



## DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled "Instructions for Non-Competitive Procurement Application" for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

<b>Department</b>	<b>Originator Name</b>	<b>Telephone</b>	<b>Date</b>	<b>Signature of Application Author</b>
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Contract Liaison	Email Contract Liaison	Telephone		
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**List Name of NCRB Attendees/Department**

Jennifer Vidis, CDPH	Mary Emmanuel, CDPH
Madeline Shea, CDPH	John Pfeiffer, CDPH
Jessica Wilkerson, CDPH	Maribel Valdez, CDPH

Request NCRB review be conducted for the product(s) and/or service(s) described herein.

**Company: Family Connects International**

**Contact Person:** Amy Mansperger  
**Phone:** 571-241-0425  
**Email:** amy@familyconnects.org

**Project Description:** Comprehensive training and technical assistance for citywide scaling of Family Connects program model implementation across Chicago birthing hospitals and certification of CDPH as Family Connects providers

This is a request for:

New Contract

Amendment / Modification

**Contract Type**

Blanket Agreement Term: \_\_\_\_\_ # of mo)  
 Standard Agreement

Type of Modification

Time Extension       Vendor Limit Increase       Scope Change

Contract Number: 199299

Specification Number: 1208557

Modification Number: 2

<p><b>Department Request Approval</b></p> <p style="text-align: center;"></p> <p>DEPARTMENT HEAD OR DESIGNEE</p> <p>PRINT NAME: Allison Arwidy</p> <p style="text-align: right;">DATE: 8/24/22</p>	<p><b>Recommended Approval</b></p> <p style="text-align: center;"></p> <p>BOARD CHAIRPERSON</p> <p>PRINT NAME: STEVEN M. LOBODA</p> <p style="text-align: right;">DATE: 10/14/2022</p>
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(FOR NCRB USE ONLY)

Recommend Approval/Date: \_\_\_\_\_

Return to Department/Date: \_\_\_\_\_

Rejected/Date: \_\_\_\_\_

Approved       Rejected

CHIEF PROCUREMENT OFFICER

DATE: 10/17/2022



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JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" in this application.

**Justification for Non-Competitive Procurement Worksheet**

**PROCUREMENT HISTORY**

1. Describe the requirement and how it evolved from initial planning to its present status.

The requirement is for continued training, technical assistance, implementation support, data management, and certification support to provide the evidence-based, universal nurse home visiting model, Family Connects to families with newborns in Chicago. These services are currently provided by Family Connects International (FCI) under contract number 199289.

Initial Planning: There is consensus across the maternal and child health sector that Chicago's current system of prenatal and perinatal supports has many strengths but is large and complex. It lacks coordination, leaving many mothers, babies, and families without the support they need at critical times in their lives and development. In Spring of 2018, CDPH embarked on a research and planning process to address these limitations while continuing to meet funder expectations that maternal child health outcomes be addressed at a population level. The process included a range of stakeholder engagement and research activities that led to the identification of need for an evidence-based, universal home visiting program in Chicago. Stakeholder engagement occurred through several activities. A series of key informant interviews and round tables, involving 161 stakeholders were hosted to better understand the perspectives of providers, healthcare systems, managed care organizations, local government and other experts as they relate to addressing maternal and child health. In addition, a task force of the Chicago Early Learning Executive Committee (CELEC) was formed. It includes 33 stakeholders to interpret and translate research findings into a blueprint for implementation of an evidence-based intervention to improve the support system for families with newborns. The CELEC task force identified a need for a universal perinatal referral system to connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. The goals of such a system are to: 1) Identify and prioritize family needs by screening mothers and newborns for health, safety, and family well-being; 2) Respond immediately to identified needs by providing brief interventions, education, and support; 2) Respond with longer term solutions via appropriate referrals to formal and informal services; 3) Improve agency coordination to ensure a seamless experience for participants using follow-up services; and 4) Identify gaps in service delivery in order to improve resource allocation and inform policy.

CDPH also conducted a comprehensive review of existing perinatal service landscape to better understand the current family support systems in Chicago, identify issues and opportunities to improve coordination, and examine efficiency and effectiveness for families. In addition, several evidence-based perinatal support and home visiting models were reviewed as potential service options to address current system limitations. This process included an initial landscape analysis of Chicago's perinatal support system completed by the Public Health Institute of Metropolitan Chicago in early 2018. CDPH built on that analysis by working with the Mayor's Chief of Early Learning and EverThrive Illinois (a lead advocacy group in Illinois that works to improve the health of women, children, and families) to conduct research and engage an array of stakeholders in the health, early childhood, and human services sectors about the landscape of supports for families with newborns in Chicago and how it could be improved. In addition, EverThrive Illinois conducted a gap analysis that showed Chicago's existing perinatal services are mismatched to Chicago's needs. Most perinatal support programs currently operating in the city fall under three categories: the Illinois Department of Human Services' (IDHS) Family Case Management, IDHS' Better Babies Outcomes, and Parents as Teachers. None of these are provided universally and none sufficiently address all three of CDPH's key goals of (1) reducing adverse maternal and child health outcomes, (2) increasing the reach/impact of current home visiting services, and (3) increasing the connection to referred services. Delivery of an evidence-based model is important to ensure a cost-effective service delivery for Chicago families by using a program that has already been proven via rigorous research to deliver key outcomes to families. The delivery of an evidence-based model is also essential to qualify for financial support.



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After careful review of evidence-based perinatal support home visiting programs, CDPH and its partners concluded that the Family Connects model is best suited to meet Chicago's unique needs. Family Connects is a universal model that aims to reach all families in a community, improving health outcomes at the population level, which supports CDPH's overarching maternal and child health goals for a home visiting program. The service model provides a relatively inexpensive, short-term intervention that has positive impacts on maternal and infant health. It also leverages the role and resources of CDPH and builds the capacity of staff to be able to train and support hospitals, once CDPH is certified as a Family Connects provider. Finally, Family Connects has a robust community alignment function that engages the community in a structured feedback process to promote the development of a coordinated system of supports. The community alignment aspect fulfills CDPH's requirement to better coordinate existing resources and services citywide so that families welcoming newborns have greater access to needed care.

Family Connects International is the only provider of the training, technical assistance, implementation support, data management, and certification support needed for CDPH and its partners to provide the Family Connects program to Chicago residents. As such, a sole source contract was awarded in July 2021. FCI is currently providing these services in accordance with the scope of work and has supported CDPH to successfully pilot the program in four birthing hospitals. CDPH is now working to scale the program citywide and must prepare, train, and support all 15 birthing hospitals in Chicago to provide Family Connects. An updated scope of work and additional funding must be approved in order to complete this work by the end of 2025.

2. Is this a first-time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.

This request is for a continuation of current procurement from the same source. The necessity for a non-competitive procurement of Family Connects International's services began with the identification of need for an evidence-based, universal home visiting program. There is consensus across the maternal and child health sector that Chicago's current system of prenatal and perinatal supports has many strengths but is large and complex. It lacks coordination, leaving many mothers, babies, and families without the support they need at critical times in their lives and development. As noted, in Spring of 2018, CDPH embarked on a research and planning process to address these limitations while continuing to meet funder expectations that maternal child health outcomes be addressed at a population level. The process included a range of stakeholder engagement and research activities. As a result, a task force articulated the need for a universal perinatal referral system to connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a careful review of evidence-based perinatal support home visiting programs, CDPH and its partners concluded that the Family Connects model, developed by Family Connects International, was best suited to meet Chicago's unique needs. CDPH subsequently sought a non-competitive procurement for training, technical assistance, data management, and certification services with FCI, which is the sole trainer, technical assistance provider, certification entity, and proprietor of Family Connects database licenses. In September of 2020, the DPS Non-Compete Review Board (NCRB) approved award of the contract with a scope of work that goes through December 2022. Since contract execution, FCI has continued to perform services according to the current scope of work and has supported CDPH in launching the Family Connects program.

