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CONTRA COSTA
PUBLIC HEALTH
FAMILY, MATERNAL &
CHILD HEALTH PROGRAMS

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Request for Proposals

Community-Based Doula Program Award Range \$200-\$250,000

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 Community-Based Doula program to improve Black maternal and infant health outcomes. Best practices have demonstrated mothers receiving doula support services were **four times less** likely to have a low birth weight baby, **two times less** likely to experience birth complications, a decrease in cesarean births, and a healthy breastfeeding experience.

Family, Maternal, and Child Health Programs, within Contra Costa Health Services, is requesting proposals from community-based organizations to provide Community-based Doula program services under the Perinatal Equity Initiative in East Contra Costa County (ideally in Antioch or Pittsburg) and West County (ideally in Richmond).

Project Description

The program model selected for doula support services for Black birthing women in Contra Costa County is **HealthConnect One**® Community-Based Doula program. The concept of a free community-based doula program was decided based on findings from an environmental scan of doula services in the area, as well as feedback from community listening sessions and the Community Advisory Board. Main components of the program model are engaging members of the local community to train as doulas to provide support to underserved pregnant women. Services also include support through labor and delivery and during the early postpartum period.

Program implementation is expected to include serving 100 Black birthing women at birth centers serving Contra Costa County residents. Staff will be composed of doulas who are women of color, including a lead doula with administrative and personnel management skills.



Program services will begin no fewer than 30 days before the expected date of delivery. Doulas will be available to accompany the woman to prenatal appointments, help her to create a birth plan, provide emotional and advocacy support during labor and delivery, and to offer postpartum support including breastfeeding advocacy and support. Upon the mother's request, the doula can assist with health care navigation and case management support. Services can be provided at home, in a clinic or hospital setting, or in a mutually agreeable space. Support may also be provided telephonically with clients.

Scope of Work

Goal 1: Increase awareness of how community-based doulas can support Black moms to have an improved birthing experience, and fewer unnecessary medical interventions.

- Short and/or Intermediate Objectives
 - Doula program has identified formal partnerships with other community-based organizations
 - Doula program recruits eligible participants
 - Doula program staff will be hired by subcontracting agency and will possess core competencies. Staff members will receive training on HealthConnect® One model
- Intervention Activities to Meet Objectives
 - Doula program has quarterly meetings with CBOs via the Community Advisory Board membership
 - Outreach to mothers via enrolled Black Infant Health participants and other home visiting programs
 - Outreach to providers at clinics and hospitals
 - Outreach at known spaces/events where Black women congregate, including schools, beauty shops, churches, and shopping centers.
 - Sub-contracting agency recruit community members who can identify with target population
 - Subcontracting agency will ensure training plan for all key staff in collaboration with PEI Coordinator and model standards
 - Staff will continue all on-going training or educational opportunities designed to enhance cultural sensitivity
- Process Description and Measures
 - PEI Coordinator and Doula 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 Measures
 - Relationship evidenced by meeting agendas and roster of attendees

- Outreach to 400 expectant and parenting mothers documented in RBA scorecard
- Maintain all records of staff attendance at trainings in reports
 - Indicate number of trainings relevant to work with mothers and infants
 - Manager to notate evaluations of performance of staff during probationary periods and annually

Goal 2: Doulas have relationship-based work with families, which allow for health education about pregnancy, labor and delivery, and support for mothers in the immediate postpartum period

- Short and/or Intermediate Objectives
 - Doulas have established trust with the mother, and have demonstrated the value of being an integral part of the birth team
- Intervention Activities to Meet Objectives
 - Prenatal and postpartum home visits as agreed upon by the mother and doula
- Process Description and Measures
 - Doulas provide home visits and document activities completed during the encounters, as indicated by the HealthConnect® One curriculum and model
- Short Intermediate Outcome Measures
 - Number of staff who have completed the training of the HealthConnect® One model and of doula best practices
 - Number of sessions completed with mothers
 - Completion of satisfaction survey
 - Completion of post sessions assessment

Goal 3: Doulas support the mother and partner in birth plan development and support the birthing person in communicating this plan with medical providers.

- Short and/or Intermediate Objectives
 - Conduct prenatal visits to establish relationship with the mother and partner
 - Attend prenatal exams with the mother
 - Navigate the healthcare system in partnership with mother
- Intervention Activities to Meet Objectives
 - Meet routinely with the mother and complete pre-assessment
 - Translate medical terminology when appropriate; ask clarifying questions when necessary
 - Assist mother in appointment scheduling; understanding how to overcome barriers to care regarding insurance; and accessing resources/benefits offered by health plans
- Process Description and Measures
 - Document encounters activities with mothers in database
 - Document each encounter in database and flag follow-up items for subsequent visits
 - Document birth plan in database

- Short Intermediate Outcome Measures
 - Number of completed birth plans
 - Number of sessions completed
 - Completion of participant satisfaction survey
 - Completion of post sessions assessment

Goal 4: Doulas provide emotional support and are coaches during labor and delivery.

