

# Black Infant Health

Request for Supplemental Information  
Bidders Call  
March 4, 2015



# Focus and Limitations of the Call

- Focus

- To provide a brief overview of major changes to BIH
- To answer submitted questions about the RSI

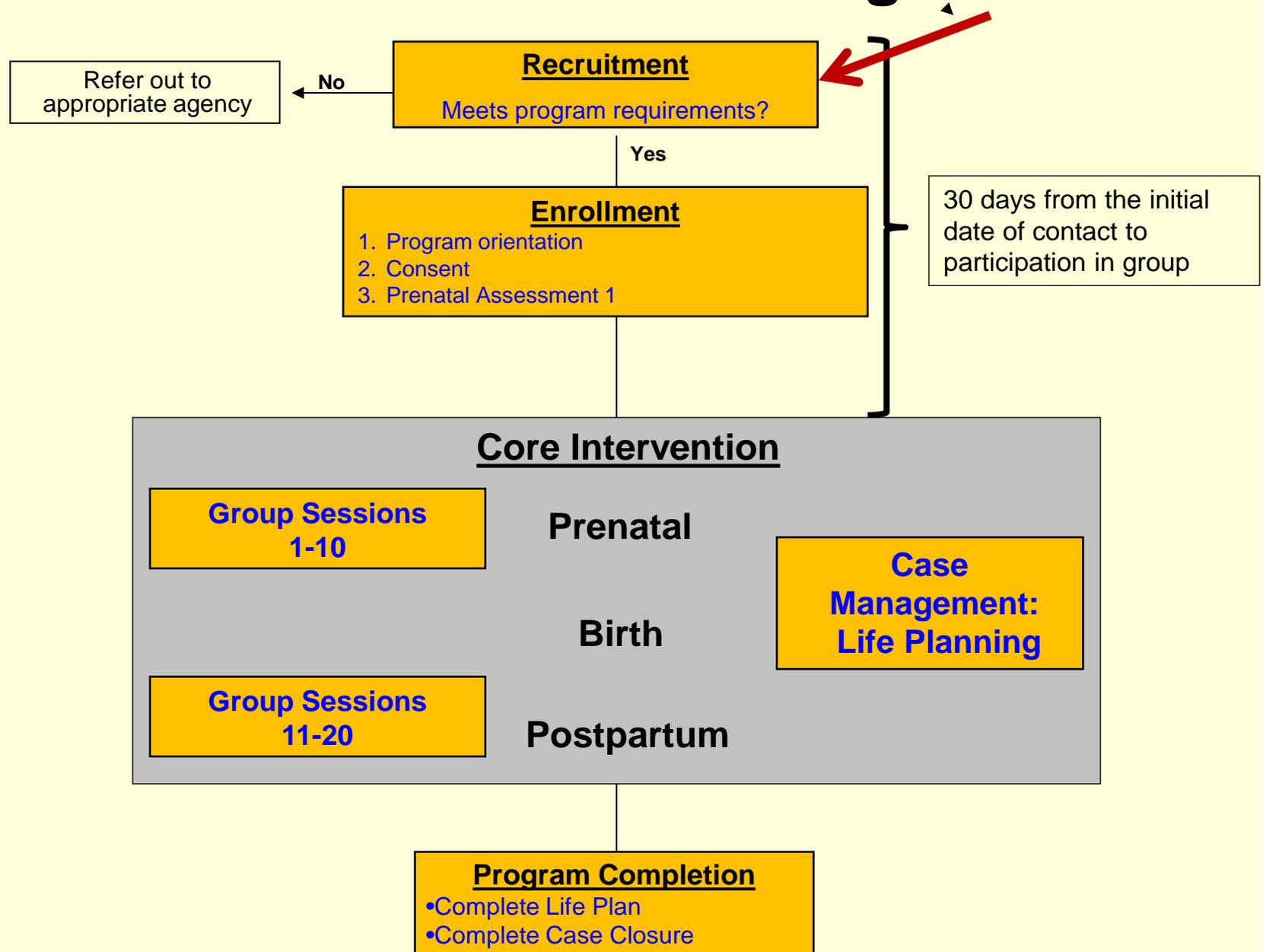
- Limitations

- Answers to all questions will be posted on the MCAH-BIH Website by COB, March 4
- Questions will not be answered as submitted, rather a synthesized version will be answered
- Non-RSI related questions will not be answered but will be posted
- Any additional questions can be submitted on WebEx and these responses will be posted by COB, Friday, March 6