On July 28, 2022, the contract was approved by the Chief Procurement Officer to be reassigned to FCI from its initial awardee, the Center for Child and Family Health (CCFH) (see attached agreement). CCFH is a 501(c)3 organization connected with Duke University under which FCI was initially housed as a program. In late Summer 2021, an agreement was made between Duke and CCFH to spin the FCI program off into its own nonprofit entity. Creating the nonprofit was considered necessary by key stakeholders, including Duke, CCFH, and several FCI funders, to ensure FCI had the ability to scale the program most effectively. CCFH's organizational structure is complex and research-focused. As a program operating under CCFH, FCI continued to expand and focus specifically on providing implementation support to partner communities that are launching the Family Connects program. With continued growth, FCI experienced limitations to accessing the resources needed to support this work. CCFH and FCI identified the increasing need for FCI to have greater autonomy and flexibility in the areas of organizational mission setting and business operations, including contracting, hiring, fundraising and other operational imperatives. For example, creating robust grants and integrated financial reports was incredibly difficult when the program was spread across multiple entities. The structure also had dual leadership positions, causing confusion as to who ultimately was accountable for the work of the organization. In response to these issues, CCFH and FCI agreed to formalize the establishment of FCI as a standalone organization. FCI incorporated on October 21, 2021 and received nonprofit

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status from the IRS on February 23, 2022 (EIN: 87-3953143). In early July 2022, Duke and CCFH signed agreements with FCI to provide the nonprofit entity the necessary autonomy to independently implement the FC program. This process included several activities. The program model founders provided the nonprofit an exclusive, worldwide, perpetual, and royalty-free license to use the Family Connects Manual and Duke granted FCI a royalty-free and worldwide right to use all other Program materials, including digital, media, and photographic material, necessary for program implementation. Duke also transferred the familyconnects.org domain name and website and similar domain names to the nonprofit as well as all relevant trademarks. Duke and CCFH agreed to transfer existing gifts and grants related to the Family Connects program to the nonprofit entity, pending approval from grantors. Duke and CCFH also agreed to assign, grant, convey and transfer to FCI their rights, title and interest in and to contracts related to the FCI program, pending approval from relevant third parties. Duke and CCFH agreed to transfer all purchased computers and other electronic equipment to FCI. Family Connects staff from Duke and CCFH accepted new positions within the nonprofit entity. Finally, FCI established an independent board of 11 directors to govern the nonprofit with a dedicated Chair, Vice Chair, Secretary and Treasurer.

FCI's current scope of work covers July 1, 2021 through December 31, 2022. In accordance with the scope, FCI provides support for the planning and launch of the Family Connects Chicago pilot, including delivering training and technical assistance support to CDPH and four pilot hospital partners, assisting with the establishment of a community alignment system, and providing access to and support around the data system. This work also includes providing assessment of local hospital readiness as well as planning and support for subsequent citywide scaling. These activities have resulted in CDPH successfully launching Family Connects in the four hospitals participating in the initial pilot. Through the end of 2022, FCI will continue delivering training and technical assistance to CDPH and the four pilot hospital partners around implementation of and certification in the Family Connects model, providing licenses to the data system, conducting site visits, and finalizing the plan for citywide scaling of the pilot.

With this application, CDPH requests to exercise an extension of the current contract with an updated scope of work to cover the period of January 1, 2023 - December 31, 2025. The primary distinction between the current scope and the subsequent scope is the scale of services provided. The updated scope of FCI services will continue the support necessary for CDPH to fully implement Family Connects citywide. This includes carrying forward the assessment and preparatory work necessary for citywide scaling, including the training, implementation support, and certification of all 15 Chicago birthing hospitals as partners of Family Connects Chicago. FCI will provide the following services to CDPH and its partners over the next three years:

**Community Preparation & Implementation Planning Support:** Organizational structure & program staffing; FCI data system licensing and training; Community alignment support; Initial and ongoing training and education for clinical staff; Quality assurance activities; and Policy support to promote and sustain Family Connects.

**Certification:** Facilitation of certification application; Site visit and observation for certification; Technical assistance to address certification challenges

3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).

Not applicable - No attempts have been made to competitively bid the requirement. In June 2019, CDPH consulted DPS on whether an RFP for professional services was a viable option but this was ruled out due to the proprietary, trademarked nature of the Family Connects program model. CDPH has confirmed that no entity other than Family Connects International has the ability or authority to provide the necessary program planning, technical assistance, and tailored data management system to result in certification in the Family Connects model. A description of sources contacted is provided in #4 below.

4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.

Identification of other possible sources for the type of program model that necessitates the services provided by FCI began more than four years ago. CDPH and several partners conducted extensive research and community engagement to determine the optimal intervention for improving coordinated, comprehensive access to maternal and infant care in the city. The Public Health Institute of Metropolitan Chicago's initial landscape analysis of Chicago's perinatal support system prompted CDPH, the Mayor's Office, and EverThrive Illinois to conduct further research and engagement of stakeholders in Chicago. This research was conducted with the support of consulting group Aim & Arrow, which interviewed expert stakeholders to gain understanding of Chicago's available perinatal support



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resources and to learn about other home visiting and coordinated referral system models. Expert stakeholders interviewed included: CDPH, City of Chicago Mayor's Office, Chicago Public Libraries, Chicago Public Schools, Illinois Governor's Office of Early Childhood Development, Start Early, Erickson Institute, Cook County Health and Hospital System, Mount Sinai Hospital, Rush University Medical Center, Advocate Trinity Hospital, Access Community Health Network, Erie Family Health Center, Lawndale Christian Health Center, Near North Health Service Corp, County Care, Alliance Chicago, Sinai Community Institute, University of Chicago Harris School of Public Policy, University of Chicago Chapin Hall, Northwestern Feinberg School of Medicine, UIC School of Public Health, UIC Division of Specialized Care for Children, SGA Youth and Family Services, Health Connect One, Community Alternatives Unlimited, El Hogar del Nino, Christopher House, Carole Robertson Center for Learning, and Gads Hill Center.

To identify an evidenced-based home visiting model that incorporates coordinated referrals to services and supports as well as having documented positive impacts on maternal and child health, CDPH reviewed research done by the Department of Health and Human Services (HHS) Home Visiting Evidence of Effectiveness (HomVEE) project. HomVEE conducted a review of the home visiting literature to assess the effectiveness of home visiting models that serve families with pregnant women and children from birth through kindergarten (see [https://homvee.acf.hhs.gov/homvee\\_executive\\_summary.pdf](https://homvee.acf.hhs.gov/homvee_executive_summary.pdf)). HomVEE reviewed 46 existing home visiting models and found that 18 models meet HHS's criteria for effectiveness. CDPH reviewed the 18 models, focusing on those with evidence showing a positive impact on linkages/referrals, maternal health, and child health; utilization of nurses as home visitors, as CDPH has prioritized home health assessments as being vital to its goal of reducing maternal and infant morbidity and mortality in Chicago; and whether the model is universal. Family Connects was the only evidence-based model found to meet these criteria (see attached Review of HHS HomVEE Evidence-Based Home Visiting Models).

The resultant directive from this work was that CDPH should work with its partners to move ahead with a multi-faceted approach to systems change with a pilot of the Family Connects model. As noted, FCI is the only organization that provides training, technical assistance, implementation support, data management support, and certification for the evidence-based Family Connects program model.

**ESTIMATED COST**

What is the estimated cost for this requirement? What is the funding source?

The cost for the 2023-2025 scope of work with Family Connects International is estimated at \$342,580 per year (\$1,027,740 total). CDPH has secured funding source to cover the full cost of this work through its Family Connects appropriation of American Rescue Plan Act (ARPA) State & Local Fiscal Recovery Funds (FRF). In April 2022, as part of the Chicago Recovery Plan (attached Plan - see pg. 31 & Funding Documentation Form), the Office of Budget and Management (OBM) approved CDPH's scaling of the Family Connects Chicago program to receive a \$25M appropriation from the City's federal allocation of ARPA FRF funds from the U.S. Department of Treasury. These funds must be obligated by 12/31/24 and expended by 12/31/2026.

2. What is the estimated cost by fiscal year?

Year 1 - 1/1/2023 to 12/31/2023: \$342,580

Year 2 - 1/1/2024 to 12/31/2024: \$342,580

Year 3 - 1/1/2025 to 12/31/2025: \$342,580

3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog/cost proposal from firms solicited, in-house estimate, etc.)

The cost estimate for this procurement was based on a price quotation provided by Family Connects International. The quotation was developed by FCI according to the cost of the current contract, which was based on providing similar services to existing Family Connects sites of similar size and birth population numbers around the United States. FCI's pricing structure for CDPH's contract accounts for the phases of work specific to scaling Family Connects from planning, assessment, and preparation to training to installation and implementation to post-certification, ongoing maintenance of the model.

There is potential for some fluctuation in cost year-to-year as attested to in the attached pricing flexibility letter from FCI. This is due to the cost of licenses for the Family Connects data system for hospital partners being estimated in

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the price quotation. The number of needed licenses may change.

4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.

