Family Strengthening Oversight Entity Request for Qualifications

Information Session
November 27, 2012
First 5 LA


- First 5 LA

- Strategic Plan FY 2009–2015
  - Goal areas: Born Healthy, Maintain Healthy Weight, Safe from Abuse and Neglect, & Ready for Kindergarten
Family Strengthening Strategies

1. Welcome Baby / Universal Assessment of Newborns

2. Select Home Visitation Programs
Welcome Baby Program Goals:

- Increased Breastfeeding
- Families receive appropriate health and developmental care
- Families linked to needed resources
Welcome Baby

- To be implemented within and outside First 5 LA’s placed-based efforts, called *Best Start*

- If all 24 eligible hospitals participated would reach 80% of Best Start births and almost half (48%) of births countywide
Welcome Baby Client Flow

**Welcome Baby Hospital Visit**
- All mothers eligible
- Complete Risk Assessment

Prenatal Visits for Families residing within a Best Start Community

**BEST START FAMILY WITH LOW-MEDIUM RISK ASSESSMENT:** Receive up to 5 additional home-visits

**BEST START FAMILY WITH HIGH RISK ASSESSMENT:** Referred to Select Home Visitation Program

**NON-BEST START FAMILY WITH LOW-MEDIUM RISK:**
Receive appropriate referrals, as needed

**NON-BEST START FAMILY WITH HIGH RISK ASSESSMENT:**
Receive up to 3 additional home visits

Legend:
Solid text box: activity completed by Hospital
Dotted text box: activity completed by community-based partner
Welcome Baby

HOSPITALS

• Strategic partnership between targeted hospitals and First 5 LA
• Demonstrate an interest to participate and submitted paperwork (Letter of Intent)

COMMUNITY BASED ORG’S

• May apply to be part of a First 5 LA Home Visitation Provider Pool
• Must establish formal agreement with a participating hospital (MOU)
Select Home Visitation Program Models

Approved Intensive Programs for Best Start Families:

- Healthy Families America
- Parents as Teachers
- SafeCare
- Triple P
- Nurse Family Partnership
- Early Head Start
Select Home Visitation Program Models

- Primary First 5 LA Goals Select Home Visitation models may impact:
  - Safe from abuse and neglect
  - Ready for kindergarten
Welcome Baby Update

- LOI Released June 28, 2012 with Rolling Deadlines:
  - Five (5) LOI responses received on August 10, 2012
  - Two (2) LOI responses received on September 28, 2012

- Numbers served by 7 Hospitals and Pilot
  - 27,940 births countywide (21%)
  - 9,269 births in Best Start Communities (35%)
Select Home Visitation Update

• Best Start Community Partnerships and Program Selections
  ▪ Two (2) have selected Healthy Families America
  ▪ Two (2) have selected Parents As Teachers
  ▪ Two (2) have selected Healthy Families America and Parents As Teachers
  ▪ One (1) has selected Parents As Teachers and Triple P
  ▪ Seven (7) will select by December 2012
Oversight Entity Functions

• **Support implementation of Welcome Baby**
  - Coordinate Welcome Baby Program Model Training
  - Initial professional development opportunities
  - On-going technical assistance on model content and protocols
  - Support development of local referral pathways
Oversight Entity Functions

- **Support implementation of Select Home Visitation Program Models**
  - Facilitate communication between local providers and national office
  - Support development of local referral pathways
  - Provide technical assistance during affiliation process
  - Support provider’s adherence to program fidelity
Oversight Entity Functions

• Provide technical assistance for data management system
  ▪ Support on-going development of data management information system
  ▪ Ensure timely and accurate data entry by local providers
  ▪ Provide training on using and managing the database to providers
  ▪ Support First 5 LA sustainability efforts
  ▪ Generate quarterly reports from across provider sites
Oversight Entity Functions

• Facilitate cross-site peer learning and information exchange across sites
  - Conduct quarterly meetings for local providers
  - Establish small group learning opportunities
  - Annual one-day conference
Oversight Entity Functions

• Support communication and messaging efforts across sites
  ▪ Ensure consistent messaging across sites and support marketing needs
  ▪ Assist in assessment of Welcome Baby program incentives
  ▪ Support provision and distribution of Welcome Baby program incentives and marketing materials
Eligibility (RFQ, page 9)

