



**Solicitation Information  
November 21, 2017**

**RFI#** 10000302

**TITLE:** Strategies to Improve First Connections Implementation, Family Engagement, and Referrals

**SUBMISSION DEADLINE:** December 19, 2017 at 3:00 pm

**PRE-BID/ PROPOSAL CONFERENCE:** NO

Questions concerning this solicitation must be received by the Department of Health at [Kristine.campagna@health.ri.gov](mailto:Kristine.campagna@health.ri.gov) or [Sidra.scharff@health.ri.gov](mailto:Sidra.scharff@health.ri.gov) no later than **December 5, 2017**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Ariana DelFino  
Administrator, Financial Management  
Finance and Operations  
RI Department of Health

**TABLE OF CONTENTS**

1. INTRODUCTION ..... 3

2. PURPOSE & BACKGROUND ..... 3

3. INFORMATION SOLICITED..... 5

4. REQUEST FOR INFORMATION INSTRUCTIONS ..... 7

5. DISCLAIMER..... 8

## **1. INTRODUCTION**

The Rhode Island Department of Health (RIDOH) is soliciting information from home visiting agencies, community partners, hospitals, health centers, pre-natal providers, pediatricians, government agencies, advocates and others on how to improve successful First Connections implementation. Responses will inform that Department's future procurements for First Connections.

**This is a Request for Information (RFI). No award will be made as a result of this solicitation.**

## **2. PURPOSE & BACKGROUND**

The Rhode Island Department of Health (RIDOH) is issuing this Request for Information (RFI) to solicit responses from home visiting agencies, community partners, hospitals, health centers, pre-natal providers, pediatricians, government agencies, advocates and others to provide feedback and insights on how to improve the implementation and measurement of First Connections.

RIDOH anticipates issuing an RFP in 2018 for First Connections contracts. RIDOH believes that responses to this RFI will inform that solicitation. RIDOH has three major goals for this RFI:

- (1) Generate ideas about how First Connections can improve initial family engagement, care coordination, and subsequent referral hand-offs,
- (2) Get reactions to potential program modifications, and
- (3) Get input on how to improve performance management.

### **About RIDOH**

The mission of RIDOH is to prevent disease and protect and promote the health and safety of the people of Rhode Island. The Department focuses on three leading priorities: (1) address the social and environmental determinants of health in Rhode Island; (2) eliminate the disparities of health in Rhode Island and promote health equity; and (3) ensure access to quality health services for Rhode Islanders, including our vulnerable populations. Among these priorities, the Department has the specific goal of promoting the health of mothers and their children. First Connections is a program for families with young children located within the Center for Perinatal and Early Childhood Health in the Division of Community Health and Equity. This RFI shall inform RIDOH on how best to fulfill its mission and achieve its goals of access to quality services and promoting health through the First Connections program.

## **About First Connections**

The purpose of First Connections as a child find program<sup>1</sup> is to provide family health assessments and developmental screenings for children across the state of Rhode Island and refer families to additional services. In executing this purpose, First Connections agencies provide short-term support to women and families with children under three, including home visits and screenings for newborns at risk, and connect families to additional supports in the community. First Connections sends nurses and trained specialists to meet with moms to:

- Provide voluntary, family visits and screenings at no cost to families
- Link families with preventative healthcare services and community supports, and
- Listen and respond to any questions that families may have about their new baby or toddler.

A well-functioning First Connections program should ensure that all infants assessed as risk positive<sup>2</sup> at birth are contacted by First Connections; ideally families will receive a visit that is designed to address the family's specific needs. First Connections should also refer families to appropriate services and support a process that successfully converts referrals into enrollments in other programs and services.

## **Opportunities for Improving Results**

As the Department considers opportunities to build upon prior successes of First Connections, it seeks to improve the following program components:

### Delivering First Connections as a Standardized Model

RIDOH seeks to provide clearer standards and guidance to agencies delivering First Connections services, to ensure consistency in screening, assessment, communication, and referral decisions.