No organization may use the evidence-based Family Connects model and proprietary programmatic tools and data management system without the training and certification provided through FCI's process. The City would have to invest in creating its own universal nurse home visiting and coordinated perinatal referral system model without already proven efficacy. The City need not duplicate this effort when an evidence-based model is immediately available at a reasonable cost. The Family Connects model was developed over a 10-year period by Duke University at a cost of more than \$5M for program design, development, and evaluation. An additional \$1M was invested in the development of the cloud-based client database that supports the program. As such, the City is saving the cost of designing, implementing, and evaluating a new program model and developing a comprehensive data system to support it. In addition, FCI provides access to sample marketing materials, family educational materials, assessment guidelines, and forms, saving the cost and time associated with developing these materials.

Furthermore, the benefits to prenatal, birthing, and postnatal families when a community implements Family Connects are well-documented. As health and wellness outcomes improve, communities are also more likely to see cost savings resulting from reduced utilization of emergency health care and lower rates of engagement with the child welfare system. FCI currently has more than 40 FCI community partnerships in 18 states. When Family Connects is implemented with high quality, research demonstrates that families are stronger, children's lives are enhanced, and communities save money.

5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

No negotiation of price has been deemed necessary. The price of these services is based on a portion of FCI's costs for personnel, materials, travel, and database license fees.

The estimated cost is deemed to be reasonable as FCI has developed a standard pricing structure that is based on the number of births and a percentage of the total program budget for Family Connects in partner communities. The price quotation was created using the pricing applicable to Chicago's birth population numbers. As such, the pricing quotation developed by FCI is comparable to the cost for providing these services to communities of similar size and scope to Chicago.

**SCHEDULE REQUIREMENTS**

1. Explain how the schedule was developed and at what point the specific dates were known.

The schedule was developed in consultation with Family Connects International following the Family Connects certification and evaluation protocol. It also considers the amount of time to onboard all 15 birthing hospitals in Chicago. The schedule outlined below is critical to the project's access to funding, which must be expended by December 31, 2026. As the full process from planning to certification can take up to 21 months, all partner hospitals must be on board for training by FCI by the middle of 2023 to fully implement the model by 2026.

2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? Not applicable.

3. Outline the required schedule by delivery or completion dates and why the schedule is critical.

The schedule for continuation of the FCI's contract is paramount to achieving the goal of scaling Family Connects citywide. A summary schedule for the continuation of professional services is outlined below:

1/1/2023 to 12/31/2023: Continue implementation and certification support for CDPH and three initial pilot hospitals; implement citywide scaling plan and onboard additional hospitals, including providing training and clinical alignment support, database licenses and data management support, and quality assurance; continue support around community alignment; and support development of policy and advocacy approach.

1/1/2024 to 12/31/2024: Continue implementation and certification support for CDPH and partner hospitals; continue implementation of citywide scaling plan and onboard remaining hospitals, including providing training and clinical alignment support, database licenses and data management support, and quality assurance; continue support around



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community alignment; and provide support around policy and advocacy efforts.

1/1/2025 to 12/31/2025: Continue implementation and certification support for CDPH and partner hospitals, supporting all partners to certification, providing database licenses and data management support, and conducting ongoing quality assurance; continue community alignment support; and continue support around policy and advocacy to ultimately identify sources of program sustainability.

This schedule is critical to ensure timely, comprehensive, and effective delivery of maternal and infant support to Chicago's families following Family Connects' evidence-based model. It allows for timely initial certification and ensures ongoing quality assurance and model fidelity. Furthermore, CDPH is funding the scaling phase of Family Connects Chicago (2023 – 2025) through an allocation of State and Local Fiscal Recovery Funds from the American Rescue Plan Act designated by the City specifically for this purpose. This funding must be fully obligated by December 31, 2024 and expended by December 31, 2026. As FCI is the sole entity qualified to certify organizations as providers of the Family Connects model, FCI's services are integral to the success of project and are required from January 1, 2023 through December 31, 2025.

4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

Competitive bidding is not an option. FCI is the sole source for certification in the evidence-based model, license to use the customized data system, and associated programmatic tools and supports. If required, competitive bidding would delay CDPH's ability to scale the Family Connects program citywide. This would not only delay delivery of services to families but would also result in a significant delay in obligation of federally-appropriated funds designated to support the program. The funding has been approved by the Office of Budget and Management explicitly for use to scale Family Connects Chicago and are time-limited. Administering a competitive bidding process would significantly lengthen the program's schedule and limit CDPH's ability to obligate program-related costs in a timely manner. Ultimately, this is likely to jeopardize the program's access to its main source of funding.

**EXCLUSIVE OR UNIQUE CAPABILITY**

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Not Applicable.

2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?

Family Connects International is a non-profit 501(c)3 organization that was originally founded as a program within the Center for Child and Family Health in collaboration with Duke University's Center for Child and Family Policy (CCFP)-- a leader in child development and wellness and the family unit. FCI's leadership team have more than a decade of experience with implementing the Family Connects model in partnership with communities across the country.

Dr. Sherika Hill, PhD, FCI Executive Director: Dr. Hill has spent the past 12 years as a scholar and researcher in the infant and maternal health and global pharmaceutical fields. In 2019, Dr. Hill rose to the rank of faculty at Duke in 2019 as a clinical epidemiologist with expertise in child mental health outcomes and policy. Her investigative efforts have focused on measuring and achieving population-level impacts for optimal child development, especially for marginalized communities. Dr. Hill brings a community-focused approach to driving systems change informed by experience in maternal-child health, public policy, and healthcare administration.

Debra Best, MD, FCI Medical Director: Debi Best is a pediatrician, practicing at Duke Health, and medical director for both FCI and Family Connects Durham. She oversees Family Connects clinical protocols and directs training and implementation for the model across the U.S. Debi represents FCI with the larger medical community, championing the needs of newborns and their families.

Kimberly Friedman, JD, FCI Managing Director, External Operations: Kimberly Friedman came to the Center for Child and Family Policy and FCI in 2018. As policy engagement and analysis director, Kimberly serves as a model expert and consultant for public stakeholders as they are exploring development of early childhood systems at the local and state levels. She monitors relevant federal and state policy, provides guidance on public/private funding options and explores opportunities to engage with the insurance/managed care industry. Both in her experience as an attorney and as a business development officer for a nonprofit organization, Kimberly's career has focused on early childhood.

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Amy Mansperger, FCI President: Amy oversees all financial and administrative aspects of the program, liaising with colleagues at both Duke and Center for Child & Family Health to bring cohesion and clarity to organizational operations. Prior to joining FCI, Amy worked on foreign policy and trade-related issues in the federal government.

FCI has intellectual property rights to the evidence-based Family Connects program model. The lead developers of the Family Connects model, Dr. Kenneth Dodge and Dr. Robert Murphy, hold leadership positions with the Center for Child and Family Health and CCFP. Both Dr. Dodge and Dr. Murphy are known to be predominant scholars in their field. They are both current members of the FCI's Board of Directors.

3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?

The FCI team has over a decade of experience implementing the Family Connects model, tailoring the approach, quality assurance, and policy support to local communities. As discussed above, FCI began as a program within the Center for Child and Family Health. FCI's team first implemented the model with the Durham Connects program and currently has more than 40 FCI community partnerships in 18 states. To ensure that programs across the country implement Family Connects with optimal fidelity, FCI guides community partners in building readiness, capacity, community accountability, data-literacy, and sustainability to ensure adaptiveness and longevity for the local program in pursuit of becoming a Certified Family Connects partner.

4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job? Not Applicable.

5. What other capabilities and/or capacity does the proposed firm possess of a highly specialized nature which is vital to the job?

Family Connects International (FCI) is the intellectual property owner of the evidence-based Family Connects program model and is the only entity that can train and certify sites as providers of model services. FCI's technical assistance includes trainings on the home visit protocol and the client database that no other entity can provide. These trainings are necessary to ensure fidelity to the Family Connects model towards not only achieving certification as a Family Connects program but to also ensure effective service delivery to Chicago residents. As part of the planning and implementation support provided through these services, FCI dedicates a staff member specially trained in implementation science to help CDPH launch this program with hospitals and families citywide.

FCI also provides access to vetted materials developed for the original Durham Connects program that were used during the multiple randomized control studies of the model leading to the evidence base. These materials include staff training guidelines, assessment guidelines, sample scripts, intake form templates, healthcare provider report templates, and marketing materials. Access to these materials supports implementation of the model with fidelity.

