

# **Request for Proposals for Innovative Approaches to Preschool Developmental Screening & Follow-up Services**

**November 2006**

Developmental milestones - typical skills like walking, talking and interacting with others – usually develop in a predictable sequence and at a common age. Developmental screening is a way of identifying children whose development is delayed, so that appropriate assessment, followed by intervention, can be provided as early as possible. The advantage of delivering these services in a timely manner is that intervention can be more effective when it is provided at an earlier stage in brain and motor skill development and thus lead to better outcomes.

This document provides an overview of the Request for Proposals for innovative approaches to Preschool Developmental Screening and Follow-up Services, a three-year initiative funded by Alberta Health and Wellness. The following sections provide guidelines for development and for assessing the proposals by the Proposal Review Committee.

## **1. Background**

### **1.1 History**

Although most children in Alberta experience normal growth and development, a significant number (10 - 15%) can experience developmental delays that if undetected and not addressed, can influence behaviour, social skill development, self-esteem as well as success in school.

The purpose of preschool developmental screening is to identify children with possible developmental delays early, ensuring appropriate timely assessment and early intervention as required. Early identification ensures that children can access and benefit from a range of services early in life and be well supported through their development. This can also include services and supports for their family.

It is estimated that less than 50% of children with developmental delays access early intervention programs, and in particular, those children with mild/moderate delays are often not identified until entry into a school program.

The Ministries of Children’s Services, Education and Health and Wellness have been committed to strengthening the delivery of preschool developmental screening. There have been several key information gathering activities to investigate screening tools, to describe current practices and an analysis of the impact of current screening practices. Key challenges have been identified to providing a comprehensive approach to preschool developmental screening, assessment and intervention services which include: access to services, coordination of services, and workforce shortages. There is a need to work collaboratively at provincial and regional levels to address the issues and work on innovative approaches.

### **1.2 Current State**

Currently most developmental screening activities for young children are provided by regional health authorities (RHAs). Public health centres start the health records on every infant at birth and have access to over 80% of the preschool population through immunization programs. The

public health centres provide support services for families through postnatal follow-up and well-child clinics.

Parent Link Centres, part of Alberta Children's Services, are required to make available pre-school developmental screening and some do it in partnership with RHAs. However, not all children and families access Parent Link Centres for screening to routinely occur.

Alberta Education provides funding for young children identified with mild/moderate delays or disabilities. The incidence rate is estimated at 10 to 15% of the pre-school population. Currently children 3 ½ to 5 years of age are significantly underrepresented in this group and many arrive at school without benefit of early intervention support programs.

A population-based screening approach requires infrastructure to support a coordinated system of screening, assessment and intervention. Availability of resources, including professionals and paraprofessionals as well as systems for sharing information, have significant impact on implementation.

Given the current constraints on access and availability of these services, there is a need to identify alternative approaches from the current practice that could be considered by regions. Funding will be available to service providers in the regional authorities to develop and try out innovative service models.

### **1.3 Announcement of funding for Innovative Approaches to Preschool Developmental Screening and Follow-up Services**

On September 28, 2006, Alberta Health and Wellness Minister Iris Evans announced that there would be an opportunity to fund innovative approaches for preschool developmental screening and follow-up services in Alberta. The projects will address access to screening, followed by timely assessment and intervention services to children identified with developmental delays through the screening process. A total of \$9 million over three years will be allocated to at least three projects which demonstrate innovative screening and follow-up services. Health authorities will work with partners in education authorities, child and family services authorities (Parent Link Centres), and with any other stakeholders to develop and implement these projects. The evidence, knowledge and experience gained from the funded projects will be shared so that the most promising practices can be considered by other authorities as they reshape their services.

### **1.4 Glossary of Terms**

For purposes of the projects, the following definitions apply to frequently used terms:

**Assessment** – is defined as a formal, comprehensive process conducted by trained professionals using specific assessment tools or methods to assess physical, psycho-social, language, social and cognitive abilities. Results are used to confirm if a developmental delay or disorder is present, and if so, to determine the type, severity and impact on the child's development.

**Coordination** – is defined as the process of linking the child and family with appropriate follow-up assessment/intervention services offered by those organizations which can address the child’s developmental delay/disorder or address family needs. Coordination includes case management activities.

**Intervention** – is defined as using one or more strategies to address the child’s developmental delay/disorder identified in the screening and/or assessment phase. Intervention may include an array of services, education and support activities which may be delivered by different service providers. Intervention strategies may include the individual child and/or family, or may be provided to a group of children with similar developmental delays.

