**FORM F - San Francisco Department of Early Childhood**

**Request for Grant Application #DEC24-1 for Early Intervention and Specialized Services System of Care (EISSSC)**

**Application Program Narrative Questions**

**SERVICE COMPONENTS**

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# **I. FAMILIES OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND EARLY INTERVENTION FRC**

**Application Program Narrative Instructions**: Please provide the following information in narrative format. Your response will be read and assessed by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and assess, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. All narrative sections must use Times New Roman 12pt font and 1.5 spacing (Word), with the exception of the Budget & Narrative section.

**NOTE**: To maximize your page limits, you are welcome to delete the questions in your narrative but keep all the enumeration, section titles, and question titles that are in bold.

**A. Neighborhood/Population Characteristics**

2 questions; Maximum of 2 pages; 10 points

A.1 **Key characteristics of Children and Youth with Special Health Care Needs (CYSHCN) and their families:** Briefly describe key characteristics of children and youth with special health care needs and their families, inclusive of families facing developmental questions, concerns, delays, and/or likelihood of diagnosed disability and needing linkage to early intervention services. Highlight particular assets, barriers, and service considerations for this population, and specifically highlight the experiences of Black, Latino, Pacific Islander and/or mono-lingual families of children birth to 10 years of age in your neighborhood/target population.

A.2. **Service assets, and partnerships:** Focusing on families expecting a baby through parenting a child up to age 10, describe other service assets, partnerships, and family/child serving agencies focused on parenting support and child development, including key places families gather or are served, e.g., preschools, family child are sites, SFUSD sites, public housing, and clinics. Refer to the depth of your relationship with these providers in your area and strategies for ensuring ongoing and continuing partnership on behalf of families.

**B. Agency Experience, Qualifications and Achievements**

6 questions; Maximum of 6 pages; 15 points

B.1. **Agency and Staff qualifications**: Describe your agency’s and staff qualifications, specialized knowledge and experience implementing FRC Core Services or similar programming for families. Note particular experience and expertise related to families experiencing pregnancy through parenting a child to 4 years old and for families of children older than age 4.

B.2. **Frameworks, Curriculums, Evidence/Practice-Based Approaches for Serving Families:** Describe frameworks, curriculums, and evidence/practice-based approaches relevant to serving families and used to inform service implementation. Describe how alignment or fidelity to the guidance informed in these is achieved and maintained.

B.3. **Agency’s facility space:** Briefly describe your agency’s facility space available to house the FRC and provide services. Include the number and types of rooms in your facilities used for participant-facing services, as well as co-location strategies and other characteristics, such as how the facility will support families of children, birth to 4 years of age, and families with children over age 4.

B.4. **Hours and modes of operation:** Describe your hours and modes of operation inside and outside of business hours such as evenings and weekends. Mention if your family services are in-person or remotely provided and if remotely provided describe how you ensure access and technical capability for remote connectivity.

B.5. **Participants and patterns of service utilization:** Describe the families and children currently engaged in your agency’s programming of the Core Services (or similar), and the number of program participants and patterns of service utilization. Highlight the participation of Black, Latino, Pacific Islander and/or mono-lingual families.

B.6. **Agency achievements:** Describe specific child and family level or other impacts/outcomes your agency has achieved in serving families. In your response, please highlight if available, particular successes and notable outcome differences for families experiencing pregnancy through parenting a child to 4 years old, families of children older than age 4, and Black, Latino, Pacific Islander and/or mono-lingual families.

**C. Proposed Services and Programs- Non-Age Specific**

5 Questions; maximum of 12 pages; 20 points

**Instructions:**

Each of the below questions asks you to provide a description of the program you are proposing to implement with funds from this RFGA. The description will provide detailed information about the proposed Core Required activities (provided in the table for you) as well as other optional or discretionary activities you are proposing in each category. Applicants should reference the Activities Guide to ensure they are including in their descriptions here the required components of each proposed activity.