### Initiating Contact with Identified Families in First Connections

RIDOH seeks to improve initial engagement of families referred to First Connections. Today, only approximately half of referred families receive an initial visit by a First Connections provider. Ideally, when every family referred to First Connections would receive an initial visit or a comprehensive phone assessment, regardless of referral source or other circumstances. This initial contact would assess a family's needs and supports, and determine what additional resources are available in the community, connecting families to those which are most appropriate. For families that are not currently connected to existing early childhood resources, First Connections would provide a gateway to available

---

<sup>1</sup> Child find programs are funded by Part C of the Individuals with Disabilities Education Act (IDEA) to identify, locate, and evaluate all children with disabilities in the state.

<sup>2</sup> Risk assessments are determined through a "level 1 screening," which classifies risk based on how many primary and secondary risk factors a mother and newborn have.

services; for families who have previously been engaged in early childhood services, First Connections would re-engage families and ensure they are connected to the right services.

#### Coordinating Care and Completing Referrals

RIDOH seeks an early childhood system where First Connections agencies would coordinate care with pediatricians and others providing services to the family in order to understand how a family is currently engaged and provide a seamless experience, without duplication or confusion. The Department is interested in ways to facilitate better knowledge sharing and collaboration across various early childhood services, programs, and providers. RIDOH further seeks to ensure families are successfully enrolled in any referred services. A successful referral process from First Connections to other programs depends on First Connections providers ensuring referrals are timely; that families and providers know about the referral and any required next steps; that there is a mechanism for First Connections providers to confirm the enrollment; and that First Connections providers remain engaged with families until they have confirmed enrollment in the referred services.

#### Strengthening Frequently Measuring Program Implementation and Results

RIDOH seeks to collaborate with First Connections agencies in actively monitoring and improving performance. The Department is interested in learning how agencies would collect, manage, and analyze data to establish performance indicators and measure results. This approach requires frequent collaboration with the Department and other agencies to rapidly identify and troubleshoot performance problems, drive ongoing accountability and performance improvements, and integrate learnings to continuously improve service delivery.

### **3. INFORMATION SOLICITED**

The State recognizes the importance of stakeholder input and welcomes responses to the questions below. Respondents may choose to reply to all or a subset of questions, based on interest and/or relevance. Although these questions have been designed as a guide, respondents are encouraged to provide additional feedback that may be helpful. It is hoped that clear, innovative, and concrete ideas will be provided. Please include any assumptions underlying your comments or recommendations. Please number responses in accordance with these questions.

RIDOH is specifically seeking feedback on the following:

1. Please describe your role in responding to this RFI: what is your interest in Family Home Visiting services? What knowledge and expertise do you or your organization

- have in early childhood or home visiting programming? What is your involvement with the current Family Home Visiting programs?
2. Which elements of First Connections current home visiting programming are most important to be maintained?
  3. Which elements of First Connections current home visiting programming are most in need of improvements?
  4. Currently, many families who are identified as risk positive and automatically referred to First Connections do not receive an initial visit. Why do you think this is? What new practices could be put in place—by First Connections agencies, RIDOH, hospitals, or other stakeholders—to improve the number of families receiving an initial visit?
  5. RIDOH believes it is important for First Connections providers to coordinate care for families in order to learn about family needs and plan family visits. What activities do you consider to be part of coordinating care for a family? What challenges can make coordinating care difficult? How can care coordination be improved?
  6. First Connections is a short-term program designed to help connect families to other resources, services, or programs in the community. What changes could improve the success of handoffs from First Connections to other resources, services, or programs in the community?
  7. RIDOH believes that greater involvement of certain institutions, such as community health centers, hospitals, and/or pediatric offices, could improve how First Connections serves families. What barriers are there to community health centers, hospitals, or pediatric offices in applying to provide services for First Connections?
  8. RIDOH is considering further standardization across all providers of the First Connections program model to make the client experience more consistent. What are the benefits and drawbacks to further standardization? What, if any, adjustments would you make to the current service model, for instance assessment, screening, visit content, referrals, or other aspects of the program?
  9. RIDOH is considering a program model that provides multiple levels of service based on family need or risk characteristics (e.g., DCYF-involved, substance using, etc.). If RIDOH decides to offer different levels of services, what types of groups should receive different levels of service, what should the difference in services be, and why?
  10. Current First Connections family visitors are a mix of nurses, social workers, and community health workers. Are there any skills or disciplines in addition to nursing, social work, and community health that would help First Connections providers deliver

