue (F.S. 129.06(2)(d)and(e)).
- V. Upon completion of the prior fiscal year's independent audit, the operating budget may be adjusted to reflect actual beginning fund balances if deemed necessary by the CTAC. Audited fund balances will be adjusted during this "mid-year" process to prevent spending of resources not available (F.S. 129.06(2)(f)).
- VI. Amendments not specifically authorized in Florida Statute Chapter 129.06(2) (a-e) require the amendment be authorized by resolution or ordinance of the CTAC and adopted following a public hearing. The public hearing must be advertised at least two (2) days, but not more than five (5) days, before the date of the hearing. The advertisement and

adoption procedures are similar to those required for adoption of the annual budget (F.S. 129.06(2)(f)).

- VII.** Pursuant to F.S. 129.06(2)(f)2, budget amendments must be posted to the CTAC's official website within 5 days of adoption/approval.

B. Budget Appropriation

- I.** Appropriations will be made at the Fund, Functional Category, and Object Classification (AKA "categories"; personal services, operating expense, capital outlay, grants and aids, and "other use" expenses) levels.

6. Fund Balance

- A.** To the extent feasible, the CTAC's unassigned plus assigned fund balances will be at a minimum of 2 months of annual appropriations.
- B.** Minimum Fund Balance –The amount of ending fund balance to be budgeted shall be analyzed and determined during the annual budget process.
- C.** During Carry Forward and Midyear budget amendments, fund balance may be used for:
- I.** Appropriations related to prior year non-operating encumbrances, grants, and capital projects not completed. The total carry forward amounts will be reported in the prior year independent audit as assigned fund balances.
- II.** Funding for authorized mid-year increases that will provide for a level of service that was not anticipated during the budget process.
- III.** Funding for unexpected increases in the cost of providing existing levels of service.
- IV.** Temporary and nonrecurring funding for unanticipated projects.
- V.** Funding of a local match for public or private grants.
- VI.** Funding to off-set losses in revenue caused by actions of other governmental bodies and/or unanticipated economic downturns.
- VII.** Funding to accommodate unanticipated program mandates from other governmental bodies.
- VIII.** Funding for emergencies, whether economic, natural disaster or acts of war.

7. Budgeted Reserve for Contingency

- A. Reserve for contingency requests must be approved by the CTAC. The CTAC will use the procedures and evaluation criteria set forth in this, and other policies. Such requests will be evaluated as to the:
 - I. Urgency of the request
 - II. Scope of services to be provided
 - III. Short and long-term fiscal impact of the request
 - IV. Potential for alternative methods of funding or providing the service(s)
 - V. Review for duplication of service(s) with other agencies
 - VI. Review of efforts to secure non-CTAC funding
 - VII. Discussion of why funding was not sought during the normal budget cycle
 - VIII. Review of the impact of not funding or delaying funding to the next fiscal year.
- B. A reserve for contingency shall be calculated and budgeted at a level not less than 5% of operating revenues and in an amount not greater than 10% of the total budget in accordance with Florida Statute Chapter 129.01(2)(c). If the reserve for contingency falls below 50% of the minimum level, the reserves shall be reestablished the following year.
- C. The reserve for contingency shall be separate from any unallocated fund balances.
- D. CTAC's budget will be amended at such time as the CTAC authorizes the use of contingency reserves (F.S. 129.06(2)(b)). All requests for the use of reserve for contingency as referenced in this section shall be accompanied by information showing the year-to-date activity of the reserve account as well as the current account balance and the net effect on the account balance.



CHILDREN'S TRUST
OF ALACHUA COUNTY

Administrative Procedure

Adoption date: ~~XX-XX~~ June 10, 2019
2019

Effective Date: October 1,

Review Date: XXXXX

Revised Date: XXXX

BUDGET MANAGEMENT

Purpose: To establish and maintain practices for the adoption, administration, and amendment of the annual budget in accordance with Florida Statutes Chapter 129.