Lastly, FCI is the sole source of licenses to the unique Family Connects data management system, which was exclusively developed for implementation and evaluation of the evidence-based program model. FCI also provides ongoing technical assistance around use of the database. Please refer to attached TPRA.

6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation.

Family Connects International will provide CDPH with licenses and access to its Salesforce-based comprehensive client database. This is a unique FCI-developed, secure cloud-based database that was exclusively developed for the Family Connects program and includes customized workflows specifically aligned to Family Connects visit protocol and Family Support Matrix. The database is used to document home visits, identify risks, generate referrals from the built-in agency resource directory, document follow-up from referrals, and generate a full complement of reports necessary to monitor and evaluate system performance and family needs. This database has been determined to be effective for implementation of the Family Connects model as well as for organizing the collection of program data in a way that supports towards program evaluation. All necessary security and privacy reviews of the database were completed by the City's AIS and Law Departments. See attached TPRA.

7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data (attach documentation verifying such)?





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Yes. The home visit protocols, customized workflows, training materials, and client database are the property of Family Connects International and are not publicly available. Please refer to the attached Family Support Matrix, cover pages of the Family Connects Implementation and Policy Manual, cover pages of the Family Connects System Manual (database manual), cover pages of the Family Connects Salesforce Report Guide, and the Overview of the Evidence flyer which indicate Family Connects International's copyrights to these materials.

8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources. Not Applicable

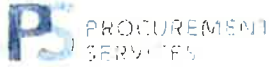
**MBE/WBE COMPLIANCE PLAN**

See attached Compliance Plan: MBE/WBE/VBE C-3 form, D-3 form, M/WBE agency documentation, FCI waiver request, CDPH concurrence letter, assist letters

**OTHER**

Several attachments were referenced in the above application and include the following:

- Transfer of Contract Agreement
- List of Evidence-Based Home Visiting Models
- Chicago Recovery Plan Documentation (funding source documentation)
- TPRA for Family Connects Database
- Family Connects International Organizational Chart
- Family Connects Program Model - Proprietary Materials:
  - Family Connects International Organizational Chart
  - Family Support Matrix
  - Family Connects Manual (cover page)
  - FCI Salesforce Report Guide (cover page)
  - FCI Community Alignment Manual (cover page)



Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer, City Hall, Room 806.

Date: August 30, 2022

Department Name:  
Health

Requisition No:  
482190  
P2 No:  
199289

Specification No:  
1208557  
Modification No:  
7

Contract Liaison:  
Maribel Valdez

Telephone:  
312-747-8828

Email:  
Maribel.Valdez@cityofchicago.org

Project / Program Manager:  
Jennifer Vidis

Telephone:  
312-747-9556

Email:  
Jennifer.Vidis@cityofchicago.org

Check One:

New Contract Request

*By signing below, I attest the estimates provided for this contract are true and accurate.*

Project Program Manager Signature  
*Jennifer P. Vidis*

Contract Liaison Signature

**Purchase Order Information:**

Contract Term (No. of Months): 18 Months  
Extension Options (Rate of Recurrence): 36 Months  
Estimated Spend/Value: \$ 1,027,740  
Grant Commitment / Expiration Date: ... unless grant is secure otherwise  
Pre-Bid/Submittal Conference:  Yes  No  
 Mandatory  Site Visit

**Modification or Amendment**

**Modification Information:**

PO Start Date: 7/1/2021  
PO End Date: 12/31/2025

Amount (Increase/Reduction):

MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo)

Full Compliance  Contract Specific Goals  
 No Stated Goals  Waiver Request  
 Risk Management / EDS / IDOT

Insurance Requirements (included)  Yes  No  
EDS Certification of Filing (included)  Yes  No  
IDOT Concurrence (required)  Yes  No

For Blanket Agreements, the lead department must consult with other departments who may want to participate in the Blanket Agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source.

- Note:
- 1) Funding: Attach information if multiple funding lines
  - 2) Individual Contract Services: Include approval form signed by all parties
  - 3) ITGB: IT project valued at \$100,000.00 or more, attach approval transmittal sheet

Contract Liaison Signature

*Maribel Valdez*

*By signing this form, I attest that all information provided is true and accurate.*

Project Title: Extension and vendor limit increase (VLI) to NCRB contract with Family Connects International

Project Description: The Chicago Department of Public Health is requesting an extension of three years and a vendor limit increase to the NCRB contract with Family Connects International.

**Funding:**

- Corporate  Bond  Enterprise  Grant  Other:  
 IDOT/Transit  IDOT/Highway  FHWA  FTA  FAA

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT
01	021	GA00	041	.4775	0140	220140	PH120100521	21A00H	\$1,027,740

**Purchase Order Type:**

- Blanket/Purchase Order (DUR)  
 Master Consultant Agreement (Task Order)  
 Standard/One-Time Purchase

**Procurement Method:**

- Bid  RFP  RFQ  RFI  
 Small Order

**Special Approvals Required:**

- Emergency  
 Non-Competitive Review Board (NCRB)  
 Request for Individual Contract Services  
 Information Technology Governance Board (ITGB)  
 IDOT Concurrence

**Contract Type:**

- Architect/Engineering  Commodity  Construction  JOC  3BI  
 Professional Services  Revenue Generating  Vehicle & Heavy Equipment  
 Work Service  Joint Procurement  Reference Contract

Safety Enhancing Vehicle Equipment (MCC 2-92-597) Yes  No

**Modification/Amendment Type:**

- Time Extension  Scope Change/Price Increase /Additional Line Item(s)  
 Vendor Limit Increase  Requisition Encumbrance Adjustment  
 Other (specify):

**Vendor Information**

Name: Family Connects International  
Contact: Amy Mansperger  
Address: 1121 Chapel Hill Street, Suite 199, Durham, NC 27701  
E-mail: amm231@Duke.edu  
Phone: 571-2410425



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**To:** Aileen Velazquez  
Chief Procurement Officer  
Department of Procurement Services

**From:** Allison Arwady, MD  
Commissioner  
Department of Public Health

**Date:** August 24, 2022

**RE:** Non-Competitive Procurement Request for Vendor Family Connects International, PO 199289

**Request**

To meet the needs of Chicago's families and work towards improving maternal and child health in the city, Chicago Department of Public Health (CDPH) currently has a non-competitive professional services agreement (PO 199289) with Family Connects International to support CDPH to become a certified provider of the Family Connects program model, an evidence-based, universal postpartum nurse home visiting service with a coordinated perinatal referral system. CDPH is requesting approval of the following actions related to this contract:

1. *Approval to exercise a single, 36-month option to extend:* The current contract is in its initial 18-month term (scope of work covers July 1, 2021 – December 31, 2022) and includes the option to extend for a single 36-month term or three one-year terms. CDPH requests to exercise the option to extend for a 36-month term from January 1, 2023 - December 31, 2025, with an updated scope of work and vendor limit, subject to the availability of funding, satisfactory performance, and necessity of services.
2. *Approval of an updated scope of work:* CDPH has developed a revised scope of work for these services to support citywide scaling of the Family Connects program, which is currently being implemented as a pilot with four birthing hospital partners. Through the updated scope, CDPH and its partners will continue to receive technical assistance and certification to implement Family Connects, but support will be extended to all birthing hospitals and families across Chicago.
3. *Approval of a vendor limit increase:* The current contract amount is for \$408,647. In order to carry out the scope for the next three years, CDPH has secured additional federal funding to cover the estimated cost of \$342,580 per year, or a total of \$1,027,740. CDPH has been allocated funding by the Office of Budget and Management from the City's federal appropriation of American Rescue Plan Act (ARPA) Local Fiscal Recovery Funds (FRF). Specifically, CDPH was approved to use ARPA FRF funds for citywide scaling of Family Connects Chicago has been approved by the Office of Budget and Management.

**AUG 30 2022**



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

### **Background**

The necessity for FCI's services began with the identification of need for an evidence-based, universal home visiting program. There is consensus across the maternal and child health sector that Chicago's current system of prenatal and perinatal supports has many strengths but is large and complex. It lacks coordination, leaving many mothers, babies, and families without the support they need at critical times in their lives and development. In Spring of 2018, CDPH embarked on a research and planning process to address these limitations while continuing to meet funder expectations that maternal child health outcomes be addressed at a population level. The process included a range of stakeholder engagement and research activities. As a result, a task force articulated the need for a universal perinatal referral system to connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a careful review of evidence-based perinatal support home visiting programs, CDPH and its partners concluded that the Family Connects model, developed by Family Connects International, is best suited to meet Chicago's unique needs. CDPH subsequently sought a non-competitive procurement for training, technical assistance, data management, and certification services with FCI, which is the sole trainer, technical assistance provider, certification entity, and proprietor of Family Connects database licenses. In September of 2020, the DPS Non-Compete Review Board (NCRB) approved award of the contract with a scope of work that goes through December 2022.