# RSI Overview

- Collaborative, non-competitive, data-driven process to guide resource allocation
- Funding is based on a minimum of 500 African-American births/year (minimum number of women needed to do the intervention adequately)
- Provides more structure for accountability
  - Supports transparency and equity in the distribution of funds
  - Ensures adequate staffing
  - Requires sites to implement standardized protocol to ensure model fidelity
- Applications are due March 13, 2015

# Black Infant Health Program



# Recruitment

- Effective recruitment with a strategic plan is essential for the success of BIH
- Community Outreach Liaison needs to be able to
  - Effectively

## **FACT:**

Based on a 3 year average of AA births, there are ~ 45-250 AA births/MONTH in RSI eligible LHJs

optimize outcome

# Recruitment

## ● Eligibility

- Self-Identified African-American woman
- 18 years of age or older at the time of enrollment
- 26 weeks or less gestation
- Resides in the target area of the LHJ

## ● Target areas of recruitment activities

1. Medical and social service providers
2. Word of mouth/self referral
3. Health fairs/local community events
4. Community Advisory Board Meetings/Networking Meetings

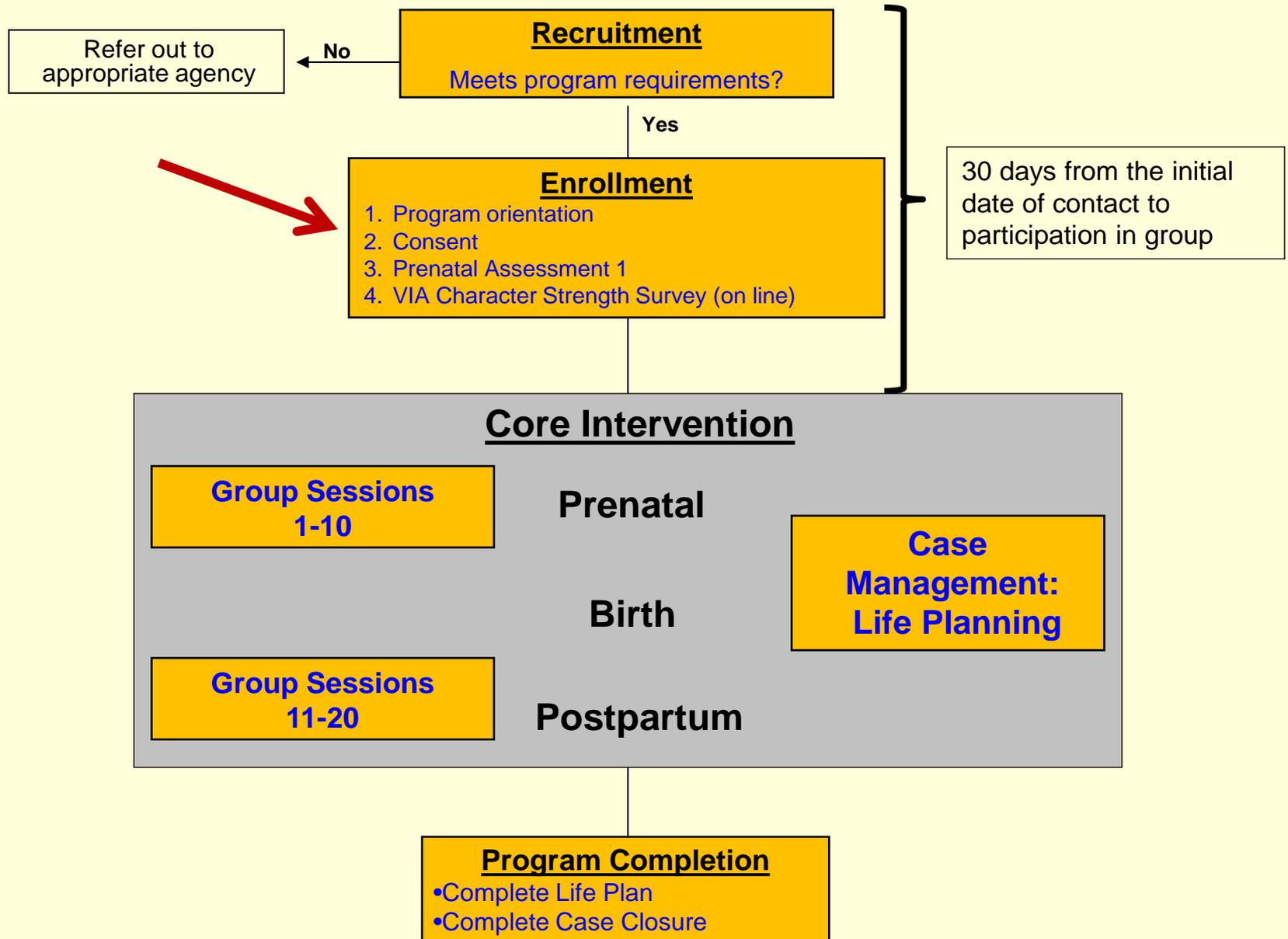
# Participants Served

Table 2: Number of Women to be Served			
Tier (See Table 1)	Minimum # of prenatal group series	#women/group	# women served
1	8	8	64
		10	80
		12	96
2	10	8	96
	12	10	100
		12	144
3	16	8	128
		10	160
		12	192
4	24	8	192
		10	224
		12	288
5	30	8	240
		10	300
		12	360

# *Recruitment* Questions

- Is the number of pregnant AA women served annually by the provider/agency in Table for Part A Q1 an estimate?
- Is the anticipated number of referrals in Table for Part A Q1 to BIH based on past referrals received from the provider/agency?
- Current data has shown that sites have not met enrollment goals what is the methodology for the outcome numbers?
- Can recruitment efforts be targeted to only a portion of the LHJ versus all areas of the map and does it need to be done by census tract?
- Can additional data sources (e.g. poverty) be utilized by local programs
- What are the ramification of a site not meeting the program requirements?

