



# **STATE OF INDIANA**

## **Request for Information # 17-110**

**INDIANA DEPARTMENT OF ADMINISTRATION**

**On Behalf Of**

**Indiana State Department of Health,  
Maternal Child Health Division**

**For:**

**Nurse Family Partnership® Program Participation**

**Response Due Date: June 23, 2017 at 3:00PM ET**

Leslie Jones, Sr. Account Manager  
Indiana Department of Administration  
Procurement Division  
402 W. Washington St., Room W468  
Indianapolis, Indiana 46204

This Request for Information (RFI) is issued solely for information and planning purposes only, and does not constitute a solicitation. Responses to this RFI will not be returned. Responses to this RFI are not an offer and cannot be accepted by the State to form a binding contract. The State of Indiana and/or any state agencies are not liable for any cost incurred by vendors in response to this RFI.

### **PURPOSE OF THE REQUEST FOR INFORMATION**

The purpose of this RFI is to gain knowledge about potential interest to provide Nurse Family Partnership®, evidence-based home visiting program for first-time pregnant women until their babies turn two-years old, in high-need communities to address Indiana's high infant mortality rate. The information provided in the responses to this RFI may also be used to assist the State in the development of a Request for Proposal (RFP) at a later date.

**Important Note: There will not be a contract resulting directly from the RFI; however, the State may elect to limit participation and/or RFP award consideration to only those vendors that respond to this RFI, if and when the State releases an RFP.**

The information gained from this RFI may be used in the development of a competitive solicitation process, leading to the selection of a contractor that is best suited to provide the solution(s) that meets the ISDH-MCH requirements. The ISDH-MCH is interested in learning about all types of solutions available in the marketplace for Nurse Family Partnership® programs. Respondents should provide full details about their proposed solutions in order for the ISDH-MCH to gain a clear understanding of the complete solution being proposed.

The ISDH-MCH may request in-person demonstrations from Respondents of this RFI for the purpose of collecting additional information and/or receiving clarification on proposal details. Invitations may be extended to Respondents of this RFI subsequent to the receipt of responses. The demonstrations will be conducted at the Indiana Government Center in Indianapolis, IN at a date to be determined after review of the proposal submissions.

### **BACKGROUND/CURRENT OPERATIONS**

Governor Eric Holcomb's 2017 Next Level Legislative Agenda to deliver great government service included expanding Nurse Family Partnership® to combat infant mortality.

Since 2010, ISDH-MCH has supported the implementation and expansion of the Nurse Family Partnership® program (NFP) in Indiana through a combination of federal funds in Delaware, Lake, Marion and Madison counties. With the addition of state funds dedicated in the biennial budget, ISDH MCH intends to release a Request for Proposals (RFP) for all ISDH-MCH funded NFP programs in late June 2017.

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

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

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

The Model Elements are as follows:

- Element 1: Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2: Client is a first-time mother.
- Element 3: Client meets low-income criteria at intake.
- Element 4: Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.
- Element 5: Client is visited one-to-one: one nurse home visitor to one first-time mother/family.
- Element 6: Client is visited in her home as defined by the client, or in a location of the client's choice.
- Element 7: Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.
- Element 8: Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.
- Element 9: Nurse home visitors and nurse supervisors participate in and complete all education required by the NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.
- Element 10: Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.
- Element 11: Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.
- Element 12: A full-time nurse home visitor carries a caseload of 25 or more active clients.
- Element 13: NFP agencies are required to employ a NFP nurse supervisor at all times.
- Element 14: Nurse supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.
- Element 15: Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner.
- Element 16: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, demonstrate program fidelity and inform clinical practice and supervision.
- Element 17: A Nurse-Family Partnership implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.
- Element 18: A Nurse-Family Partnership implementing agency convenes a long-term Community Advisory Board that reflects the community composition and meets at least quarterly to implement a community support system for the program and to promote program quality and sustainability.
- Element 19: Adequate organizational support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program with fidelity to the model.

The Nurse-Family Partnership National Service Office is a non-profit organization that provides implementing agencies

with the specialized expertise and support needed to deliver Nurse-Family Partnership with fidelity to the model – so that each community can see comparable outcomes.

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

All organizations in Indiana that are interested in implementing the Nurse Family Partnership program should contact:

**Amanda Lick** | Advocacy & Business Development Manager  
Nurse-Family Partnership | National Service Office  
1900 Grant St., Ste. 400, Denver CO 80203  
Mobile: 517-230-7878  
[amanda.lick@nursefamilypartnership.org](mailto:amanda.lick@nursefamilypartnership.org)

The purpose of this Request for Information is to gain an understanding of the organizations and communities across Indiana that are interested in submitting a proposal to continue or plan to implement a Nurse Family Partnership® program to address infant mortality.