The current scope of work covers July 1, 2021 through December 31, 2022. In accordance with the current scope, FCI provides support for the planning and launch of the Family Connects Chicago pilot, including delivering training and technical assistance support to CDPH and four pilot hospital partners, assisting with the establishment of a community alignment system, and providing access to and support around the data system. This work also includes providing assessment of local hospital readiness as well as planning and support for subsequent citywide scaling. These activities have resulted in CDPH successfully launching Family Connects in the four hospitals participating in the initial pilot. Through the end of 2022, FCI will continue delivering training and technical assistance to CDPH and the four pilot hospital partners around implementation of and certification in the Family Connects model, providing licenses to the data system, conducting site visits, and finalizing the plan for citywide scaling of the pilot.

### **Description of Services**

The primary distinction between the current scope and the subsequent scope is the scale of services provided. The updated scope of FCI services will continue the support necessary for CDPH to fully implement Family Connects citywide. This includes carrying forward the assessment and preparatory work necessary for citywide scaling, including the training, implementation support, and certification of all 15 Chicago birthing hospitals as partners of Family Connects Chicago. FCI will provide the following services to CDPH and its partners over the next three years:

#### Community Preparation & Implementation Planning Support

- Organizational structure & program staffing
- FCI data system licensing and training
- Community alignment support
- Initial and ongoing training and education for clinical staff

AUG 30 2022



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

- Quality assurance activities
- Policy support to promote and sustain Family Connects

Certification

- Facilitation of certification application
- Site visit and observation for certification
- Technical assistance to address certification challenges

**Uniqueness/Sole Source**

In its aim to improve maternal and infant health at the population level, CDPH is implementing an evidence-based, universal home visiting program that is offered to all residents welcoming a newborn in a Chicago birthing hospital. Of the evidence-based home visiting models, Family Connects was determined to be the best fit to address challenges unique to Chicago. As described above, Chicago's system of maternal and infant care available to families that are welcoming newborns is vast, but largely uncoordinated. In identifying an evidence-based nurse home visiting model, CDPH had to consider not only those models that demonstrated positive health and wellness outcomes for all Chicago mothers and infants, but also improvements or promising practices in systemwide care coordination. As such, was selected by CDPH and its partners because of several unique factors: 1) it is universal and intended to reach all birthing families in a geographic area; 2) it is designed to build internal capacity of implementing organizations through a comprehensive training, quality assurance, and certification process; and 3) a central tenet is communitywide coordination of services.

FCI is the intellectual property owner and sole provider of Family Connects implementation training and support, program certification, and access to the proprietary home visit protocols and licenses to the proprietary database developed specifically for the program. Therefore, the only way for CDPH to continue current efforts to scale Family Connects citywide in Chicago is to continue the procurement of FCI services. The FCI team holds over a decade of experience implementing the evidenced-based Family Connects model, which provides universal postpartum nurse home visits to conduct maternal and child health assessments and provide family support in the crucial early time period after an infant is born. Family Connects bridges the gap between families and community resources, and has been shown to improve family well-being, maternal health outcomes, infant health outcomes, and parenting behavior.

Thank you for your consideration and assistance in this matter.

AUG 30 2022



## DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION INSTRUCTIONS FOR NON-COMPETITIVE PROCUREMENT APPLICATION

### INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT APPLICATION

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a justification must be prepared on this "Justification for Non-Competitive Procurement Application" in which procurement is requested on a or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. Using this instruction sheet, all applicable information must be addressed on the worksheet. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. For Amendments, Modifications, describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change.

Attach a DPS Checklist and any other required documentation; the Board will not consider justification with incomplete information documentation or omissions.

#### PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).
4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, explain in detail.

#### ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?
2. What is the estimated cost by fiscal year?
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

#### SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

#### EXCLUSIVE OR UNIQUE CAPABILITY

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and Temporary Consulting Services Form.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation?
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data (attach documentation verifying such)?
8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer on company letterhead.

#### MBE/WBE COMPLIANCE PLAN

- \* All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a completed C-1 and D-1 form, which is available on the Procurement Services page on the City's intranet site. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.

#### OTHER

1. Explain other related considerations and attach all applicable supporting documents, i.e., an approved "ITGB Form" or "Request For Individual Hire Form".

#### REVIEW AND APPROVAL

This application must be signed by both Originator of the request and signed by the Department Head. After review and final disposition from the Board, this application will be signed by the Board Chairman. After review and final disposition from the Board, this form will be presented to the Chief Procurement Officer recommending approval.



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**SCOPE OF WORK**

**Family Connects Chicago Citywide Scaling of Program Implementation, Training and Technical Assistance, and Certification**

**Background**

There is consensus across the maternal and child health sector that Chicago's current system of prenatal and perinatal supports has many strengths but is large and complex. It lacks coordination, leaving many mothers, babies, and families without the support they need at critical times in their lives and development, further exacerbating existing health inequities.

To address these limitations, in the Spring of 2018, the Chicago Department of Public Health (CDPH) embarked on a research and planning process that engaged expert stakeholders across sectors and communities in a conversation about how to build a better system for serving Chicago families with newborns. The stakeholders identified a need for a universal perinatal referral system that can connect families to needed services in the crucial weeks following the birth of a child and better coordinate resources across the health, human service, and early childhood systems. After a review of existing perinatal support programs and evidence-based home visiting models, CDPH and its stakeholder partners concluded that Family Connects was the model that would best meet Chicago's needs. Family Connects is a universal postpartum nurse home visiting service with a coordinated perinatal referral system.

Upon selection of the Family Connects model, CDPH explored mechanisms for procuring the technical assistance, training, program certification, and client database access needed to successfully plan for and implement a pilot. The Family Connects Chicago (FCC) pilot launched in September of 2019 with three partner hospitals and expanded to include a fourth hospital. Over the past year, CDPH and its FCC partners have worked to develop a plan to scale FCC citywide, engaging all 15 birthing hospitals to make the services available to all prenatal, birthing, and postpartum families in their care.

**Program Model**

Family Connects reaches all families in a community, improving health outcomes at the population level, which supports CDPH's overarching maternal and child health goals for a home visiting program. The Family Connects model provides a relatively inexpensive, short-term intervention that has positive impacts on maternal and infant health, as well as linkages to community services; leverages the role and resources of CDPH; and has potential for scaling citywide. In addition to serving as a home visiting program, Family Connects has a robust community alignment function that engages the community in a structured feedback process to promote the development of a coordinated system of supports. Service delivery is manualized and includes a fully developed, cloud-based data system to support implementation, monitoring, and evaluation of services.



DEPARTMENT OF PUBLIC HEALTH  
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**Description of Services**

Beginning on January 1, 2023, the vendor will engage with CDPH and all birthing hospitals located in Chicago to fully implement the Family Connects model citywide. This includes carrying forward the assessment and preparatory work necessary for citywide scaling, including the training, implementation support, and certification of all Chicago birthing hospitals as partners of Family Connects Chicago. Services must be delivered in a way that promotes local ownership, preserves best practices, limits the need for additional external experts, provides a monitoring structure to obtain Family Connects certification. Services will include:

**Community Preparation & Implementation Planning Support**

- Organizational Structure & Program Staffing
  - Coordination of training for vacant administrative, program, and clinical positions, including initial and ongoing clinical training for medical directors, clinical supervisors, nurse home visitors, data support, and program support staff.
  - Support around promotion and engagement in the program
- Family Connects Data System Licensing and Training
  - Ensuring appropriate program staff have licenses, access, and training to a data system that allows for the collection, reporting, and analysis of FCC program data
  - Assurance of a data management plan for data capture, reporting, and support exploring integration with related local platforms
  - Provide ongoing technical assistance/ticketing system to address user troubleshooting needs in using the database
  - Provide license renewals to the Family Connects data system
- Community Alignment
  - Ongoing support of key community alignment processes and procedures (e.g., staffing, data collection, stakeholder participation plans, etc.) of community advisory boards
  - Training of the Family Connects model and the role of community alignment agencies in the establishment of an infrastructure for a community system of care
- Initial and Ongoing Education for Clinical Staff
  - Home visitation protocols including the use of the Family Connects Matrix within the Family Connects high inference interview methodology and program operations to assure inter-rater reliability among nursing staff
  - Post Visit Call (PVC) training, documentation for reporting, and quality assurance of referral practices and procedures
  - Quality assurance for model fidelity, inter-rater reliability on matrix scoring
  - Ongoing education for all clinical staff regarding possible areas of family support in alignment with the required Family Connects fidelity tools, such as the Family Connects Matrix





