



Request for Proposals

Partners in Pregnancy (Fatherhood) Program

Award Range \$100- \$125,000

Background

The Perinatal Equity Initiative (PEI) is a California statewide initiative that was signed into legislation in June 2018. This initiative was prompted by the high prevalence of premature births, low birth weights, sudden unexpected infant death (SUID)/infant mortality in Black infants. Black infant mortality rates are up to **four times higher** than the rates of other ethnic groups. Black mothers experiencing persistent inequality and health inequity affects prenatal health and birth outcomes. Contra Costa Health Services PEI will close gaps in care by providing a Partners in Pregnancy program to improve Black maternal and infant health outcomes. Studies have shown when expectant fathers are actively involved with their partners' pregnancy; mothers were **1.5 times more** likely to receive first trimester prenatal care, along with **decreases** in prematurity and infant mortality. Additionally, we inherently believe that fatherhood support services for partners of Black mothers, improves the protective factors and stability for the infant. This can extend to increased awareness of infant health best practices and behaviors including, increased immunization rates; extended breastfeeding; SIDS/SUID risk reduction practices to encourage safe sleep for infants; prospective reduction in post-partum depression; and enhanced social/emotional development for the baby.

Contra Costa Health Services Family, Maternal, and Child Health Programs is in search of proposals from community-based organizations in East (ideally in Antioch and Pittsburg) and West (ideally in Richmond) Contra Costa County who are interested in provision of Fatherhood program services.

Project Description

Through an environmental scan, we have identified the lack of preparing expectant and new fathers for newborn/infant caring skills and ethnic specific fatherhood programs. Other findings from Community Listening Sessions and a Community Advisory Board support the selection for fatherhood programming to be accessible to expectant, new and non-custodial fathers of Black mothers.

Program implementation throughout the year includes serving 50 expectant, new and non-custodial fathers of Black mothers. Eligibility is determined by fathers expecting a baby or has



an infant younger than 1 year old at the time of enrollment. Participants will have the options of group sessions with other fathers and individual case management support. Group session activities, content, and the identified evidenced-informed curriculum is to be determined by the PEI Coordinator in collaboration with the subcontracting agency. Program staffing will be composed of a full-time case manager/group facilitator, ideally an experienced father who would be able to recruit and relate with the target population. Documentation of services will happen in an electronic database, identified by the funder of the program.

Scope of Work

Goal 1: Increase community awareness of the integral role of fathers in supporting the health and wellness of their infants.

Short and/or Intermediate Objectives

- Fatherhood program has identified formal partnerships with other community-based organizations
- Fatherhood program recruit eligible participants
- Fatherhood program staff will be hired by subcontracting agency and will possess core competencies to support father engagement/involvement. Staff members will receive training on curriculum.

Intervention Activities to Meet Objectives

- Fatherhood program has quarterly meetings with CBOs via the Community Advisory Board membership.
- Outreach to fathers via enrolled BIH participants
 - Outreach to providers at clinics and hospitals
 - Outreach at known spaces/events where Black men congregate including schools; barbershops; churches; fraternal organizations, sport events, etcetera
- Subcontracting agency recruit experienced fatherhood case manager/group facilitator
 - Subcontracting agency will ensure training plan for all key staff
 - Staff will continue all on-going training or educational opportunities designed to enhance cultural sensitivity

Process Description and Measures

- PEI Coordinator and Fatherhood program staff align shared goals with CBOs and with formal MOUs over a 2-3 year period
- Coordinate and schedule the type and frequency of traditional and non-traditional outreach events
- List training activities in a quarterly report to CCHS
 - Describe improved performance in implementing the model
 - Identify gaps in training in reports

Short Intermediate Outcome Measure(s)

- Relationship evidenced by meeting agendas and roster of attendees
- Outreach to 200 expectant and parenting fathers documented in a web-based, electronic database, Results Based Accountability.
- Maintain all records of staff attendance at trainings in reports
 - Indicate number of trainings relevant to work with fathers
 - Manager to notate evaluations of performance of staff during probationary periods and annually

Goal 2: Provide social support for expecting and parenting fathers via peers and experienced mentorship.