Policy: To exercise the highest level of budgetary control ~~per by adopting the procedures set forth in~~ Florida Statute Chapter 129 with an emphasis on transparency to communicate the Children's Trust of Alachua County's (CTAC) annual budget process from conception to finality including adjustments made throughout the fiscal year.

Procedure:

1. Revenues

- A. CTAC will estimate revenues as early as possible in the budget process in order to provide expenditure guidelines. It will establish its budget priorities based upon the revenue estimates and expenditure guidelines.
- B. The budget shall be balanced: the total estimated receipts (including balances brought forward) shall equal the total appropriations and reserves in accordance with Florida Statute Chapter 129.01(2)(b).
- C. In general, current operating revenue should be sufficient to support current operating expenditures, with adjustments made to budgeted fund balance or appropriations if necessary.
- D. One-time revenues will be utilized to fund one-time expenditures wherever possible. If one-time revenues are assigned to pay for recurring expenditures a three to five year plan for transferring the expenditure to a recurring revenue source will be adopted by CTAC as a part of the budget process in the initial year.

2. Expenditures

- A. The financial impact associated with new programs or program modifications will be analyzed and determined prior to adoption by the CTAC Board (Board CTAC). When new programs or increased levels of service are proposed, CTAC will identify any applicable Federal or State mandates; outline client benefits and strategic initiatives; demonstrate alignment to organizational goals, objectives, and agreements; identify related health and safety issues; demonstrate conformance to industry/professional standards; and identify all

funding sources including tax increases needed to partially or fully fund the program or service.

- B. Understanding what a program or activity costs, and what benefits are derived from these programs or activities allows CTAC to make informed funding decisions. To that end, all expenditures will be analyzed to ensure service alignment with current priorities.
- C. CTAC shall utilize performance measures in order to track performance, support operational improvement, and determine effective use of resources for each program.
- D. Grant applications to fund services/programs with state or federal funds will be recommended to the BoardCTAC upon review with significant consideration given to:
 - I. The cost of administering the grant relative to the amount of the grant
 - II. The availability of matching funds
 - III. The extent to which locally generated funds will be required to support the program when the grant funding is no longer available.
- 3. Operating Budget – For purposes of budgetary control, expenditures cannot legally exceed the total annual budgeted appropriations. (The Laws of Florida Chapter 65-1236 Sub 1).
- 4. Budget Request – CTAC shall develop a proposed budget to include, when appropriate, personal services, operating, capital outlay, grants and aids, and other uses categories.
- 5. Budget Adjustments – Budgetary levels of authority are as follows:
 - I. Budget amendments that change the fund's total appropriation require the approval of the BoardCTAC. The BoardCTAC, at any time within a fiscal year, may amend its budget for that year, and may within the first 60 days of a fiscal year amend the budget for the prior fiscal year.
 - II. Budget transfers between Functions and/or Object Classification, as defined by the Uniform Chart of Accounts (AKA Uniform Accounting System Manual for Florida Local Governments) require approval of the BoardCTAC.

Example:

XXX.XX.XXXX.56X.31.00

Function is the first two numbers in the activity code

Sub-Object Code is the first two numbers in the Object Code.

To determine Object Classification find where this number falls within the following chart. In the above example the account is "Operating Expenditures"

Object Codes (A.K.A. "Categories")

10	Personal Services Includes Sub-Object Codes 11-29
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III. Per F.S. 129.06(2), appropriations related to prior year non-operating encumbrances, grants, and capital projects not completed will be submitted to the BoardCTAC as a budget amendment no later than the deadline set by Florida Statute Chapter 129. Transfers from the Reserve for Contingency require BoardCTAC approval.

IV. Establishing a budget for revenues that were not anticipated during the annual budget process requires that the BoardCTAC adopt a resolution to recognize and appropriate the revenue (F.S. 129.06(2)(d)and(e)).

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~~AS ADOPTED BY THE CHILDREN'S TRUST OF ALACHUA COUNTY~~
~~RESOLUTION XX-XX~~
~~DATED XX/XX/XXXX~~