**C.1. Family Engagement and Cross-Sector Partnerships**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Intake and Retention** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Direct and Indirect Outreach** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C.2. Parent Leadership and Community Connections**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Parent Advisory Committee** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Community Events** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C.3. Parent Caregiver Capacity and School Readiness and Success Activities**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Curriculum Based Parent Education for Parents of Children Age 2-12** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Parent Classes in School Readiness and Success** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Support Groups and/or Workshops** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C.4. Formal Supports for Individuals and Those at Risk for System Involvement**

Required Components: Complete the table for each of the required services.

|  |  |
| --- | --- |
| **a. Basic Needs** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **b. Information and Referral *(May select one or more of Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **c. Family Advocacy *(May select one or more of Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered:  |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **d. Case Management *(May select one or more of Information and Referral; Family Advocacy; Case Management)*** | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C.5. Discretionary and Other Proposed Services**

Use this table to describe discretionary or other proposed services for parents of children of all ages in this category. Copy and paste it as many times as needed in your narrative. One service per table.

|  |  |
| --- | --- |
| **d. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |
| **e. Other/Discretionary:** Enter name of service | Schedule and Frequency (when and how often the service is offered: |
| Describe the service, including the objective and content of the service: |
| Dosage (how many sessions each participant is expected to attend): | Maximum capacity per session: |
| Target communities/populations to be served: |
| Languages offered: |
| Annual unduplicated participants served for each of the below age categories: |
| # of children 0 – 18 months: | # of children 18m – 4 years | # of children 4-10 years old: |
| # Children 10-17 years old: | # of Parents / caregivers: |
| Describe the staffing and administering of the service, including if any components will be conducted by non-FRC staff: |

**C.6.** **Changes or impacted expected:** Describe the changes or impacts you hope to achieve through the above proposed services and what evaluation evidence/data will be collected, if any, in conjunction with the services to assess whether these changes and/or impacts occurred.

**C.7. Additional information on agency’s approach:** Provide any additional information you feel will help explain your agency’s approach or planned service(s) including the basis of your selected curriculums, evidenced based tools or practice based approaches.

**C.8.** **Planned activities for the first 9 months:** If applicable, describe any planning activities for the above proposed services that will be needed during the first 9 months of the grant implementation including planned engagement of partners, community and parents to ensure a quality, responsive program design.

**D. Racial Equity**

2 questions; maximum of 2 pages; 15 points

D.1. **Agency's commitment to inclusion and belonging:** Describe your agency’s demonstrated ability to provide linguistically, ethnically, and culturally concordant services and opportunities to San Francisco’s diverse families; highlight specific strategies employed to ensure inclusion and belonging for staff and families of multiple diverse backgrounds and identities.

D.2. **Agency’s stance on racial equity:** Describe your agency’s stance on racial equity, including concrete actions, strategies, and activities to address and mitigate the effects of racism at multiple levels, such as individual, interpersonal, programmatic, agency, community, and system levels. Highlight any agency internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

**E. Outreach and Engagement**

4 questions, maximum of 4 pages; 20 points

E.1. **Current and intended approaches to outreach and engagement**: Describe current and intended approaches to participant outreach and engagement that span your proposed array of Core/Essential Services. Describe how these approaches help to ensure participants’ unique needs are met and how they facilitate the achievement of RFGA outcomes and family goals. Highlight your intake procedures, including use of formal triage tools, motivational interviewing, FFPSA prevention plans, or other formal intake methods.

E.2. **Service-Specific Approaches and Strategies for Ensuring Participant Engagement:** Describe the service specific approaches and strategies for ensuring participant engagement of parents of children birth to age 4 (both initial and ongoing) to a degree that supports your intended service outcomes. Highlight how you have engaged and/or will engage each of the following groups in the Core/Essential Services: Black, Latino, Pacific Islander and mono-lingual families.

E.3. **Approaches and strategies for ensuring participant engagement:** Describe the service specific approaches and strategies for ensuring participant engagement of parents of children 4-10 years of age (both initial and ongoing) to a degree that supports your intended service outcomes. Highlight how you have engaged and/or will engage each of the following groups in the Core/Essential Services: Black, Latino, Pacific Islander and mono-lingual families.

E.4. **Specific activities to enroll families to Medi-Cal and other health insurance:**Describe specific activities that your agency will identify and enroll families to Medi-Cal and other health insurance, if you will seek to draw down Medi-Cal Administrative Activity matching funds.