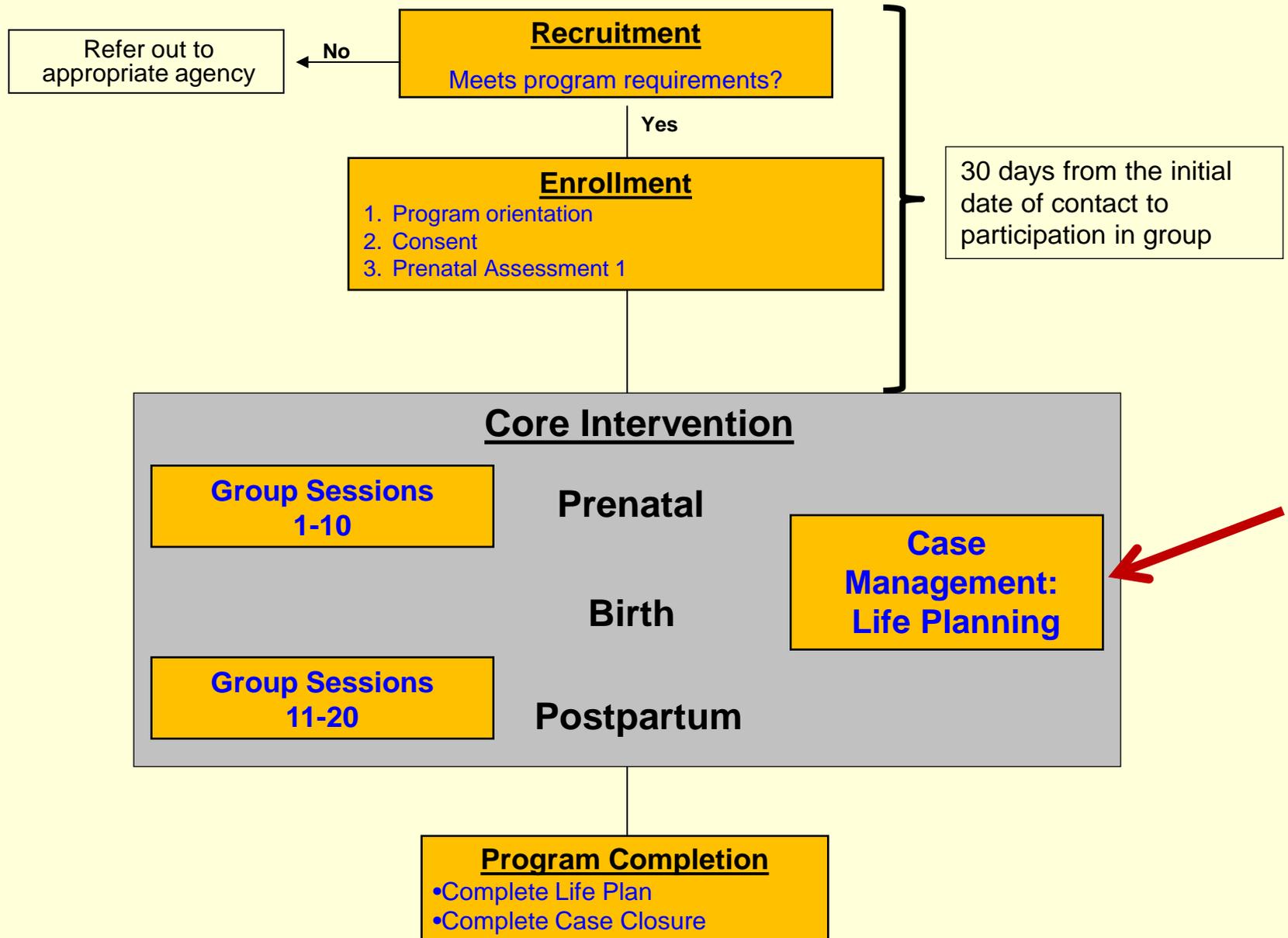
# Black Infant Health Program



# Enrollment

- Conducted in a standardized manner by Mental Health Worker
- Consist of a four part interaction
  1. Orientation (conducted individually or in a group)
  2. Consent
  3. Initial Assessment
  4. VIA Character Strengths Survey (on-line)
- Introduced to FHA

