



Solicitation of Interest
May 28, 2008

Prenatal to Three Initiative Pilot

Project Summary	First 5 San Francisco plans to fund a Prenatal to Three Initiative Pilot to provide targeted families with services and supports from pregnancy through a child's third year of age. The pilot seeks to provide ongoing support to expectant mothers and mothers with very young children by integrating services and supports across medical and community based settings with a particular emphasis on community obstetric and pediatric clinics, family resource centers and families' homes.
Program Term	Fy 08/09 – 09/10, renewable through fy 11/12 upon approval
Project Funding	\$300,000 / year
Issue Date	May 28, 2008
Mandatory SOI Conference date	June 11, 2008 10:00 a.m. – 12:00 p.m. at 1390 Market Street, Suite 900
<p>Purpose of the SOI Conference</p> <p>Parties interested in contracting to receive grant funds from this SOI are required to participate in the Mandatory SOI Conference. Input from the conference meeting will be used to finalize the scope of work and program design of the Prenatal to Three Initiative Pilot.</p>	
<p>Applying for Funds</p> <p>First 5 San Francisco will develop and release a Request for Proposals (RFP). Agencies or collaboratives interested in receiving funds to implement requested activities must develop and submit a written proposal in response to the RFP. The agency or collaborative to implement the Pre to Three Pilot Project will be selected based on the proposals submitted in response to the RFP document.</p>	
Proposal Due Date:	Information will be available at the SOI Conference. Attendance is mandatory.

For further information, please contact Derik Aoki at 415.557.9912.

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Program Strategies and Activities

The Prenatal to Three Initiative Pilot seeks to support optimal child social/emotional, physical and cognitive development and maternal health by providing services and supports delivered in obstetric and pediatric clinics and community environments, especially family resource centers and participants' homes. The pilot is designed to test the viability of partnership and collaboration between medical clinics and other community resources that serve pregnant women, their partners and families with young children. The program services will include preventive prenatal and post natal medical services provided in small groups, home based developmental and parental screening and support, links to needed/requested services - including family resource centers - and opportunities for ongoing peer support among families with similarly aged children, so that families can learn together and share common experience regarding their children of similar age.

The program design includes recruitment of mothers of similarly aged children or expected birthdates at clinical settings. These mothers and their partners will begin to receive clinical assessment and guidance with their physician in a group with other parents. Further, mothers who participate will receive home visits where developmental and health/mental health screening and additional support will be provided. Families will be linked to family resource centers and encouraged to participate in all program activities. The program will be designed to continue to support families through their child's third year.

In support of implementation of this project design, the agency or collaborative will be required to implement the following activities.

Outreach

The services of the Prenatal to Three Initiative Pilot are intended to include families who may not currently be connected to services. The funded partner is expected to develop outreach and recruitment strategies that will target expectant and new mothers and families with children up to two years of age. Strategies should be in place to support recruitment of families on an ongoing basis and may include partnerships with medical clinics, government supported subsidy programs (eg., Medi-Cal, WIC) and family resource centers. The program model suggests that program participants receive medical care from the same medical clinic.

Group Medical Appointments for Prenatal Obstetric and Preventive and Well-child Visits

The Prenatal to Three Initiative Pilot will implement group well baby/well child medical appointments for program participants. Parents often feel they do not have enough time with their doctor during appointments and physicians sometimes feel pressured to move quickly from patient to patient to keep up with the demands of their practice. Group

appointment settings have been implemented to address these issues and allow for extended discussion between physicians and their patients. Parents find that they can learn from the questions and experiences of other families that are experiencing similar circumstances. The approach will allow time for individual private physical examinations and follow-up appointments.

In addition to the extended time mothers have with their physician, a primary benefit of the approach is the building of a group of mothers who are connected by their common experience – in this case, the birth of a child and/or the rewards and challenges of raising a child of a specific age. The issues raised by the mothers should be addressed in the programming created in the other components of the pilot program. Group appointments should be based on evidenced based practice such as Centering Pregnancy and Centering Parenting.

Home Based Screening, Assessment and Parent Education

The program plan should include both individual home based interventions and place based group activities. Home based services offer a unique opportunity for staff to learn about individual families, the environment in which children are being raised and observe parent-child interactions in their natural setting. Some families, who may not access services in other locations, may accept services at their home. Home based services should include:

- Child physical, developmental and mental health screening
- Links to health and mental health services
- Screening for maternal depression and parental stress
- Parenting skill development and support
- Dissemination of information on community resources and activities – family resource centers, libraries, Preschool for All, basic needs assistance, medical/dental homes, etc.

A plan of action should be developed for each family based on screenings and families' requests. The staff and agency(s) responsible should have experience and capacity to make referrals following screening for appropriate follow-up. The model should include a system of support to ensure service linkages are made and tracked.

The home visit, partially through discussion of screening activities, is an opportunity to provide parent education and skill building. The home visitor should be knowledgeable of child development principles and possess expertise in engaging parents regarding their children. Home visiting activities should be based on an evidence based practice. Home visiting should be performed by professional staff, who may be partnered with paraprofessionals.

Linkage to services and Communities of Support – Place Based Services

The program will include active linkages of families to the service offerings of family resource centers. Family resource centers are funded to provide community building activities for families with young children, peer support, parent education and linkage to resources to meet an individual family's needs, including public benefits, establishment of a medical and dental home, and linkages to child care (including Preschool for All).

The funded partner should ensure program participants have access to family resource centers. Partner are encouraged to cross-leverage existing family support funding from First 5 San Francisco to meet this program objective.

Retention

The unique and powerful characteristic of the Prenatal to Three Initiative Pilot is the proposed long term involvement a family would have with the program – up to three years. Programs should develop strategies to ensure families remain engaged and motivated to participate in the offered programming over the course of this time period.

Coordination

Agency and collaborative partners participating in the Prenatal to Three Pilot Program are required to develop systems to share program participant information and to coordinate efforts in serving program participants, to manage and share program participant information, screening results, participant program plans, participant's status relative to the program plan and other information and processes to facilitate services to program participants

The service delivery model must be based on the Principles of Family Support. Family support is relationship-based; participants are respected; services are offered in participants' primary language; relationships between participants and service providers are equal.

It is expected that the Prenatal to Three Initiative Pilot will leverage existing resources and programs.

Its is expected the impact of the services and activities funded through the Prenatal to Three Initiative Pilot will be assessed through process, quality and outcome based evaluation measurement.