**F. Evaluation Capacity**

3 Questions, Maximum 2 page; 10 points

F.1 **Agency’s approach to evaluation and continuous improvement:** Please provide a brief overview of your agency’s approach to evaluation and continuous improvement, including

F.1.1. **Experience and capacity:** A description of your agency’s experience and capacity to manage evaluation and measurement tasks such as: survey administration and other data collection efforts; database oversight and maintenance (Contract Management System, Efforts to outcomes, etc...); data analysis; and sharing of evaluation results with staff, families and other stakeholders.

F.1.2. **Evaluation Strategies:** Describe evaluation strategies, including validated assessment tools, your agency has used successfully in the past and intends to replicate as a part of this initiative. Include identification of staff responsible for these activities and structures available to support staff in their evaluation roles. If your experience is more limited, describe resources that may be available to assist your agency in this area.

F.2. **Use of program evaluation and assessment data to inform program improvement:** Describe how program evaluation and assessment data is currently used to inform program improvement, shape future program activities, and/or contribute to technical assistance plans. Specifically include how parents/caregivers and other stakeholders are included in the evaluation, reflection, and program improvement cycle.

F.3. **Agency’s commitment and participation:** Affirm your agency’s commitment and readiness to participate in (1) required processes for measuring the quantity, quality and impact of services provided, including universal intake procedures (2) a program of technical assistance and self-assessment in collaboration with the Joint FRC Funders.

**G. Budget and Narrative Form *(Updated)***

1 Question; Maximum 1 Excel (XLS) Worksheet, 10 points

G.1. **Budget & Narrative Form:** Complete the Budget & Narrative Form (FORM E) according to the directions.

# **II. CENTRALIZED ACCESS POINT SERVICES**

**Application Program Narrative Instructions**: Please provide the following information in narrative format. Your response will be read and assessed by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and assess, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. All narrative sections must use Times New Roman 12pt font and 1.5 spacing (Word), with the exception of the Budget & Narrative section.

**NOTE**: To maximize your page limits, you are welcome to delete the questions in your narrative but keep all the enumeration, section titles, and question titles that are in bold.

1. **Centralized Access Point: Agency and Staff Experience**

4 Questions; Maximum of 6 pages, 25 points

A.1. **Agency’s experience, programs, and services:** Describe your agency’s experience, programs, and services provided that meet the stated requirement of a minimum of 3 years of experience overseeing a warm-line, support-line, hot-line, help-line, and/or comprehensive resource and referral system for families. Describe the technology and modalities used, the agency infrastructure to support these modalities, and an approximate number of families currently served annually in this service.

A.2. **Agency and staff’s experience with early intervention system:** Describe your agency’s experience acting as a) a resource and support to children and youth with special health care needs and their families; and b) a resource for child development and early intervention of developmental concerns. Include in your response your agency and staff expertise in understanding and navigating the early intervention system.

A.3. **Agency’s stance on racial equity:** Describe your agency’s stance on racial equity, including concrete actions, strategies, and activities to address and mitigate the effects of racism at multiple levels, such as individual, interpersonal, programmatic, agency, community, and system levels. Highlight any agency internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

A.4. **Agency’s staffing structure:** Describe the current or proposed staffing structure for the Centralized Access Point (CAP), including titles of key positions, a summary of roles and responsibilities, and a brief description of qualifications. Note in your description positions that are currently vacant and positions that will have shared responsibility for other agency work that falls outside the CAP. Describe how a linguistically and racially diverse team will be developed, and how collaboration will be fostered across staff within and surrounding the CAP.

1. **Centralized Access Point: Project Description**

3 Questions; Maximum of 12 pages, 30 Points

B.1. **Overall design and implementation:** Outline and describe the overall design and function of the CAP, focusing specifically on how the structure will support the achievement of the below quality assurances, as well as an anticipated unduplicated number of children (birth to age 5 and 6-17) and parents/caregivers served. Describe policies, procedures, reports, information systems, and other tools staff and supervisors will utilize to implement, review, and monitor the below assurances, as well as monitor the timeliness and responsiveness of contacts, follow-ups, and available resources. Describe how needed changes to better meet quality assurances will be addressed.