DEPARTMENT OF PUBLIC HEALTH  
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- Ongoing staff training on key competencies and skills (e.g., cultural humility) for in-home visitation
- Policy & Advocacy Support
  - Engagement and coordination support of local advocacy efforts to promote the program to a range of stakeholders
  - Identify and support development of potential sustainable funding sources

**Quality Assurance & Certification**

- Frequent consultation regarding home visit scheduling, adherence, and quality assurance components
- Frequent consultation with vendor staff regarding ongoing implementation of community alignment core components
- Monthly consultation regarding data collection processes and review of key performance indicators.
- On-site or virtual assessment by vendor staff to include:
  - observation and assessment/documentation of progress in implementing key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, data reporting, and community alignment process)
  - Review of hospital certification applications and associated assessments
  - Virtual or in person site-visit to review certification package by vendor staff and conduct an observation of local practices of implementation for key program components (e.g., nurse visits, post visit calls, quality assurance processes, data collection, case conference, and community alignment processes)
- As necessary, development of a collaborative plan and tailored technical assistance to address issues preventing certification

*Jennifer Vidis*

6/27/2022

Jennifer Vidis  
Chief Program Officer/Deputy Commissioner

Date

6/27/2022

Madeline Shea  
Assistant Commissioner

Date



June 22, 2022

Jennifer Vidis  
Deputy Commissioner/Chief Program Officer  
Chicago Department of Public Health  
333 S. State Street, Suite 200  
Chicago, IL 60604

Dear Ms. Vidis:

This letter confirms receipt, acceptance and agreement to the City of Chicago's standard terms and conditions in regard to the pending contract for Comprehensive Training and Technical Assistance for Family Connects Implementation and Initial Program Certification.

Sincerely,

A handwritten signature in black ink that reads "Amy Mansperger". The signature is written in a cursive, flowing style.

Amy Mansperger  
Managing Director, Internal Operations

AUG 30 2022



**FAMILY  
CONNECTS  
INTERNATIONAL**

August 24, 2022

Jennifer Vidis  
Deputy Commissioner/Chief Program Officer  
Chicago Department of Public Health  
333 S. State St., Room 200  
Chicago, IL 60604

Re: Vendor Justification of Exclusivity/Sole Source

Dear Ms. Vidis,

We are so pleased that the Chicago Department of Public Health (CDPH) has chosen to support implementation of the Family Connects model in the city. We are eager to continue our partnership to scale the model across Chicago. This letter serves to justify Family Connects International's sole ability to provide CDPH with the training, technical assistance, implementation support, data management support, and programmatic consultation needed to become a certified provider of the Family Connects program model. [Family Connects](#) is an evidence-based, nurse home-visiting program that offers universal access to services for all parents of newborns in a community at no charge to families. The program ensures that each and every newborn has the essential connections needed after birth to thrive by sending nurses trained in the model to conduct in-home or virtual wellness check-ups for maternal-child health purposes. During the visit, the nurses also provide education or referrals to local services and resources as appropriate.

Family Connects International (FCI) is a 501(c)3 organization dedicated to supporting community partners to implement the Family Connects program model. FCI is the sole provider of Family Connects programming. FCI provides local community partnerships with technical assistance and training until they are locally certified to train additional staff in order to expand services to a broader catchment area. To ensure that programs across the country implement the Family Connects model with optimal fidelity FCI guides community partners in building readiness, capacity, community accountability, data-literacy, and sustainability to ensure adaptiveness and longevity for the local program in pursuit of becoming a Certified Family Connects partner. Several unique aspects of FCI's mission, organizational structure, and service delivery demonstrate its sole ability to provide Family Connects programming to community partners. These include:

- *Ownership of intellectual property related to program model:* FCI holds the exclusive, worldwide, perpetual, and royalty-free license to use the Family Connects Manual and a royalty-free and worldwide right to use all other program materials, including digital, media, and photographic material,

necessary for program implementation of the Family Connects program model. Key to the success of Family Connects is the expert delivery of the licensed manual that outlines the protocol for the home visit wherein a proprietary clinical and social assessment of the newborn and birthing mother (and/or other relevant caregiver) is conducted. The screening identifies if families would benefit from additional in-home education by the nurse or referral to community connections for support in areas such as breastfeeding, childcare planning, financial resources, parenting, family planning, and professional resources related to physical, mental, and behavioral health of any family member in the household.

- *Authority to certify community partners in Family Connects:* FCI is dedicated to providing an exclusive capacity-building system for community partners to be able to implement the Family Connects program model. Once partners complete the training and technical assistance requirements, meet explicit milestones in service delivery, including community reach, fidelity, and quality standards, FCI is the only entity with the authority to officially certify them as Family Connects providers.
- *FCI staff capacity and experience:* FCI has more than a decade of experience implementing the Family Connects model, tailoring the approach, quality assurance, and policy support to local communities.
- *Ownership of proprietary Family Connects database:* FCI has a customized database to collect, track, and analyze program data to assess services for fidelity to the program model and measure specific outcomes. FCI has the sole ability to procure licenses to the Family Connects database for community partner users.

FCI has more than 40 FCI community partnerships in 18 states. We look forward to continuing to partner with CDPH to scale Family Connects citywide and ensure all Chicagoans have access to the supports they need when welcoming a newborn. Please contact Kimberly Friedman at [kimberly@familyconnects.org](mailto:kimberly@familyconnects.org) if you need additional information regarding the planning, training, and implementing process or program certification requirements.

Sincerely,



Amy Mansperger  
Managing Director, Internal Operations  
Family Connects International





DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

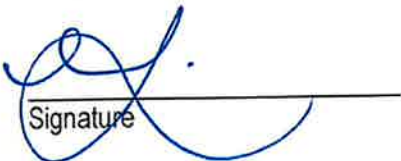
**Chicago Department of Public Health Statement of Uniqueness/Exclusivity**

The statement serves to indicate that the Chicago Department of Public (CDPH) Maternal, Infant, Child, and Adolescent Health (MICAH) Bureau has verified that vendor Family Connects International (FCI) is the sole source of the services required to support citywide expansion of the Family Connects program model in all Chicago birthing hospitals.

In its aim to improve maternal and infant health at the population level, CDPH is implementing an evidence-based, universal home visiting program that is offered to all residents welcoming a newborn in a Chicago birthing hospital. Of the evidence-based home visiting models, Family Connects was determined to be the best fit to address challenges unique to Chicago. As described above, Chicago's system of maternal and infant care available to families that are welcoming newborns is vast, but largely uncoordinated. In identifying an evidence-based nurse home visiting model, CDPH had to consider not only those models that demonstrated positive health and wellness outcomes for all Chicago mothers and infants, but also improvements or promising practices in systemwide care coordination. As such, was selected by CDPH and its partners because of several unique factors: 1) it is universal and intended to reach all birthing families in a geographic area; 2) it is designed to build internal capacity of implementing organizations through a comprehensive training, quality assurance, and certification process; and 3) a central tenet is communitywide coordination of services.

FCI is the intellectual property owner and sole provider of Family Connects implementation training and support, program certification, and access to the proprietary home visit protocols and licenses to the proprietary database developed specifically for the program. Therefore, the only way for CDPH to continue current efforts to scale Family Connects citywide in Chicago is to continue the procurement of FCI services. The FCI team holds over a decade of experience implementing the evidenced-based Family Connects model, which provides universal postpartum nurse home visits to conduct maternal and child health assessments and provide family support in the crucial early time period after an infant is born. Family Connects bridges the gap between families and community resources, and has been shown to improve family well-being, maternal health outcomes, infant health outcomes, and parenting behavior.

Madeline Shea  
Program Director Name

  
Signature

August 24, 2022  
Date



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

## **M/WBE Compliance Plan**

**Family Connects International  
Non-Competitive Procurement Application for PO# 199289**

**AUG 30 2022**

**333 SOUTH STATE STREET, SUITE 200, CHICAGO, ILLINOIS 60604**

## Maribel Valdez

---

**From:** Maribel Valdez  
**Sent:** Monday, August 29, 2022 11:16 AM  
**To:** Gwendolyn King  
**Subject:** Request for Approval for W/MBE goals; NCRB Family Connects International; PO # 199289  
**Attachments:** 1548\_001.pdf

Good morning Gwen,

Attached please find for your review and approval, the completed W/MBE contract goal Participation form for the above mentioned contract. This was submitted in June as a request for a new contract, but there has been some changes and now the request is being resubmitted to the NCRB as an extension to the existing contract. Please let me know if additional information is needed.