Short and/or Intermediate Objectives

- Fathers participate in adaptable curriculum-based groups
- Fathers participate in booster sessions that highlight pregnancy, infant development, and culturally affirming and specific information that support the Black parenthood experience
- Fathers participate in one-on-one case management

Intervention Activities to Meet Objectives

- Center based or home visiting options to new fathers
- Fathers complete a brief pre-assessment
- Fathers have weekly encounters with fatherhood staff member/case manager

Process Description and Measures

- Describe successes, barriers/challenges involved in enrolling father in either the group sessions or one-on-one case management
- Review of assessment findings at time of enrollment to determine priorities in support of father
- Documentation of encounters logged in database; content addressed during encounter; objectives achieved during the encounter

Short Intermediate Outcome Measures

- Number of enrolled fathers in program
 - Number of sessions completed
- Number of completed pre/post-assessments
- Participant satisfaction surveys completed for each father
 - Fathers self-reports of how this intervention helped them in preparation for their baby, and supports of mothers postpartum

Goal 3: Have fathers support mothers in improving infant health indicators.

Short and/or Intermediate Objectives

- Fathers are aware of fetal development in each trimester of pregnancy

- Fathers are aware of ages and stages of infant development
- Fathers are aware of the value of increasing breastfeeding rates with Black women, and how to support their partners
- Fathers are aware of safer infant sleep practices and reducing the risk of SUID/SIDS

Intervention Activities to Meet Objectives

- Fathers complete a pre-assessment to demonstrate baseline of knowledge of infant health indicators
 - Fatherhood staff provides health education on multiple infant health and development topics in group sessions or one-on-one case management meetings
 - Father engage in discussions with case manager and peers in a group session
- Fathers attend prenatal care appointment with mother/partner

Process Description and Measures

- Collect data of attendance of sessions in group and one-on-one
 - Fathers develop agreed upon infant healthcare, feeding and sleeping plan with mother
 - Case managers document when session objectives are achieved, and explain the challenges and barriers to achieving learning objectives
- Collect and record attendance at prenatal appointment

Short Intermediate Outcomes Measures

- Mom breastfeeds exclusively for 3-6 months
 - Safe sleep recommendations are adopted by family, and adheres to risk reduction strategies for SIDS/SUIDS
 - Fathers complete a post-assessment
- Number of attended prenatal appointments
 - Completed post-assessment

Goal 4: Increase knowledge base and practical supports for fathers that are co-parenting.

Short and/or Intermediate Objectives

- Fathers increase knowledge base of:
 - Family Law Rights
 - Child Support/Establishing Paternity
 - Workforce Opportunities and Financial Preparedness
 - Mental Health Support
- Father learns best practices in co-parenting as a non-custodial parent

Intervention Activities to Meet Objectives

- Fathers participate in group sessions to receive information about the practical support expectations of a parent
- Fathers receive specialized referrals to services as needed
- Fathers participate in the co-parenting sessions

Process Description and Measures

- Documentation of group attendance or one-on-one encounters during case management meetings
 - Documentation of referrals offered for supportive services

Short Intermediate Outcome Measures

- Number of sessions completed
 - Completion of participant satisfaction survey
 - Completion of post sessions assessment

Deliverables

Development and implementation of the Partners in Pregnancy Program will be composed of the following each fiscal year:

- Recruitment of 200 fathers via outreach and recruitment efforts. Documentation of formal referrals will evidence of outcomes of outreach efforts.
- The goal of 50 enrolled fathers will be served at a local community-based organization or home visits in East County (Antioch or Pittsburg) and West County (Richmond).
- Participants will commit by completing either group sessions or individual sessions with a home visitor.
- Complimentary case management will include referrals to health, employment/career counseling, and social services
- Fathers will complete pre- and post-assessments. These tools will be used to assess the skills learned throughout the program, as well as identify areas where fathers may need additional support.
- Fathers will have the option of attending the booster sessions, to improve skills ranging from Workforce Readiness to Money Management and learning skills on newborn and infant care for new fathers, respectively.
- Once the fathers have successfully completed the course sessions, they will receive a certificate of completion. Fathers will be asked to refer at least one expectant or new father upon graduation.
- Materials such as baby care and enrichment will be provided to the father for support of the development of the infant and a gift card to purchase a baby shower gift at the end of the intervention.