CAP quality assurances:

* B.1.1 **Timeline for initial contact:** Initial contact must be made with the family within 48 hours of receipt of the family’s referral, inquiry, and/or request.
* B.1.2. **Accurate needs assessment:** Obtain an accurate understanding of families’ needs and conduct a preliminary analysis to determine immediate, short, and long-term next steps, inclusive of any needed screening and a decision about additional triaging and referral.
* B.1.3. **Timeline for referral:** When additional triaging and referral are needed – Within 15 days of initial contact and information gathering, provide a referral information packet for families with clear description of recommended next steps, and up-to-date contact information for additional providers, such as names, email, and phone number of their care coordinator or case manager; warm hand-offs made if necessary.
* B.1.4. **Follow-up support:** All families should receive timely follow-up communications, at a minimum, once per month for 3 months. Follow-up should include support, as needed, with any navigation and barrier removal to facilitate access to additional services through such things as: form completion, translation, accessing transportation solutions, and making appointments.

B.2. **Screening tools and tracking systems:** Describe the agency and staff’s familiarity with intake and preliminary assessment tools, such as ASQ, ASQ:SE, ACES, maternal depression, social determinants of health, other screening tools, and other intake forms. Describe how these tools will be integrated into the workflows of the CAP, as well as the information systems that will be used to ensure data and information is tracked, secure, and accessible to inform the family’s decision-making about needs, resources, and next steps. In particular, describe experience and/or interest in working with electronic, digitally enabled developmental screening tracking systems.

B.3. **Experience and ability in maintaining a comprehensive library and system of community resources and information:** Describe your experience and ability to maintain a comprehensive library and system of community resources and information both internal for staff use and external for families’ use, whether in a physical space, electronically, or both. Describe how resources and information are vetted, how systems are kept accurate and up-to-date, and how families are supported in accessing information and resources. Describe your ability and process for curating resources and information that covers multiple age ranges, and a wide array of topics related to developmental milestones, early intervention, and diagnosed disabilities.

**C. Centralized Access Point: Outreach and Engagement**

2 Questions; Maximum 4 pages, 20 points

C.1. **Information and outreach strategies for the CAP**: Describe the information and outreach strategies that will be employed to ensure that parents and providers are aware of the CAP and are able to easily access it city-wide through multiple modalities. Highlight how you will reach families from across the age span and from diverse linguistic and ethnic backgrounds, noting where customized messaging, materials, and approaches will be used.

C.2. **Potential barriers to access**: Describe potential barriers that families may face in accessing the CAP and sustaining engagement through the initial intake and triaging process, particularly Black/African American, Latino, Pacific Islander, and mono-lingual families, and describe how you will address and mitigate these barriers.

**D. Centralized Access Point: Partnership and Collaboration**

2 Questions; Maximum 4 pages, 10 points

D.1. **Strong partnership and relationship-building plan:** The CAP will have responsibility for ensuring that strong partnerships are maintained and that entities funded through the Early Intervention and Specialized Services System of Care RFGA have effective collaboration and communication with one another and with other early intervention service providers, including the Golden Gate Regional Center and San Francisco Unified School District. Describe your overall approach to partnership and relationship building and specifically summarize the communication, meeting, and other structures you will use to ensure that partners provide ongoing input to the development and implementation of the CAP, and remain in close communication regarding the needs of families and overall system improvement goals.

D.2. **Family’s voice in governance and collaboration**: Describe how you will integrate families’ voice, wisdom, and experience into your governance and collaboration structures, particularly those families who experience greater barriers to access and who do not typically have a seat at policy and planning tables. Describe how you will engage and solicit input from families and partners toward continuous quality improvement.

**E. Evaluation Capacity**

1 Question, Maximum 1 page, 5 points

E.1 **Agency’s approach to evaluation and program improvement:** Please provide a brief overview of your agency’s approach to evaluation and continuous improvement, including:

* E.1.1. **Evaluation capacity:** Describe your agency's experience and capacity to manage evaluation and measurement tasks. This includes survey administration and other data collection efforts, database oversight and maintenance (Contract Management System, Efforts to Outcomes, etc...), data analysis, and use of evaluation results to improve programs.
* E.1.2. **Evaluation Strategies:** Describe evaluation strategies, including validated assessment tools, that your agency has used successfully in the past and intends to replicate as part of this initiative.
* E.1.3. **Performance Measures:** Please propose five to ten performance measures (indicators that can be used to assess the effectiveness and efficiency of your program or initiative).