Thanks

**Maribel Valdez**  
*Chief Contract Expediter*  
Phone: (312) 747-8828  
Fax: (312) 747-9398  
[Maribel.valdez@cityofchicago.org](mailto:Maribel.valdez@cityofchicago.org)



**From:** copier@cityofchicago.org <copier@cityofchicago.org>  
**Sent:** Monday, August 29, 2022 11:07 AM  
**To:** Maribel Valdez <Maribel.Valdez@cityofchicago.org>  
**Subject:** Attached Scan

**Contract Goal Participation Determination Form**

**Project Title:** NCRB for Family Connects

**Project Description:**

Training, technical assistance, certification, data management, and policy support provided to CDPH Maternal, infant, and adolescent Health Bureau to scale the family connects program model citywide.

Specification No. 1208557 Requisition No. 4482190

Funding Source(s): City  Federal  Other

Target Market: Yes  No  MBI I  MBI II  SBI I  SBI II

Previous Contract No(s): Po #142489

**SCOPE OF WORK:**

Training, technical assistance, certification, data management, and policy support provided to CDPH Maternal, infant, and adolescent Health Bureau to scale the family connects program model citywide.

**SUBCONTRACTING OPPORTUNITIES**

(Subcontracting opportunity list is based on specialty areas of known Certified MBE/WBE/VBE/DBE contractors)

Type of Work	Estimated Dollar Amount	Percentage of Total Contract	Goal Percentage of Participation			
			MBE%	WBE%	VBE%	DBE%
Training, technical assistance, certification and data management	\$ 1,027,740.00	12%	0%	12%	0%	0%
<b>TOTAL</b>						

TOTAL ESTIMATED CONTRACT VALUE \$ \$ 1,027,740.00

GOAL RECOMMENDATION: MBE participation 0% WBE participation 12% VBE participation 0% DBE participation 0%

For Construction Projects Only

RECOMMENDED PROJECT AREA: YES  NO  (If yes, attach a project/community areas map) \_\_\_\_\_%

**Recommended:** Jennifer D. Vido  
 (User Department Authorized Signature)  
 Chicago Department of Public Health  
 (Name of User Department)

8/29/22  
Date

**Department of Procurement Services**

**Approved By:** \_\_\_\_\_  
 Monica Jimenez, First Deputy Procurement Officer Date

**Approved By:** \_\_\_\_\_  
 Aileen Velazquez, Chief Procurement Officer Date

• Please include additional sheets as necessary

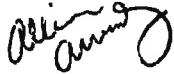
**AUG 30 2022**





DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**To:** Aileen Velazquez  
Chief Procurement Officer  
Department of Procurement Services

**From:** Allison Arwady, MD   
Commissioner  
Department of Public Health

**Date:** June 27, 2022

**RE:** Concurrence with Vendor Family Connects International's Request for Partial MBE/WBE/VBE Waiver

The Chicago Department of Public Health (CDPH) is in receipt of a memorandum from Family Connects International (FCI) requesting a partial MBE/WBE/VBE waiver in connection with its proposal to deliver comprehensive training and technical assistance, program certification, community alignment support, and other operational assistance to CDPH as it implements citywide scaling of the Family Connects program model. CDPH has reviewed FCI's outreach and communication to multiple MBE/WBE/VBE assist agencies and is in concurrence with the waiver request pending review and approval by the Department of Procurement Services.

In its outreach, FCI has identified a WBE-certified agency, Sage Health Strategy, and proposes their participation at 12% per contract year, exceeding the 5% WBE requirement. CDPH understands that despite FCI's additional outreach efforts to five MBE/VBE-certified assist agencies, it has been unsuccessful in identifying a MBE/VBE with the expertise necessary to support the training and certification processes of the Family Connects model.

Thank you for your consideration.

AUG 30 2022



## **Memorandum**

**RE:** Request for a partial waiver regarding Minority Business Enterprise (MBE) Commitment, Veteran Business Enterprise (VBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services

**DATE:** June 17, 2022

**TO:** Jennifer Vidis, Deputy Commissioner/Chief Program Officer, Chicago Department of Public Health

**FROM:** Amy Mansperger, Managing Director, Internal Operations, Family Connects International

Family Connects International (FCI) is the sole and exclusive provider of program planning, training and certification for the Family Connects model. FCI evolved out of Durham Connects, the original program that utilized the Family Connects model. The FCI team has over a decade of experience implementing the Family Connects model, including the proprietary Family Support Matrix that is used during the nurse home visit to assess the risk and needs of families. As FCI is the sole provider of program planning, training and certification, it is the sole holder of comprehensive information and expertise on the implementation of the model.

In light of the fact that FCI has the expertise to provide the services specific to this proprietary evidence-based model, FCI has made a good faith effort to comply with Article 6: Special Conditions Regarding Minority Business Enterprise (MBE) Commitment and Women Business Enterprise (WBE) Commitment for Commodities or Services, as well as the new requirements regarding Veteran Business Enterprise (VBE) Commitment through review of the City procurement policies and procedures, outreach to local agencies certified through this process, and examination of core training and certification processes that can be sub-contacted without infringing on the training and fidelity assessment standards that all Family Connects sites are held to in their certification process.

**AUG 3 0 2022**

Through this process we were able to identify a single entity that could reasonably be ascertained to possess the skills and expertise to add value to the overall deliverables of this project. It was determined that this WBE certified agency, (Sage Health Strategy), possesses the skills and expertise to, through training from, coordination with and oversight from FCI faculty and staff, support a discrete number of activities that will be completed as part of the community alignment component of the Family Connects model. These activities are essential to achieving local stakeholder engagement and community coordination requirements for the model as they relate to health systems, health providers and health plan participation.

The scope of work for this engagement includes:

- 1) Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
- 2) Development of core messaging for these stakeholders specific to the Chicago system of care;
- 3) Delivery of core messages through presentations and media to systems decision makers (e.g., political system, public health system, clinical health system, child welfare system, education system, justice system, etc.) to garner support for local FC program initiatives; and
- 4) Data gathering, tracking of progress, and reporting on stakeholder engagements, goals, and outcomes to include training on the tool(s) that will be used to facilitate the stakeholder data management and processes.

AUG 3 0 2022

Consultation with Sage Health Strategy has revealed the work will cost \$41,200 per year and should be completed within three years. This will amount to 12% of the total contract each year which is greater than what is required participation for a WBE vendor.

Efforts to identify core deliverables that can be completed by a local contractor with MBE or VBE certification have not been successful. FCI executed 5 requests to endorsed "Assist Agencies" to help identify potential certified MBE/VBE to achieve connection to and collaboration with appropriate MBE or VBE agencies as certified by the City. These requests were sent on June 1, 2022 with both Delivery and Read receipt confirmation. As of the date of this memo, none have followed up with guidance.

Given the proprietary nature of our program, it's connection to rigorous research as an evidence-based model that requires delivery in accordance with the fidelity requirements that tie back to practices used during its rigorous research and the specific training and consultation needs required to support program certification, we are concurrently submitting this memorandum respectfully requesting a partial waiver of the MBE/VBE requirements be considered.

Specifically, we ask for waiver of the requirement to contract with local contractors with MBE and VBE certification and request that a contract with Sage Health Strategy for \$41,200 per year for three years (12% of the total contract each year) be deemed sufficient to meet all requirements.

Should additional information be required, please do not hesitate to reach out to our team.

AUG 3 0 2022



FOR  
TASK ORDER  
CONTRACTS ONLY

**SCHEDULE C-3**  
MBE/WBE Letter of Intent to Perform as a  
Subcontractor, Supplier, or Consultant

Contract PO No. \_\_\_\_\_

Task Order Project Description: Comprehensive Training and Technical Assistance for Family Connects

From: SAGE Health Strategy  
(Name of MBE/WBE Firm)

To: Family Connects International (FCI) and the City of Chicago  
(Name of Prime Contractor)

The MBE or WBE status of the undersigned is confirmed by the attached City of Chicago or Cook County Certification Letter, effective 11/4/21 to 11/23/25  
(Date) (Date)

The undersigned is prepared to perform the following services in connection with the above named Task Order. If more space is required to fully describe the MBE or WBE proposed scope of services and/or payment schedule, including a description of the commercially useful function being performed. Attach additional sheets as necessary.