Throughout the implementation process, community partnerships will play an integral role in program development. Community partnership involvement will include:

- Creating memorandums of understanding (MOUs) for service delivery support for the case manager, particularly, direct healthcare coordination when appropriate for clinical needs
- Linkage to employment and training programs for career opportunities
- Legal or family law referrals
- Early childhood development agencies for continuing support to parents beyond the conclusion of the program

Program performance and data will be measured by **Results-Based Accountability™ (RBA)**. RBA is a tool that has a disciplined way of thinking and taking action used by communities to optimize the lives of children, families, and the community as a whole. Also, this tool is used by agencies to enhance the performance of their programs. RBA will be operating by:

- Contra Costa County's Health Department will purchase the licenses for workstations to have access to the web-based application, *Clear Impact* scorecard
- The licenses will be divided by the subcontractor and Contra Costa County. The subcontractor will utilize the RBA tool for data entry and Contra Costa County will use it for monitoring and reporting purposes of the Partners in Pregnancy Program data.
- Subcontractors will need to demonstrate they have equipment (e.g., desktop computer, laptop, tablets) to access the internet to interface with the platform, and complete data entry to acquire the desired pieces on the paper forms with clients
- The subcontractors are responsible for maintaining clients' health-related data in charts. Additionally, subcontractors will need to abide by HIPAA regulations in keeping the clients' charts protected.

Qualifications, Eligibility, and Funding Restrictions

Eligibility is limited to not-for-profit 501(c3) community-based organizations and hospitals or public agency service providers. Applicants must be based in Contra Costa County to be eligible. Agencies must demonstrate sufficient capacity to provide services within Contra Costa County to meet the programmatic objectives. Applicants must demonstrate fiscal stability. An agency with unresolved outstanding federal/state tax obligations is not eligible to apply for funding. Funds may not be spent on the purchase of or improvement to buildings or office facilities or to make payments to recipients of services.

Contractual Obligations

Award of funds will result in a contract for services after final negotiations with Family, Maternal, and Child Health (FMCH) Programs regarding work plan and budget. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA), insurance and indemnity requirements, which are common to all County contracts. A copy of these conditions is available upon request from the FMCH Program office. FMCH Program

contacts also require budgets to adhere to federal requirements and that contractors submit financial documentation with their invoices for payment. Contractors will also need to be registered in the System for Award Management (SAM.GOV) database and provide the agency's Data Universal Numbering System (DUNS) and Employer Identification Number (EIN)

Standards and Requirements

Eligibility/Supervision of Program Personnel

- Hiring and performance evaluations of staff members are also the responsibility of the manager or designee. Training hired personnel of the identified curriculum will be the shared responsibility of the CCHS PEI Coordinator and the subcontractor.
- Emergency exits, fire extinguishers, other safety equipment, and instructions for safety and passenger conduct must be accessible and clearly visible in the vehicle.

Physical Plant Standards

All service locations must include:

- A comfortable environment for expectant fathers and their children; and
- Facility where illegal drug use is not tolerated;
- Access to a private, confidential space for clients to meet with program staff;
- A confidential and secure location for client files.

In addition, agencies must ensure the following:

- Compliance with Fire Regulations, Health and Safety Regulations, Building Codes, and Zoning Regulations: Buildings in which services are provided must be in compliance with city and county fire regulations, health and safety regulations, building codes, and zoning regulations. Emergency exits, smoke detectors, etc., must be clearly visible.
- Compliance with Requirements for Accessibility for Persons with Disabilities: The term "accessibility" means that service provider offices can be approached, entered, and used by persons with disabilities, including but not limited to those using wheelchairs or walkers, and those with sight impairments. The following codes and acts specify requirements related to accessibility:
 - Americans with Disabilities Act ("ADA"), 42 United States Code ("USC"): Title II applies to residential dwellings; Title III applies to hotels providing nonresidential accommodations (path of travel for residents must be accessible).
 - Section 504 of the Rehabilitation Act of 1973, 42 USC: Applies to all programs and activities receiving federal funds.
 - Architectural Barriers Act, 42 USC: Applies to most new buildings built with federal assistance.
 - State Building Code, Title 22 of CA Code of Regulations: Applies accessibility standards to public buildings, public accommodations and publicly funded rental housing.