**F. Centralized Access Point: Budget *(Updated)***

1 Question; Maximum 1 Excel (XLS) Worksheet, 10 points

F.1. **Budget & Narrative Form:** Complete the Budget & Narrative Form (FORM E) form according to the directions.

# **III. DEVELOPMENTAL PLAY GROUPS SERVICES**

**Application Program Narrative Instructions**: Please provide the following information in narrative format. Your response will be read and assessed by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and assess, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. All narrative sections must use Times New Roman 12pt font and 1.5 spacing (Word), with the exception of the Budget & Narrative section.

**NOTE**: To maximize your page limits, you are welcome to delete the questions in your narrative but keep all the enumeration, section titles, and question titles that are in bold.

A. **Developmental Playgroups: Agency and Staff Experience**

3 Questions; Maximum 6 pages, 25 points

A.1. **Agency’s experience, programs, and services:** Describe your agency’s stance on play, access to play, and the process for expanding culturally responsive play opportunities throughout San Francisco. Describe agency experience and current programs and services the agency provides that meet the stated requirement of a minimum of 3 years of experience developing play activities for young children aged birth to 5, that include a family interactive component. In your response provide an approximate number of families currently served annually in playgroups or similar child play activity.

A.2. **Agency’s staffing structure:** Describe the current or proposed staffing structure for the Developmental Playgroups, including titles of key positions, a summary of roles and responsibilities, and a brief description of qualifications, highlighting early childhood and early intervention experience in particular. Note in your description positions that are currently vacant and positions that will have shared responsibility for other agency work.

A.3. **Agency’s stance on racial equity:** Describe your agency’s stance on racial equity, including concrete actions, strategies, and activities to address and mitigate the effects of racism at multiple levels, such as individual, interpersonal, programmatic, agency, community, and system levels. Highlight any agency internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

**B. Developmental Playgroups: Project Description**

4 Question; Maximum 12 pages, 30 points

B.1. **Overall design and implementation**: Outline and describe how you will design and implement Developmental Playgroups as part of this Early Intervention and Specialized Services System of Care RFGA. In your description include the number of sessions you will hold and the number of children to be served per session. Highlight how you will address the below quality assurances for Developmental Playgroups, including specific examples of play and activity content where relevant. Describe how you will monitor the effective implementation of playgroups according to the below areas, and address changes needed for continuous quality improvement.

Developmental Playgroups quality assurances:

* B.1.1. **Play content design**: Design play content by skill areas, developmental domains, and age group that has the ability to address developmental concerns;
* B.1.2. **Screening administration:** Ensure and support parents with pre-post administration of the ASQ;
* B.1.3. **Resource and activities for home:** Provide home-based activity handouts or resources to parents that support developmentally appropriate play and exploration.

B.2. **Effective and inclusive play for development**: Describe how play content will specifically address early intervention for developmental concerns. Include in your response how you will ensure an inclusive play atmosphere for children with differing abilities and social-emotional needs.

B.3. **Parent expectations and support in child development playgroups and at home:** Describe your expectation of parents during the child developmental play sessions and how you will communicate with and support parents in understanding and meeting these expectations (e.g. parallel activity, parent supported observation, parent present but not actively engaged). Describe how you will create and ensure a connection between playgroup sessions and at-home learning, as well as ways that staff will make themselves accessible to support parents in between sessions.

B.4. **Developmental playgroups structure (physical location/co-location, indoors/outdoors, and logistics):** Describe the physical space that will be used to hold Developmental Playgroups, your commitment and ability to ensure accessible play areas throughout San Francisco, and how the space will be structured to support the play and exploration among children age birth to 3. Describe how you will negotiate and address any space and access related challenges that may come. Note if you will be providing outdoor play activities and/or opportunities for connection to nature. If you do not have a physical space in San Francisco, please note this and describe partners that will be engaged in assisting with space access for playgroups. If co-locating a space with community partners, describe how the partnership will work, including what your entity will be responsible for and what any partners will be responsible for related to scheduling, communication, space access, enrollment, hosting, set-up/take-down, and other logistics.

**C. Developmental Playgroups: Outreach and Engagement**

3 Questions; Maximum 4 pages, 20 points

C.1. **Outreach and enrollment strategies:** Describe how you will outreach to and work with the Centralized Access Point funded under this RFGA, families, ECE providers and other system partners to determine eligibility (children whose developmental screening results score in the “monitoring” zone on two or more developmental domains on an evidence-based screening tool) and support enrollment. Please note any instances where and/or populations for whom customized messaging, materials, and approaches will be used.