- Non-profit organization
- Agencies applying as part of a collaborative must identify a lead agency
- Have or able to establish presence in LA County
- Demonstrated record of supporting collaborative efforts between and across sites in LA County
Qualifications (RFQ, pages 10–11)

- Past or present experience in coordinating and facilitating collaborative efforts at a regional or countywide level
- Familiarity with home visitation programs
- Experience in working with programs with required adherence to specific protocols
- In-depth familiarity in working within hospital structures and local medical providers
Qualifications (RFQ, pages 10–11)

- Capacity to organize and oversee Welcome Baby Program Model Training
- Experience with providing technical assistance in program planning and management and standardized program implementation
- Ability to support on-going development of First 5 LA’s database management information system
- Experience in supporting communication and marketing efforts
RFQ Proposal Content

- Online Application
- Application Checklist
- Cover Letter
- Proposal Narrative = 20 pages maximum
RFQ Proposal Narrative (RFQ, page 13)

- Applicant Background, Expertise and Experience (up to 8 pages)

- Project Implementation (12 pages)
RFQ Proposal Content, continued

- Scope of Work
- Resumes or Curriculum Vitaes for key staff
- Letters of Intent or MOUs for partners
- References and/or Letters of Support (4 max)
BUDGET

- BUDGET FORMS AND BUDGET NARRATIVE
  - Budget Instructions Form
  - Excel document
    - Budget Summary Sheet
    - Individual Sheets for Sections
# BUDGET SUMMARY

**Agency:**

**Project Name:**

**Agreement Period:**

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>First 5 LA Funds</th>
<th>Matching Funds</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Personnel</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Contracted Svcs (Excluding Evaluation)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Equipment</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 Printing/Copying</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>5 Space</td>
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<td>6 Telephone</td>
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<td>8 Supplies</td>
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<td>9 Employee Mileage and Travel</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10 Training Expenses</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11 Evaluation</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>12 Other Expenses (Excluding Evaluation)</td>
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<tr>
<td>13 *Indirect Costs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**TOTAL:** $0  $0  $0

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**Fiscal Contact Person**  
Date

**Agency Authorized Signature**  
Date

**Phone #**  

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*Indirect Costs **MAY NOT** exceed 10% of Personnel cost, excluding Fringe Benefits.

**Additional supporting documents may be requested**
**AGENCY INVOLVEMENT IN LITIGATION AND/OR CONTRACT COMPLIANCE DIFFICULTIES**

- Agency involvement in litigation
- Must sign in **blue ink** and mail original to First 5 LA

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# APPENDIX G

## AGENCY INVOLVEMENT IN LITIGATION AND/OR CONTRACT COMPLIANCE DIFFICULTIES

**Agency Name:** _________________________________________________________

**Program Title:** _______________________________________________________

Check YES or NO on the following questions. If a YES answer is checked, please explain fully the circumstances and include discussion of the potential impact on the program if funded. As part of the contract agreement process, the COMMISSION, at its own discretion, may implement procedures to validate the responses made below. The COMMISSION reserves the right to reject all or part of the contract agreement if false or incorrect information is submitted by the contractor.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is the lead agency currently, or within the past two (2) years, involved in litigation?</td>
</tr>
<tr>
<td>2.</td>
<td>Is the lead agency director currently, or within the past two (2) years, involved in litigation related to the administration and operation of a program/ project or agency?</td>
</tr>
<tr>
<td>3.</td>
<td>Are any key staff members unable to be bonded?</td>
</tr>
<tr>
<td>4.</td>
<td>Have there been unfavorable rulings by a funding source against the lead agency for improper management or contract compliance deficiencies?</td>
</tr>
<tr>
<td>5.</td>
<td>Has the lead agency or agency director ever had public or foundation funds withheld?</td>
</tr>
<tr>
<td>6.</td>
<td>Has the lead agency ever had its non-profit status revoked or withheld?</td>
</tr>
<tr>
<td>7.</td>
<td>Has the agency or agency director refused to participate in any fiscal audit requested by a government agency or funding source?</td>
</tr>
</tbody>
</table>