**Professional** – used to identify individuals with an advanced degree or certification in a particular field who are licensed by a provincial college or association. Examples include: public health nurses, teachers, speech-language pathologists, psychologists.

**Paraprofessional** – used to identify trained workers who are not members of a professional college or association but who assist professionals in providing services. Examples include: nursing aides, teacher assistants, speech-language pathology assistants.

**Screening** - is defined as a quick and simple check to identify if a child is developing at age norms. A screening can flag possible learning or health concerns that may require follow-up and/or interventions. The children identified as having delays through screening are then offered a referral for further assessment and/or intervention services.

## 2. Goals and Objectives for the Projects

### 2.1 Goals

The main goal of preschool developmental screening, assessment and intervention services is to identify those children with developmental delays as early as possible so that they can receive services that will increase their opportunity to achieve healthy outcomes in life. Project funding is intended to focus on innovative approaches that can improve access and service delivery promoting a continuum of services which are better coordinated and sustainable. In addition, the following goals will guide the development of the innovative approach to services:

- To increase the number of children receiving appropriate developmental screening and follow-up services between the ages of 18 months to three years
- To try out new approaches and improve timely access to assessment for the children referred from screening
- To try out new ways of providing intervention approaches and improve timely access to intervention for children identified as requiring services through assessment
- To provide parents with increased number of access points for screening and follow-up
- To develop, implement and evaluate new models of coordinated community based screening/assessment/intervention approaches for preschool children

- To improve timely identification and referral of children eligible for educational programming
- To test the use of a range of service providers (e.g. paraprofessionals) and alternative service provision (e.g. group interventions) to determine cost-effective approaches
- To gather data and disseminate findings and evidence from the funded projects to inform decision-making regarding how to improve access to developmental screening and follow-up services in Alberta

## **2.2 Objectives**

The funding for preschool developmental screening, assessment and intervention services will be allocated to projects which will achieve the following objectives:

- Improve accessibility to developmental screening, assessment and intervention services.
- Address coverage of services for children between the age of 18 months and 3 years of age.
- Demonstrate collaboration and partnering among the regional authorities and community partners to support the services required.
- Provide case management as part of the continuum of screening, assessment and intervention services.
- Establish collaborative models that will enhance and coordination and timely access to services.
- Address how the screening and follow-up services can be sustained beyond the project funding.

## **3. Requirements for proposals**

### **3.1 Proposals are invited from the regional health authorities with the following considerations:**

- Proposals will be submitted by health regions but must be developed collaboratively and include participation of regional partners and stakeholders.
- Proposed service model(s) must be capable of being implemented and evaluated within the three-year timeframe.
- Project funding should not be viewed as the sole source of funding for these services. It is encouraged that the project partners identify existing dollars in their current budgets that could be used for the services of the project.
- Project funds are limited to three years, and will not be built into the ongoing base funding of the health authorities. The funds are meant to facilitate and support innovation in service delivery. In order to support innovative approaches across the province, the projects receiving funding will be expected to share evidence and experience both as it emerges with other regions, and at the conclusion of the projects.

### **3.2 Proposal Criteria**

The basis for all recommendations for funding by the Proposal Review Committee will be an assessment of the overall merit of proposals.

In order to be eligible for consideration for funding, proposed initiatives will be assessed against all of the following criteria:

- The proposals must address a substantive expansion and innovation of current screening and follow-up programs. Proposals must include a description of current level of activity and models used.
- The proposals must address screening, assessment and intervention services as well as case management.
- Proposals will be submitted by health regions but must be developed collaboratively and include participation (at minimum) by the relevant Early Childhood Services operators/school authorities, Parent Link Centres/child and family services authorities as well as other community partners. There must be evidence of coordination among the activities of each sector.
- The proposals must address screening and follow-up services for children between 18 months and 3 years of age.
- The model must provide increased access to screening and follow-up services through a variety of settings such as regional health authority public health centres, Parent Link Centres and Early Childhood Services sites.
- The proposals can address a portion of the region or an entire region.
- Given the current research evidence available, it is determined that the Ages and Stages Questionnaire (ASQ) be used as the screening tool to move towards a universal, standardized and comparable approach. The ASQ Social-Emotional (ASQ SE) tool, which screens for behavioral/emotional concerns, could be an additional option.
- Regions must collect and share emerging information and evidence as well as disseminate findings at the end of the project.
- Data must be collected to be able to evaluate accessibility, cost and effectiveness.
- Proposals must address how the innovative practices will be sustainable beyond the three year time frame of the project funding.