C.2. **Potential barriers to access:** Describe potential barriers that families may face in accessing Developmental Playgroups and sustaining engagement through the full playgroup series, particularly Black/African American, Latino, Pacific Islander, and mono-lingual families. Describe how you will address and mitigate these barriers.

C.3. **Family input and continuous quality improvement:** Describe how you will hold an emphasis on continuous quality improvement and strategies for collecting families’ input and feedback on Playgroups and how you will ensure continuous quality improvement. Highlight how you will encourage families from racially and culturally diverse groups to provide feedback about their experiences and satisfaction. Are there mechanisms in place to act on feedback and continuously improve racial and cultural competency?

**D. Developmental Playgroups: Collaboration and Partnership**

1 Question; Maximum 4 pages, 10 points

D.1. **Partnerships and relationship-building plan:** Describe your general approach and stance on initiating and sustaining strong community partnerships, highlighting your commitment and ability to collaborate with other partners in this Early Intervention and Specialized Services System of Care RFGA as well as within the broader early childhood, family support, and early intervention systems.

**E. Evaluation Capacity**

1 Question, Maximum 1 page, 5 points

E.1 **Agency’s approach to evaluation and program improvement:** Please provide a brief overview of your agency’s approach to evaluation and continuous improvement, including:

* E.1.1. **Evaluation capacity:** Describe your agency's experience and capacity to manage evaluation and measurement tasks. This includes survey administration and other data collection efforts, database oversight and maintenance (Contract Management System, Efforts to Outcomes, etc...), data analysis, and use of evaluation results to improve programs.
* E.1.2. **Evaluation strategies:** Describe evaluation strategies, including validated assessment tools, that your agency has used successfully in the past and intends to replicate as part of this initiative.
* E.1.3. **Performance measures:** Please propose five to ten performance measures (indicators that can be used to assess the effectiveness and efficiency of your program or initiative).

**F. Developmental Playgroups: Budget *(Updated)***

1 Question; Maximum 1 Excel (XLS) Worksheet, 10 points

F.1. **Budget & Narrative Form:** Complete the Budget & Narrative Form (FORM E) form according to the directions.

# **IV. CARE COORDINATION AND INDIVIDUALIZED SERVICES**

**Application Program Narrative Instructions**: Please provide the following information in narrative format. Your response will be read and assessed by outside reviewers, so please be clear and concise in your answers. In order to make your proposal easier to read and assess, your narrative should follow the structure outlined on the following pages, and each section should include the titles listed below in bold. Be sure to stay within the page limits listed for each section. All narrative sections must use Times New Roman 12pt font and 1.5 spacing (Word), with the exception of the Budget & Narrative section.

**NOTE**: To maximize your page limits, you are welcome to delete the questions in your narrative but keep all the enumeration, section titles, and question titles that are in bold.

**A. Care Coordination and Individualized Services: Agency and Staff Experience**

3 Questions; Maximum 6 pages, 25 points

A.1. **Agency’s experience, programs, and services:** Describe agency experience, programs, and services the agency provides that meet the stated requirement of a minimum of two (2) years of experience implementing care coordination or similar services (case management, family advocacy, linkage, and service navigation within field of early intervention); include the approximate number of families currently served annually in Care Coordination or similar service.

A.2. **Agency’s staffing structure:** Describe the current or proposed staffing structure for Care Coordination, including titles of key positions, summary of roles and responsibilities, and a brief description of qualifications, highlighting early childhood, early intervention, family navigation, and care coordination experience in particular. Note positions that are currently vacant and positions that will have shared responsibility for other agency work.

A.3. **Agency’s stance on racial equity:** Describe your agency’s stance on racial equity, including concrete actions, strategies, and activities to address and mitigate the effects of racism at multiple levels, such as individual, interpersonal, programmatic, agency, community, and system levels. Highlight any agency internal controls to regularly review current practices through the lens of racial equity and inclusion to identify areas of improvement.