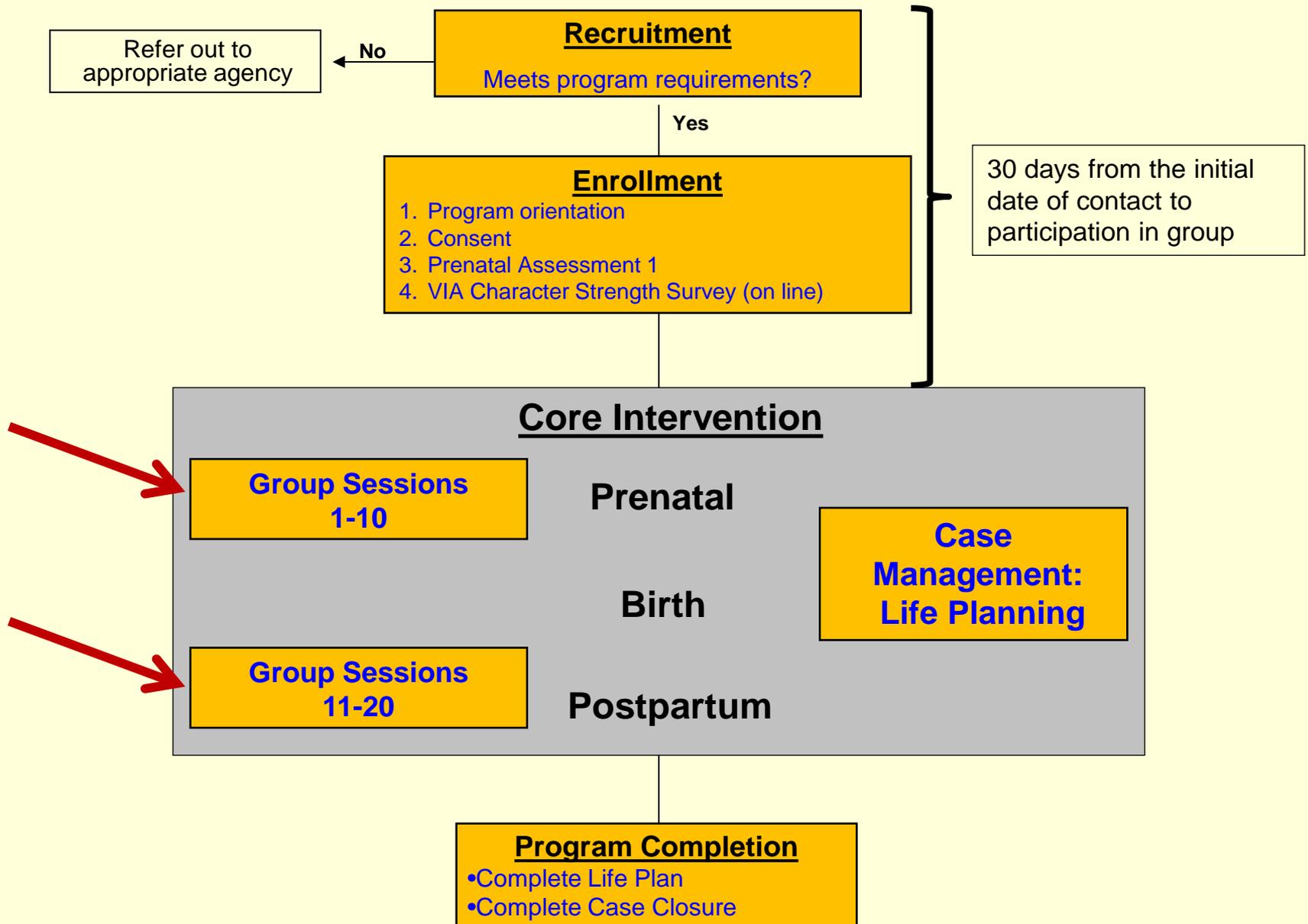
# Black Infant Health Program



# Case Management: Life Planning

- Grounded in Positive Psychology with strengths and goals linked to group session
- Based on a “Coaching” paradigm
- Life Planning process
  - Session 1: Visioning
  - Session 2: Creates goals related to finances, relationship and health
  - On-going sessions focus on Life Planning
- Requires strong coordination between FHA and Group Facilitator