Fiscal Management

The Contra Costa Health Services Department will reimburse the contractor for actual costs monthly. Administrative expenses may not exceed 10% of the award including any federally approved indirect rate. The agency is responsible for meeting all obligations outlined in the contract. All services funded through this RFP process are to be provided free of charge to eligible individuals.

Bidder Instructions

Interested candidates must demonstrate:

- Knowledge and awareness of structural racism and health inequities Black birthing women interface along with its health implications, including poor birth outcomes
- Understanding of benefits by supporting the partners of Black women for improved birthing outcomes
- Acceptance of receiving training from the trainer of the curriculum for staff/personnel

Applications Process

Applicants may request an electronic version of this RFP by either emailing their request to Anisia.Tamayo@cchealth.org, or by requesting a packet to be mailed to a physical address. All submissions are to be submitted electronically and **only in Portable Document Format (PDF)**. Pages must be submitted in the same order as required in the RFP and numbered sequentially. **Late proposals will not be accepted. Facsimile (fax) copies are not acceptable.** Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed 10 pages, including the Project Budget and Justification. Supporting documentation is **not** included in the maximum page count. Please submit your proposal via e-mail to Anisia.Tamayo@cchealth.org electronically time stamped no later than 3:00PM on 3/13/20 and only in standard (8 x 11 letter sized) PDF format. An e-mail confirming receipt will be sent to applicants.

If signature pages and attachments cannot be scanned into the application, they must be delivered no later than 3/13/20, 3:00PM to

**Contra Costa Health Department
597 Center Ave Suite 365
Martinez, CA 94553
Attn: Anisia Tamayo**

Review Process

- **Administrative Review:** The Family, Maternal, and Child Health Program staff will review all submitted proposals to ensure proposals are complete and in compliance with instructions in this RFP. Proposals not conforming to these basic standards will be considered as not meeting the application deadline. Agencies that filed incomplete proposals will be notified of their ineligibility.

- **Review of Proposed Program:** Persons with expertise in the service category will evaluate and determine a preliminary score for each proposal, based on the guidelines listed in “Review and Award Criteria.” Preliminary scores will be combined to determine a ranking for all proposals.
- **Family, Maternal, and Child Program Review:** The Family, Maternal, and Child Health Program will review the recommendations and rationale for funding decisions and will determine the award amount. Additionally, Contra Costa Health Services/ FMCH staff members may conduct a physical site visit to observe the facility and verify that it is compliant with standards and requirements. All final funding decisions will be made by the Family, Maternal, and Child Health Program.
- **Notification of Award:** Each agency submitting a proposal will be informed in writing of the funding decision. Final awards are subject to federal notice of grant award.

Appeals: Applicants may appeal the process, not funding outcomes. Appeals must be submitted in writing to the Family, Maternal, and Child Health Program Director within seven (7) business days of receiving written notification of the funding decision. Appeals must identify what part of the RFP process is being appealed and the reasons for the appeal. The Family, Maternal, and Child Health Program Director will make decisions regarding appeals within five (5) working days of appeal receipt.

Required Format

Funding Application Cover Sheet (not counted in page limit)

The Funding Application Cover Sheet contains the applicant’s name, mailing address, telephone and fax numbers and the service category and amount requested. It must be signed by the applicant’s Chief Executive Officer and the President of the applicant’s Board of Directors. A scanned PDF version is acceptable.

Agency Capability – 6 pages maximum (counted in page limit)

- Provide a brief agency history and description
- Explain the agency’s involvement with its target community
- Describe the direct services currently provided for pregnant women and families and the duration these services have been offered by the agency.
- Describe the qualifications of project personnel including direct service and supervision.

Proposed Project Budget – 2 pages maximum (form included)

The application must include a line item budget, which includes the justification and narrative explaining how each line item will be expended. There is a cap of 10% on all administrative charges. Routine administrative charges may include Director’s time, agency rent and utilities, payroll audits, maintenance, supplies, telephone and other shared program costs. The project budget should include information on other sources of revenue. Applicants will be required to maintain written documentation, including legible invoices and canceled checks.