### **3.3 Guidelines for Funding**

- Funding is available for initiatives that will be implemented and evaluated over a three-year period.
- Although funding will be granted to the regional health authorities, these funds may cover costs related to services provided by any of the project partners.
- Funding will be administered through three year grant agreements, with annual reporting accountabilities. Any surplus funds will be accounted for at the end of the agreement.
- The intent of funding is to cover costs for project initiatives that will advance preschool developmental screening, assessment and intervention at a regional level. These project costs can include salaries for those health professionals/others involved in the development of the

initiative. At the end of the project, the organizations will be responsible for ongoing operational costs, including the salaries of service providers.

### 3.4 Initiatives Not Eligible for Funding

The project funding will NOT be used to support:

- purely research or evaluation;
- costs already incurred by the authorities or organizations prior to proposal submission;
- substantial capital costs, such as technology and/or facility expenditures;
- regular on-going service delivery, including provider salaries/fees;
- project activities for which there are no clear long term implementation plans.

## 4. Key Dates for Proposal Submission

<b>Release date for proposals</b>	<b>November 6, 2006</b>
<b>Information Videoconference in Edmonton</b> <ul style="list-style-type: none"><li>• Guest speaker Dr. Stuart Shanker</li><li>• Opportunity for questions and discussion about the RFP</li></ul>	<b>November 16, 2006</b> <b>9:00 a.m. – 2:00 p.m.</b>  (Please see separate posting on website for more details.)
<b>Deadline for proposals</b>	<b>4:00 p.m., December 12, 2006</b>
<b>Funding allocated to projects</b>	<b>2006 / 2007 fiscal year</b>

## 5. Instructions for Completing Proposals

The following guidelines shall be used to so that proposals may be reviewed and evaluated in a consistent manner. It is recommended that responses are clear and comprehensive so that evaluators can determine the potential for project implementation.

The RFP and other related information for Innovative Approaches to Preschool Developmental Screening and Follow-up Services can also be found at the following website address:

<http://www.health.gov.ab.ca/key/devscreensvc.htm>

## **5.1 Terms of Submission**

### **Freedom of Information and Protection of Privacy Act**

All documents submitted to Alberta Health and Wellness become subject to the provisions of the Act. Records that are submitted will be in the custody or control of the Department. These records are subject to the access and privacy provisions of the Act. Confidentiality will be maintained, except where an order by the Information and Privacy Commissioner or a Court requires otherwise.

Note: Personal information is not released to third parties except within the conditions specified in Protection of Privacy (Part 2) Act.

A copy of the Act is available on the internet at [www.gov.ab.ca/qp](http://www.gov.ab.ca/qp).

### **Proposal Alteration/Rejection**

The Proposal Review Committee shall have the right to request revisions to a proposal under consideration. Verification of information provided in the proposal can be requested. After the RFP submission deadline, additional information may be requested.

### **Proposal Returns**

The proposals and accompanying documentation submitted by the RHAs will be retained by Alberta Health and Wellness.

### **Incurred Costs**

Alberta Health and Wellness shall not be liable for any costs of preparation or presentation of the proposals.

## **5.2 Deadline**

Please submit eight (8) stapled copies and one (1) original (not stapled) of your proposal as well as an electronic copy to be received by no later than:

**4:00 p.m., December 12, 2006**

## **5.3 Length and Format**

- Proposals should not exceed 25 pages (excluding attachments). All sections must be typed using the same headings and in the same order as outlined in Section 5.3.
- Proposals must be single spaced, typewritten, 12-point with 1-inch margins.
- Proposals received after 4:00 p.m. on December 12, 2006 will not be considered.
- It is advisable to allow sufficient time for a courier to deliver the proposal to meet the deadline.