**B. Care Coordination and Individualized Services: Project Description**

3 Questions; Maximum 12 pages, 30 points

B.1. **Overall design and function:** Outline and describe the overall design and function of proposed Care Coordination and any other individualized early intervention services for children with complex service coordination needs, high likelihood of diagnosed disability, recently diagnosed disability, and/or other special health care needs, focusing specifically on how the structure and approaches will support achievement of the below quality assurances. Include the anticipated unduplicated number of children birth to age 5 and parents/caregivers served.

Care Coordination and Individualized Services Quality Assurances:

* B.1.1. **Timeline for initial contact:** Initial contact made with the family within 72 hours of Care Coordination referral;
* B.1.2. **Accurate analysis of concern:** Develop an individual analysis of concern, and assess the child/family needs and eligibility for services within 30 days of initial contact;
* B.1.3. **Written Child or Support Plan**: Create and implement a Child Plan or Support Plan within 15 days of the analysis of concern and share with parents or caregivers in writing;
* B.1.4. **Follow-up support:** Conduct regular follow-up check-ins with families and service providers to determine that appropriate early intervention services are being continuously provided and troubleshoot any service interruptions in collaboration with families.

B.2. **Quality assurance tools and systems:** Describe policies, procedures, reports, information systems, forms, and other tools staff and supervisors will utilize to implement, review, and monitor the quality assurances, as well as monitor the timeliness and responsiveness of assessments, planning, contacts, and follow-ups. In particular describe forms and processes critical to keeping families and providers updated, organized, informed and in regular communication with one another as they work on behalf of families. Describe how needed changes to better meet quality assurances will be addressed.

B.3. **Care Coordination standards of practice:** Describe any standards of practice or philosophies that guide your approach to Care Coordination. Describe how they are applied in the day-to-day work of Care Coordination.

**C. Care Coordination and Individualized Services: Outreach and Engagement of Families**

2 Questions; Maximum 4 pages, 20 points

C.1. **Potential barriers to access**: Describe potential barriers that families may face in initiating and maintaining engagement in Care Coordination, particularly Black/African American, Latino, Pacific Islander, and mono-lingual families, and describe how you will address and mitigate these barriers.

C.2. **Family input, cultural competency, and quality improvement:** Describe how you will collect families’ input and feedback on Care Coordination and how you will ensure input and feedback is acted upon and incorporated into continuous quality improvement efforts. Highlight how you will encourage families from racially and culturally diverse groups to provide feedback about their experiences and satisfaction. What are mechanisms in place to act on feedback, and continuously improve racial and cultural competency?

**D. Care Coordination and Individualized Services: Collaboration and Partnership**

2 Question; Maximum 4 pages, 10 points

D.1. **partnerships and relationship-building plan:** Describe how you will work with the Centralized Access Point funded under this RFGA, families, and other system partners to determine eligibility and support enrollment in Care Coordination. Please note any instances where and/or populations for whom customized messaging, materials, and approaches will be used.

D.2. **Collaboration and coordination with other service providers:** Describe your approach to collaborating and coordinating with other service providers working on behalf of families toward a common goal of service connection. What are common challenges that arise and how will they be addressed? Describe your commitment and ability to collaborate with other partners in the Early Intervention and Specialized Services System of Care, particularly the Centralized Access Point from where most referrals will be received, including how you will incorporate partner feedback and input into service enhancements and improvements.

**E. Evaluation Capacity**

1 Question, Maximum 1 page, 5 points

F.1 **Agency’s approach to evaluation and program improvement:** Please provide a brief overview of your agency’s approach to evaluation and continuous improvement, including:

* E.1.1. **Evaluation capacity:** Describe your agency's experience and capacity to manage evaluation and measurement tasks. This includes survey administration and other data collection efforts, database oversight and maintenance (Contract Management System, Efforts to Outcomes, etc...), data analysis, and use of evaluation results to improve programs.
* E.1.2. **Evaluation Strategies:** Describe evaluation strategies, including validated assessment tools, that your agency has used successfully in the past and intends to replicate as part of this initiative.
* E.1.3. **Performance Measures:** Please propose five to ten performance measures (indicators that can be used to assess the effectiveness and efficiency of your program or initiative).

**F. Care Coordination and Individualized Services: Budget *(Updated)***

1 Question; Maximum 1 Excel (XLS) Doc, 10 points

F.1. **Budget & Narrative Form:** Complete the Budget & Narrative Form (FORM E) form according to the directions.