Service Continuity Plan: maximum 1 page (counted page limit)

The applicant must describe in detail how and with what frequency services be conducted when a staff vacancy or other disruption occurs within the program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery? Who will provide supervision? How will clients be notified? How will the agency ensure that individuals funded by the FMCH/Perinatal Equity Initiative Program (or other funders listed as grant references) for other activities will not be deployed from those activities to cover new vacancies? What process will be used if the proposed plan must be redesigned due to other unforeseeable events?

Additional Supporting Documentation when applicable to service (not counted in page limit)

- a. **Tax-exempt status** determination letters from the Internal Revenue Service and/or the State of California.
 - b. **Job Descriptions** for any primary positions to be funded under the proposed project. These should include education/experiential qualifications for the position, as well as job duties and responsibilities.
 - c. **Résumés or statements of qualifications** of primary staff funded under the proposed project as well as any supervisory staff – even if not funded under this grant. If a prospective candidate has been identified, but not yet hired for any position to be funded, include the résumé here. Résumés should reflect an individual’s current job status. Proposals should not include résumés of individuals not involved in the proposed project.
 - d. **Memoranda of Understanding and Letters of Collaboration** may be included but must be project specific.
 - e. **Past Performance/Contract History** - Information provides contacted for an evaluation of the applicant agency’s performance. Applicants are encouraged to list those contracts that are most relevant to the service category applied for.
 - f. **List of Board of Directors** – Including affiliations and city of residence.
 - g. **Organization Chart** – Including the name of staff currently in each position and the FTE of each position.
 - h. **Agency’s current operating budget**
 - i. **A copy of the agency’s most recent audited financial statement** – Include the auditor’s management letter, notes and statement findings
- *Additional documentation may be required to complete the contracting process.**

Review Process & Criteria

Applicants are encouraged to use the questions listed below to guide, in part, the content of their proposal. Keep in mind that reviewers may not be aware of your proposed program or your agency’s experience in Contra Costa County. A total point value for each proposal will be given per reviewer and averaged.

Applicant Capability, Outreach and Collaboration – 30 points

- Does the agency have the capability to provide required facility space during desirable times of early afternoons and evenings?
- Does the agency have the capability to offer optional transportation and/or ChildWatch support services for the clients?
- Does the applicant describe sufficient relevant experience in the successful provision of services similar to those it proposes to provide? Does the applicant have a history of working with the target population?
- Does the applicant demonstrate that it has established links with its target community area(s) and population(s) and with other service providers in this community?
- Has the applicant identified qualified individuals to carry out the proposed activities? Does the applicant currently employ them, or do they need to be hired?
- Has the proposal convincingly demonstrated that the applicant has the administrative and programmatic abilities necessary to successfully administer this program?
- Does the proposal demonstrate linkages with other services?

Geographic Desirability for Program Participants – 30 points

- Is the facility located in the high-density areas of African American births in Contra Costa County (Richmond, San Pablo, Antioch, or Pittsburg)?
- Is the facility site accessible to public transportation?
- Is the facility area safe during afternoons and evenings? Are security precautions taken at the facility?
- Does the applicant explain where/when services will be provided including site location and hours of service?

Financial Information – 25 points

- Is the applicant's proposed project budget appropriate and reasonable, given the services to be provided and stated staffing levels?
- Does the requested budget amount reflect the total cost of the proposed project? If not, does the applicant identify other resources that will support this program?
- Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
- Does the applicant's project appear to be cost effective?
- Is the annualized program budget less than 60% of the agency's total annual budget?

Service Continuity – 15 points

- Does the applicant have a plan in place that describes how the agency will provide services to clients during any period when the funded position is vacant?
- Does the plan adequately describe how the applicant will ensure that clients and system of care providers will be notified of a change in staffing and that no clients fall through the cracks?

Does the plan describe how other system of care service providers will be notified about how referrals are to be made to the applicant during this vacancy?

Timeline

- Proposal Due Date: March 13, 2020
- Awardees Announced: April 10, 2020
- Subcontractor Hiring and Training of Direct Service Personnel: May/ June 2020
- Implementation of Services: July 2020

Please direct questions about this request for proposal to:

Natalie Berbick, MSW

Perinatal Equity Initiative Coordinator

nberbick@cchealth.org