**EXPLANATION (Use additional pages, if necessary):**

________________________________________

Agency’s Authorized Signature

Date

Print Name of Authorized Agent
```
### CONTRACTOR SIGNATURE AUTHORIZATION FORM

**INSTRUCTIONS:** Check the appropriate boxes below and then sign and submit two (2) completed original forms. The form will be considered incomplete if the Certification section is not signed by the agency’s authorized signatory, as delegated by bylaws or corporate resolution. If applicable, a copy of the board resolution must be included with completed form. **ALL SIGNATURES MUST BE DONE IN BLUE FOR VERIFICATION PURPOSES.**

<table>
<thead>
<tr>
<th>Authorized Signatory</th>
<th>Print Name:</th>
<th>Title:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCUMENT(S) Authorized to sign</td>
<td>PRINT INVOICES</td>
<td>REPORTS</td>
<td>CONTRACT</td>
<td>CONTRACT AMENDMENTS</td>
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<tr>
<td>Authorized Signatory</td>
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<td>Title:</td>
<td>Signature:</td>
<td>Date:</td>
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<td>REPORTS</td>
<td>CONTRACT</td>
<td>CONTRACT AMENDMENTS</td>
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<td>Signature:</td>
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<td>PRINT INVOICES</td>
<td>REPORTS</td>
<td>CONTRACT</td>
<td>CONTRACT AMENDMENTS</td>
</tr>
</tbody>
</table>

**CERTIFICATION:** PER THE AGENCY’S BY LAWS AND THE ATTACHED BOARD RESOLUTION (IF APPLICABLE), I/WE HEREBY VERIFY THAT I AM AN AUTHORIZED AGENCY SIGNATORY / WE ARE AUTHORIZED AGENCY SIGNATORIES FOR THE AFOREMENTIONED AGENCY AND AS SUCH CAN SIGN AND/OR DELEGATE AUTHORIZATION TO SIGN AND BIND THE AGENCY AS IT RELATES TO THE ABOVE-REFERENCED PROGRAM TO THE DELEGATED AUTHORIZED SIGNATORY(S)/SIGNATORIES LISTED ON THIS FORM.

**SIGNATURE AUTHORIZATION IS PROVIDED TO AGENCY AUTHORIZED SIGNATORY BELOW:**

- ONE SIGNATURE PER BYLAWS
- TWO SIGNATURES PER BYLAWS or AS A CORPORATION

**IMPORTANT NOTE:** If the signature authorization status of any individual changes during the term of the grant agreement, it is the responsibility of the contractor to contact their respective Program Officer regarding the change and to complete and submit a new Signature Authorization Form. Incorrect information on file may delay the processing of any of the documents submitted.

**USE NEW PAGE FOR ADDITIONAL AUTHORIZED SIGNATORIES. ALL ADDITIONAL PAGES MUST BE SIGNED BY THE AGENCY’S AUTHORIZED SIGNATORY OR SIGNATORIES.**

**APPENDIX H**

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**CONTRACTOR SIGNATURE AUTHORIZATION FORM**

- Signature(s) from agency’s authorized signatory
- Must sign in blue ink and mail original to First 5 LA
Additional Documentation

- CURRENT AUDIT/FINANCIAL STATEMENTS
- IRS ACCOUNT DETERMINATION LETTER (If applicable)
- BUSINESS LICENSE (If applicable)
- ARTICLES OF INCORPORATION
- BYLAWS
- BOARD OF DIRECTORS LIST
Application Process

- Review Process
- Contract Negotiations
  - Budget
  - Scope of Work
- Commission’s Consent Calendar
- Contract Execution
## Timeline (RFQ, page 2)

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<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Questions and Requests for Information</td>
<td>November 30, 2012</td>
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<tr>
<td>Posting of Responses</td>
<td>December 5, 2012</td>
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<tr>
<td>Application Due</td>
<td>December 19, 2012</td>
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<tr>
<td>Application Review</td>
<td>December – January</td>
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<tr>
<td>Interviews with Qualified Applicants</td>
<td>January 14–17, 2013</td>
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<tr>
<td>Board of Commissioners Approval</td>
<td>April 11, 2013</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>April 15, 2013</td>
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</table>
Family Strengthening Oversight
Entity Request for Qualifications

QUESTIONS?

Contact Information:
Diana Careaga, Program Officer
dcareaga@first5la.org