- Proposals must be submitted to:

**Tanya Ewashko  
Population Health Strategies Branch  
Public Health Division  
Alberta Health and Wellness  
23rd Floor, Telus Plaza North Tower  
10025 Jasper Avenue  
Box 1360, Station Main  
Edmonton, Alberta  
T5J 2N3**

**The electronic copy should be submitted to: [tanya.ewashko@gov.ab.ca](mailto:tanya.ewashko@gov.ab.ca)**

**Note: faxes will not be accepted.**

#### **5.4 Questions about the RFP**

The videoconference on November 16, 2006 is an opportunity for questions and clarification about the RFP document. Outside of this event, specific questions you have about the request for proposals should be emailed to Tanya Ewashko at [tanya.ewashko@gov.ab.ca](mailto:tanya.ewashko@gov.ab.ca) who will determine the response and share it with all others submitting proposals.

#### **5.5 Guidelines for Completing your Proposal**

##### **Part A: Title of Project and Principal Contact Information**

The administrative lead for the regional health authority should be identified with a principal contact person (Director/Manager) for the project. This designated contact will serve as single point of communication with the staff of the project.

Starting and completion date, along with the details of the total amount of funding requested for each year, must be included. Please ensure the annual totals correspond to the total amount of funding requested from the project fund in your detailed budget.

##### **Part B: Executive Summary**

Provide a brief summary of your project. Clearly explain how your project will address the goals and objectives of the initiative and the outcomes you expect, its impact on the delivery of preschool developmental screening, assessment and intervention and why this proposal merits funding. (Suggested length is one page.)

A clear and succinct summary is an important component of your proposal.

## **Part C: Collaboration and Partnerships**

Indicate the collaborating partners/organizations directly involved in implementation of your project. Provide information on any partners involved in the implementation. Please include a description of how the partnering organizations are supporting or participating in your initiative. These supports may include: financial, in-kind contributions, assistance with resourcing or expertise or any other contributions. If you have requested funding from other sources but have not yet received confirmation of this funding, please provide details on the status of this request.

## **Part D: Project Description**

Provide a detailed description of the initiative, including:

- description of current state;
- the change/model being proposed, how it will improve preschool screening and follow-up services delivery and the benefits that will result;
- goals and objectives;
- evidence with relevant statistics, studies or observations that support your proposal;
- how your initiative meets the project requirements (page 5; Section 3.2);
- measures of success; and
- how the proposal is a promising approach to preschool screening, assessment and intervention service delivery.

## **Part E: Work Plan**

Provide details on the key milestones of the project, along with critical dates, including the start date for the project. Table format is acceptable.

## **Part F: Evaluation**

It is a requirement that the projects be evaluated. The evaluator must be independent of the project but may be an individual employed with one of the organizations. Please include an evaluation plan, and include the cost as part of the overall proposal budget.

Evaluations will include clear goals and objectives, key evaluation questions, and measures/indicators of expected outcomes. Data collection will involve the RHAs, partnering organizations and an independent evaluator.

The evaluation of each funded initiative will focus on key questions to understand how project activities:

- improve access to screening, assessment and intervention;
- support innovative practices;
- expand or change the roles of service providers;
- facilitate collaboration, coordination and case management with partners;
- influence the quality of services;

- contribute to cost-effective service; and
- improve developmental outcomes as a result of early identification and intervention.

## **Part G1: Project Budget**

Provide a detailed budget which includes the categories indicated for each year of funding requested. The budget should include any other source(s) of co-sponsorship (financial and/or in-kind contributions), and the total funding requested.

### ***Guidelines for Allowable Expenses***

Your organization(s) must be able to properly administer and account for funds granted as financial records may be subject to an audit. Any unexpended funds must be returned to the Provincial Treasurer within sixty days of the termination of the grant agreement between RHA and Alberta Health and Wellness. Any re-allocations of funds between budget categories (e.g., moving funds from salaries to equipment supplies) must be approved by Alberta Health and Wellness.

Organizations that are submitting proposals should consider this funding to be enabling rather than ongoing. Allowable expenses can include:

- costs of getting the project underway;
- salaries and benefits for staff involved in project support activities under the project (e.g., project director/manager, co-ordinators, administrative support, etc.), pro-rated at reasonable annual salary rates (include details on number and type of staff, estimated hours, and the rates of pay and benefits, and factor in any anticipated salary increases over the period of the project);
- transitional costs of setting up multi- and/or inter-disciplinary teams, such as incentives to change professional practices to a team approach;
- training/continuing education costs;
- capital costs such as minor renovations to existing buildings to facilitate the co-location of service providers;
- advertising costs such as public education strategies to promote understanding and support of preschool developmental screening and follow-up, service delivery announcements to service providers, the public, etc. (e.g., pamphlets, brochures, newsletters, websites);
- external consultants (e.g., technical consultants) justified as essential to the project;
- travel costs to facilitate service delivery or collaboration among partners (according to Alberta Government travel regulations);
- reasonable travel costs for project directors/managers and co-ordinators to attend provincial meetings;
- office equipment, supplies and furniture (limited information technology costs such as the purchase of software, PCs or other items are eligible but major information technology proposals such as the development of an electronic record system are not eligible);
- dissemination of learnings and best practices (development of reports, websites, publications, presentations and related travel costs within reason)