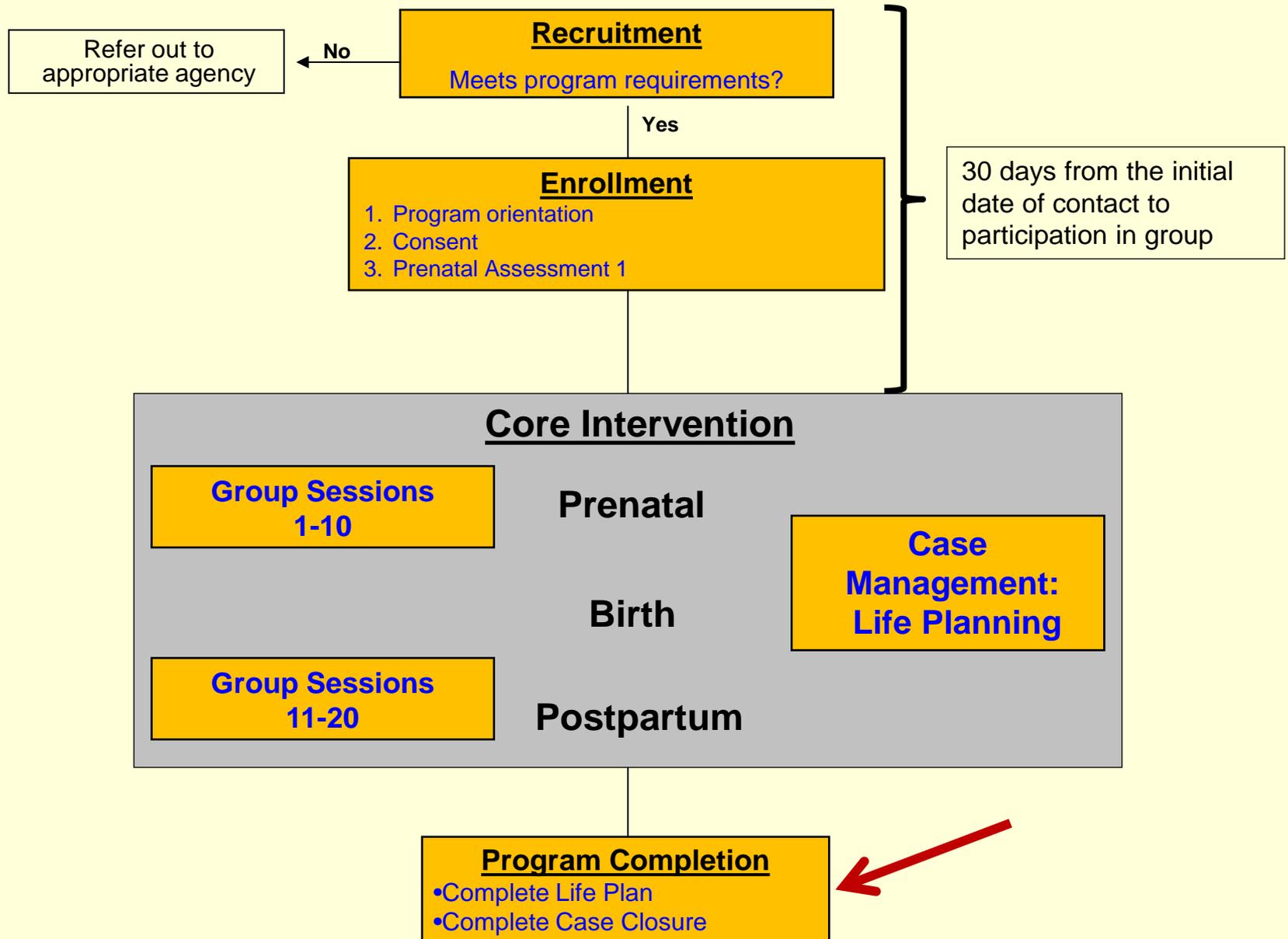
# Black Infant Health Program



# Group

- Key to the intervention
  - Creates social support
  - Fosters empowerment
  - Teaches stress reduction
- Number of participants: **Range from 8-12 women/group**

# Black Infant Health Program



# Case Closure

- Participants continue in BIH for **up to 60 days after last postpartum group which is when the infant is between 6 and 12 months old, based on when the participant begins the postpartum group.**
  - Refine Life Plan related to short and/or long term goals as necessary
  - Transition to additional services as necessary
- Reasons for closure:
  - Completed BIH
  - Moved
  - Voluntary exited
  - Unable to locate/unresponsive
  - No group participation

# Key Staff Activities

## Mental Health Worker

- Conducts standardized enrollment
- Conducts case conferencing
- Participates in group sessions where mental health issues may arise
- Provide staff consultation related to mental health issues

## PHN (Optional)

- Conducts 1:1 client intervention
  - Birth plan
  - EPDS
  - Baby readiness
  - Safety checklist
  - Birth Information form
- Participates in case conferencing
- Participates in group sessions where medical issues may arise
- Provide staff consultation related to medical issues

# *Staffing* Questions

- If program has additional funding can program increase the number of FHA/Facilitator positions?
- Can there be blended positions (e.g. FHAs/Group Facilitators)?
- Can the data entry staff person also serve in the administrative capacity increasing the position to 1.0 FTE?
- If the Family Health Advocate enters their own data, can the BIH site remove the data entry position?
- Will staff be able to be “grandfathered” into their positions if they do not meet minimal requirements?
- Can local job classifications be used to fill positions or do new civil service positions need to be developed?
- If there are subcontractors, does the County BIH Coordinator need to be included in the budget?
- What additional staffing information is needed in question 6?

# Important Dates

- Part A due by March 13
- RSI individual review calls: March - April
- Version 2 Orientation Training: June 23-26 (Sacramento)
  - Mental Health Worker/Coordinators: June 23
  - All Staff: June 24-25
  - Community Outreach Liaison/Coordinators: June 26
- ETO Training: TBD
- Curriculum Review webinars: TBD
- New staff training: Fall 2015

# BIH Program Contacts

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