high-quality services to families? If yes, please identify such skills and explain what benefit they would add to First Connections.

11. RIDOH recognizes that many resources are required to deliver a quality First Connections program. Outside of additional funding, please describe any activities, such as trainings, professional development, community education/outreach, or others, that would help support providers in delivering First Connections?
12. How does First Connections' current funding model enable or constrain the delivery of high-quality services for families? What changes to the current funding model would you recommend?
13. What are the most appropriate performance measures to monitor the success of First Connections?
14. Is there anything else the Department should consider as it plans for the upcoming contract and implementation of First Connections in 2018?

#### **4. REQUEST FOR INFORMATION INSTRUCTIONS**

This RFI outlines the type of information being solicited from potential respondents and includes guidelines for content and format of responses.

##### **Respondent Inquiries**

Questions concerning this RFI may be e-mailed to [Kristine.Campagna@health.ri.gov](mailto:Kristine.Campagna@health.ri.gov) or [Sidra.Scharff@health.ri.gov](mailto:Sidra.Scharff@health.ri.gov) no later than the date and time indicated on page one of this RFI. Please reference RFI # 10000302 on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this RFI. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, please contact Ariana DelFino at 401-222-4618.

Offerors are encouraged to submit written questions to the Department of Health, Center for Perinatal and Early Childhood Health. **No other contact with State parties regarding this RFI should be attempted.** Responses to this RFI should be submitted on or before the date listed on the cover page. Responses received after this date and time, as registered by the official time clock in the reception area of the Center for Perinatal and Early Childhood Health may not be considered.

##### **Responses**

Submit one (1) original and five (5) copies, and one PDF or Microsoft Word document included on a USB thumb drive or CD-R of responses by the date and time stated on page one of this RFI.

Respondents may submit answers to one or more questions; there is no requirement to answer all questions. Submissions should be single spaced on 8 ½” by 11” pages with 1” margins using Times Roman, or similar, size 12 font. Please limit your response to 10 pages.

Responses (an original plus five (5) copies and one electronic copy) must be mailed or hand-delivered in a sealed envelope marked “RFI#10000302” to:

RI Department of Health  
The Office of Family Home Visiting, 3rd floor, Room 302  
Three Capitol Hill  
Providence, RI 02908-5855

NOTE: Responses received after the above-referenced due date and time will not be considered. Responses misdirected to other State locations or those not presented to the Department of Health by the scheduled due date and time will be determined to be late and will not be considered.

Responses faxed, or emailed, to the Department of Health will not be considered. The official time clock is in the reception area of the Department of Health, Center for Perinatal and Early Childhood Health.

Based on the responses, Rhode Island may invite a vendor(s) to present their approach and demonstrate their technical solution.

## **5. DISCLAIMER**

This Request for Information is solely for information and planning purposes and does not constitute a Request for Proposal. All information received in response to the RFI and marked as “Proprietary” will be handled accordingly. Responses to the RFI cannot be accepted by the Government to form a binding contract. No award will be made as a result of this solicitation, and because no award will be made, proposals WILL NOT be in the public domain. Responses to the RFI will not be returned. Respondents are solely responsible for all expenses associated with replying to this RFI. The Department is under no obligation to report what it’s learned.