## **Part G2: Budget (Narrative or Explanation of Major Expenditures)**

- In addition to the budget, it is mandatory to explain in detail on a separate page all major budget categories such as salaries, travel, building occupancy and utilities expenses, office equipment, furniture, office supplies, advertising and dissemination expenses.
- This budget page should indicate the name, telephone number and e-mail of the lead person in the regional health authority accepting responsibility for the administration of the funds.
- This is a critical component of your submission. Include sufficient information to fully explain your major expenditures. If sufficient information is not included, the Proposal Review Committee may not be able to make an informed decision on your proposal.

## **Part H: Signatures**

The Vice-President or equivalent of the regional health authority and the designated signing authorities of all partners/organizations collaborating on the proposal must provide their signatures.

## **6. Evaluation of all Projects**

There will be an overall evaluation of the impact of the projects. This evaluation will be conducted by an independent evaluator determined by Alberta Health and Wellness. The evaluation will determine the effectiveness of the projects in generating practices that advance preschool developmental screening and follow-up services at a system level within Alberta. Evaluation at the provincial level will focus on whether the funded projects have collectively addressed the goals and objectives for this overarching initiative and whether there has been an improvement in access to services and coordinated delivery of services.

## **7. Administration of Funding for the Projects**

### **7.1 Role of Alberta Health and Wellness, Children's Services and Education**

A cross-ministry Working Group has been tasked to provide a provincial perspective and function in a monitoring capacity to regional representatives. The Working Group will share information with RHAs, CFSAs, Parent Link Centres, and early childhood operators/educational authorities regarding the request for proposals, provide support to the Proposal Review Committee and monitor the projects as required.

### **7.2 Role of the Proposal Review Committee**

The Project Proposal Review Committee will have members with expertise from the areas of early childhood development, service delivery and evaluation. The Committee will review and assess the merits of proposals and make funding recommendations to the Minister of Health and Wellness. To ensure the integrity of the process, no member of the Committee will have any relationship with the development or implementation of any submitted proposals.

### **7.3 Funding Decisions and Conditions of Grant Agreements**

The Proposal Review Committee will make funding recommendations to the Minister of Health and Wellness following a careful review of submitted proposals. Once the Minister's funding decisions are made, the successful proposal submissions (RHA contacts) will be initially notified. A news release announcing the projects will follow.

All unsuccessful proposal submissions will be notified by letter of the decision.

Once approved, a 3 year grant agreement will form the basis of the accountability for the RHA in implementing and reporting on the project and willingness to participate in the independent evaluation of the initiative. Funds for the projects for preschool developmental screening and follow-up services are considered "restricted funding" (i.e., they are to be used only for activities related to the projects).

### **7.4 Dissemination of Results/Best Practices**

Results will be captured in the annual progress reports and in the evaluations of the projects. Key learnings will be then be disseminated widely to other regional stakeholders through a number of reports as well as several information sharing forums.

Specific details on intellectual property will be included in the grant agreement between the RHA and Alberta Health and Wellness. The general intent is that the collaborating RHAs, education authorities and child and family services authorities, and any other organizations will own the intellectual property (e.g., materials developed, models) arising out of the initiative but that Alberta Health and Wellness will retain the right to publish and disseminate project results, including evaluation results.

### **7.5 Obligations and Reporting Requirements for the Grant Agreements**

Projects will be required to submit annual progress reports and financial reports in a format to be indicated according to the grant agreement. The reports will be used to provide an update to Albertans on the progress of the initiatives as a condition of funding.

Each project will also be required to submit annual evaluation reports for Years 1, 2 and 3, along with a final evaluation report.

The regional health authority will also be required to account for and record all expenditures for the project by providing the appropriate financial statements with the annual reports. Alberta Health and Wellness will review these reports and will monitor the expenditures. Fund recipients are expected to complete all reporting assignments on time and maintain regular contact with Alberta Health and Wellness during the life span of the project.