- Short and/or Intermediate Objectives
 - Doulas demonstrate core competencies of active listening
 - Doulas demonstrate a reflective capacity with themselves and the work with mothers
 - Doulas are well versed in breathing and labor positions to assist mothers in labor
 - Doulas demonstrate strong communication skills with families and medical providers
- Intervention Activities to Meet Objectives
 - Participation in HealthConnect® One Community-Based Doula training
 - Sixty hours with monitoring and performance measures
- Process Description and Measures
 - Documentation of each completed training module of direct service staff
 - Participation in weekly reflective supervision sessions with Doula supervisor at community-based agency
 - Completion of HealthConnect® One training

Goal 5: Doulas provide postpartum support for mothers and partners.

- Short and/or Intermediate Objectives
 - Provision of breastfeeding support
 - Provision of anxiety and depression screens
 - Linkage and referrals to health and social services
 - Provide guidance on sleep hygiene support for parents and newborns
- Intervention Activities to Meet Objectives
 - Provide lactation education and technical assistance within 2 days of discharge from the hospital
 - Administer anxiety and depression screens at recommended intervals
 - Offer referrals to families when indicated and upon request from the family
 - Doula to provide health education and model safe sleep practices with infants
- Process Description and Measures
 - Doulas provide home visits and document activities completed during the encounter
 - Doulas document successes and challenges of the encounter
 - Doulas document referrals offered to family
 - Doulas document health education given to family and SIDS/SUIDS risk reduction strategies

- Short Intermediate Outcome Measures
 - Number of staff who have completed the training of the HealthConnect® One model and of doula best practices
 - Number of sessions completed with mothers
 - Completion of participant satisfaction survey
 - Completion of post sessions assessment

Deliverables

In the development and implementation of the Community-based Doula Program, will be comprised of the following:

- Recruiting approximately 400 women (documented via referrals) and providing service to 100 enrolled women at birth centers for Contra Costa County residents.
- The comprehensive program will provide services to Black birthing women:
 - Prenatal home visits [during the second and third trimesters] along with a birth plan, labor and delivery support and postpartum visits at specified times
 - Emotional and advocacy support during the labor process
 - Postpartum support along with breastfeeding education and guidance
 - Provide safe sleep recommendations for infants
 - Postpartum depression screening via *Edinburgh Postnatal Depression Scale*
 - Complimentary healthcare navigation and case management support upon request

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

- Participation in the Perinatal Equity Initiative Community Advisory Board
- Creating memorandums of understanding (MOUs) for service delivery support for the doula, 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

Community based organization (CBO) personnel will be responsible for the following:

- Recruiting trainers/supervisors to participate in *Training of Trainers* for HealthConnect® One's community-based doula model
- Host regular meetings of training team for preparation of doula training

Program performance and data will be measured by ***Results-Based Accountability™ (RBA)***.

RBA is a tool that has a disciplined way of thinking and acting 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 Health Services will purchase the licenses for workstations to have access to the web-based application, *Clear Impact* scorecard

- The subcontractors will utilize the RBA tool for data entry and Contra Costa County will use it for monitoring and reporting purposes of the Community-Based Doula data. In tandem, Contra Costa County will provide quarterly reports to HealthConnect® One on milestones achieved, obstacles encountered, cost of implementation and outcome 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.
- To ensure data is gathered in a timely manner, the RBA scorecard administrators will be assigned as managers of the direct service staff at the respective subcontractors' site.

Qualifications, Eligibility, and Funding Restrictions

Eligibility is limited to not-for-profit (501c3) community-based organizations and hospitals or public agency service providers. Applicants must be based in Contra Costa County to be eligible. Agencies must demonstrate enough 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 contracts 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

- Supervision of community-based doulas is the responsibility of the agency/center manager or designee. Hiring and performance evaluations of staff members are also the responsibility of the manager or designee.
- Training of doulas will be a shared role of the PEI Coordinator and the subcontractor manager/lead.
- Program personnel must have driver's license and verification of auto insurance.

Physical Plant Standards

All service locations must include:

- A comfortable environment for expectant mothers 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.
- Internet access, computers, cell phones and any relevant technology or equipment to implement the intervention

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 follow 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 that Black birthing women face along with its health implications, including poor birth outcomes.
- Understanding of benefits by connecting Black community doulas with Black birthing women for improved birthing outcomes.
- Acceptance of receiving training from a certified HealthConnect® One trainer for self and 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 3:00 p.m. on Friday, March 13, 2020. The documents must be standard (8 x 11 letter sized) pages and saved in 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 Friday, March 13, 2020 at 3:00 p.m. 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)

- a. Provide a brief agency history and description
- b. Explain the agency's involvement with its target community
- c. Describe the direct services currently provided for pregnant women and families and the duration these services have been offered by the agency.
- d. 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 specific to this project.
- 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 and 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 applicant describe enough relevant experience in the successful provision of services like those it proposes to provide (including home visiting or case management services)? 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