**In addition, due to the intensive level of community and organizational planning required to develop a feasible NFP Implementation Plan with NFP NSO, the State may elect to limit participation in the subsequent RFP process to consider for RFP award, only those vendors that submit complete responses to this RFI.**

After responses to the RFI are reviewed, the State intends to release a Request for Proposal (RFP) and announce details for a Bidder's Conference to be held the week of July 10<sup>th</sup>, 2017, in Indianapolis. **In addition to submitting a response to this Request for Information, it is anticipated that representation from all potential bidders intending to submit proposals in response to the RFP may be required to participate in the bidder's conference in order to take full advantage of access to NFP NSO and ISDH MCH technical assistance.**

## **SUBMISSION REQUIREMENTS**

Submissions must be single-spaced, no less than 12-point font with 1-inch margins and no more than 10 pages (attached written confirmation from NFP-NSO that the vendor is engaged in the program planning process or in good standing will NOT count toward the 10 page maximum).

The Indiana State Department of Health Maternal and Child Health Division (ISDH MCH) asks that all Respondents provide adequate details about their interest in submitting a proposal for Nurse Family Partnership® (NFP) for the following topics:

1. What is the name, legal status and brief organizational history of the vendor interested in implementing the Nurse Family Partnership® program (include the name, title and contact information including phone, email and physical address for the individual responsible for planning to implement the NFP program along with a summary of the organization's experience implementing programs facilitated by nurses, evidence-based home visiting programs and/or other evidence-based programs to families with young children)?
2. How does the organization define the "community" or catchment area that the vendor would propose to implement NFP and what is the number of proposed clients to be served annually?
3. What is the current need for NFP in the community (provide a brief, cursory overview of current infant mortality rates and causes in the community using data sources that are available to the organization and/or ISDH MCH

data available at <https://www.in.gov/isdh/26292.htm>, <http://in.gov/isdh/27281.htm>, <http://www.in.gov/isdh/23506.htm> (include full citations for all data sources)?

4. Is there a minimum of 400 low-income births per year within the community or catchment area that the organization would propose to provide NFP services? If so, how was it determined that there are a minimum of 400 low-income births per year (include full citation for data source)?
5. If there is not a minimum of 400 low-income births per year or if the organization is unsure of the number of such births within the community or catchment area, is the vendor willing to partner with a neighboring community to serve a larger area to meet this minimum number of births? If the organization is willing to partner with a neighboring community, please indicate any relevant working relationships and/or formal agreements that exist that might make this possible.
6. What is the current capacity of the organization and the community to support a NFP program (provide a brief, cursory assessment of the current resources available in the community and by the vendor to address Infant Mortality and summarize how implementation of NFP would address any gaps in services that are currently available)?
7. If the organization is interested in becoming a new NFP vendor, when did the organization begin engagement with NFP NSO for the development of the Nurse-Family Partnership Implementation Plan (provide written confirmation from NFP NSO that the vendor is engaged in the planning process and summarize progress to date)?
8. If the organization is already a NFP vendor, is the organization in good standing with NFP NSO (provide written confirmation from NFP NSO that the vendor is in good standing and summarize progress of NFP implementation to date)?

**KEY RFI DATES**

Below is a chart that contains all of the deadlines associated with RFI 17-110:

| <b>ACTIVITY:</b>                     | <b>DATE:</b>                |
|--------------------------------------|-----------------------------|
| Issue of RFI                         | May 26, 2017                |
| Deadline to Submit Written Questions | June 9, 2017 at 3:00 PM ET  |
| Response to Written Questions        | June 16, 2017 by 3:00 PM ET |
| Submission of Proposals              | June 23, 2017 at 3:00 PM ET |

**QUESTION AND INQUIRY PROCESS**

All questions/inquiries regarding this RFI must be submitted in writing by the deadline of **3:00 p.m. Eastern Time on June 9, 2017**. Questions/Inquiries should be submitted on the Question and Answer Template included in the RFI documents, via email to [LJones@idoa.IN.gov](mailto:LJones@idoa.IN.gov) and must be received by the time and date indicated above.

Following the question/inquiry due date, Procurement Division personnel will compile a list of the written questions/inquiries. The responses will be posted to the solicitation webpage on the IDOA website (<http://www.in.gov/cgi-bin/idoa/cgi-bin/bidad.pl>) according to the timetable above. Only answers posted on the

IDOA website will be considered official and valid by the State.

Inquiries are not to be directed to any staff member of the ISDH or any other participating agency.

If it becomes necessary to revise any part of this RFI, or if additional information is necessary for a clearer interpretation of provisions of this RFI prior to the due date for proposals, an addendum will be posted on the IDOA website.

### **PROPOSAL DOCUMENTS SUBMISSION**

All RFI responses must be submitted as a Word or PDF file via email to Leslie Jones at [Ljones@idoa.in.gov](mailto:Ljones@idoa.in.gov) no later than **3:00pm ET on June 23, 2017**. The email subject line should contain the following phrase "RFI 17-110, Nurse Family Partnership® Program Participation."

It is important to note that all information submitted in Respondents' responses to RFI 17-110 is subject to the Access to Public Records Act (APRA), IC 5-14-3 *et seq.*, and, after the contract award, the entire RFI file may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must indicate so in the response submitted. Confidential Information must also be clearly marked in a separate (electronic) folder from the rest of the response. The Respondent must also specify which statutory exception of APRA that applies. The State reserves the right to make determinations of confidentiality. If the Respondent does not identify the statutory exception, the Procurement Division will not consider the submission confidential. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to APRA, it may seek the opinion of the Public Access Counselor. **Please be advised that prices are not considered confidential information.**