1) Leading city-wide provider engagement strategy for Providers Council, 2) Building a network of policy stakeholders in maternal-child health and other related fields; 3) convening stakeholders and encouraging participation in Advisory Boards and Councils; 4) Development and delivery of stakeholder messaging to garner support for program initiatives, 5) Data gathering, progress tracking and reporting on stakeholder goals and outcomes

The above described performance is offered for the following price and described terms of payment:  
12% of contract value -payable in quarterly installments based on invoices. Net 30 day payment terms

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your receipt of an approved Task Order from the City of Chicago within three (3) business days of your receipt an approved Task Order from the City of Chicago.

**SUB-SUBCONTRACTING LEVELS**

A zero (0) must be shown in each blank if the MBE or WBE will not be subcontracting any of the services listed or attached to this schedule.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to non MBE/WBE contractors  
0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to MBE or WBE contractors.

**NOTICE. If any of the MBE or WBE scope of services will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the services that will be subcontracted.**

One or more owners or principals of the Prime Contractor ( ) does / ( X ) does not have an ownership interest in the undersigned. Provide names of such individuals and their respective ownership percentages, or indicate "none." Attach additional sheets if necessary: \_\_\_\_\_

The undersigned has entered into a formal written mentor protégé agreement as a subcontractor/protégé with you as a Prime Contractor/mentor: ( ) Yes ( X ) No

**NOTICE THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.**

[Signature] \_\_\_\_\_ 6/22/22  
(Signature of President/Owner/CEO or Authorized Agent of MBE/WBE) (Date)

LINDSEY ARTOLA - PRESIDENT  
(Name (Please Print))

LINDSEYE@SAGEHEALTHSTRATEGY.COM 708:606 7647  
(Email & Phone Number)



**SCHEDULE D-3**  
Affidavit of Prime Contractor  
Task Order Services Contracts  
MBE/WBE Compliance Plan

**FOR  
 TASK ORDER  
 SERVICES  
 CONTRACTS ONLY**

**MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-3 WILL CAUSE THE  
 BID TO BE REJECTED. DUPLICATE AS NEEDED.**

Contract PO No.: \_\_\_\_\_

Task Order Project Description: Comprehensive Training and Technical Assistance for Family Connects

I HEREBY DECLARE AND AFFIRM that I am the Managing Director, Internal Operations and a duly authorized representative of  
 (Title of Affiant)

Family Connects International  
 (Name of Prime Consultant/Contractor)

and that I have personally reviewed the material and facts submitted with the Schedule C-3s regarding Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) to perform as a subcontractor/sub-consultant/ or supplier. All MBE/WBE firms included in this plan have been certified as such by the City of Chicago or Cook County (current letter of certification attached).

**I. Complete this section for each MBE/WBE participating on this Task Order:**

1. Name of MBE/WBE Firm: Sage Health Strategy

Address: 318 West Adams Street, Suite 1811, Chicago, IL 60606

Contact Person/Title: Lindsey Artola, President

Phone Number: 708-606-7647

Dollar Value of Participation: \$ 123,600 (\$41,200 per year for three years)

Percentage of Participation: 12%

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( X ) No Add'l Percentage Claimed:<sup>1</sup> \_\_\_\_\_%

**Total Participation % 12 (per year for 3 years)**

If indirect participation is being used to show good faith efforts, describe in detail the services that will be performed and provide detailed project information (i.e., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Name of MBE/WBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

<sup>1</sup> The Prime Contractor may claim an additional 0.5 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of Participation: % \_\_\_\_\_

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No Add'l Percentage Claimed: \_\_\_\_\_%

**Total Participation %** \_\_\_\_\_

If indirect participation is being used to show good faith efforts, describe in detail the services that will be performed and provide detailed project information (i.e., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of MBE/WBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of Participation: % \_\_\_\_\_

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No Add'l Percentage Claimed: \_\_\_\_\_%

**Total Participation %** \_\_\_\_\_

If indirect participation is being used to show good faith efforts, describe in detail the services that will be performed and provide detailed project information (i.e., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of MBE/WBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of Participation: % \_\_\_\_\_

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No Add'l Percentage Claimed: \_\_\_\_\_%

**Total Participation %** \_\_\_\_\_

If indirect participation is being used to show good faith efforts, describe in detail the services that will be performed and provide detailed project information (i.e., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of MBE/WBE Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dollar Value of Participation: \$ \_\_\_\_\_

Percentage of Participation: % \_\_\_\_\_

Mentor Protégé Agreement (attach executed copy): ( ) Yes ( ) No Add'l Percentage Claimed: \_\_\_\_\_%

**Total Participation %** \_\_\_\_\_

If indirect participation is being used to show good faith efforts, describe in detail the services that will be performed and provide detailed project information (i.e., project name, description, location, type of service and/or supplies that are being purchased. Copies of invoices, bill of sale, and cancelled checks must be submitted to the Department of Procurement Services upon project completion.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Attach Additional Sheets as Needed



Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

II. Summary of Direct MBE/WBE Proposal

1. MBE Direct Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
<b>Total Direct MBE Participation</b>		

2. WBE Direct Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Sage Health Strategy	\$123,600 (\$41,200 per year for three years)	12% per year for three years
<b>Total Direct WBE Participation</b>		

III. Summary of Indirect MBE/WBE Proposal (Use if making a showing of Good Faith Efforts pursuant to the MBE/WBE Special Conditions in a request for a waiver or reduction of MBE/WBE goals. Indirect participation may be considered as part of such Good Faith Efforts in support of the requested waiver or reduction.)

1. MBE Indirect Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
<b>Total Indirect MBE Participation</b>		

2. WBE Indirect Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
<b>Total Indirect WBE Participation</b>		

Schedule D-3: MBE/WBE Compliance Plan for Task Order Contracts

The Contractor designates the following person as its MBE/WBE Liaison Officer:

Amy Mansperger 571-241-0425  
(Name- Please Print or Type) (Phone)

One or more owners or principals of the Prime Contractor ( ) does / (X) does not have an ownership interest in any MBE or WBE listed in this Schedule D. Provide names of such individuals and their respective ownership percentages, and identify the MBE/WBE firms in which such ownership is held, or indicate "none." Add additional sheets if necessary:

N/A

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

Family Connects International  
(Name of Prime Contractor – Print or Type)

State of: North Carolina

[Signature]  
(Signature)

County of: Durham

Amy Mansperger  
(Name/Title of Affiant – Print or Type)

6/28/2022  
(Date)

On this 28 day of June, 2022, the above signed officer Amy Mansperger  
(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

[Signature]  
(Notary Public Signature)

SEAL:

Commission Expires: 01/30/2024





DIRECTOR  
 118 N. Clark, County Building, Room 1020 • Chicago, Illinois 60602 • (312) 603-5502

**TONI PRECKWINKLE**  
 PRESIDENT  
 Cook County Board  
 of Commissioners

BRANDON JOHNSON  
 1st District

DENNIS DEER  
 2nd District

BILL LOWRY  
 3rd District

STANLEY MOORE  
 4th District

DEBORAH SIMS  
 5th District

DONNA MILLER  
 6th District

ALMA E. ANAYA  
 7th District

LUIS ARROYO, JR.  
 8th District

PETER N. SILVESTRI  
 9th District

BRIDGET GAINER  
 10th District

JOHN P. DALEY  
 11th District

BRIDGET DEGMEN  
 12th District

LARRY SUFFREDIN  
 13th District

SCOTT R. BRITTON  
 14th District

KEVIN B. MORRISON  
 15th District

November 4, 2021

Ms. Lindsey Artola  
 President  
 Sage Health Strategy  
 318 West Adams Street  
 Chicago, IL 60602

**Re: Annual Certification Expires: November 23, 2022**

Dear Ms. Artola:

Congratulations on your continued eligibility for Certification as a **Women-owned Business Enterprise (WBE)** Cook County Government. This certification is valid until **November 23, 2025**; however, you must re-validate your firms' certification annually.

As a condition of continued Certification, you must file a **"No Change Affidavit"** within **sixty (60) business days prior to the date of Annual Certification Expiration**. Failure to file this Affidavit shall result in the termination of your Certification. You must notify Cook County Government's Office of Contract Compliance of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **fifteen (15) business days** of such change.

Cook County Government may commence action to remove your firm as an **WBE** vendor if you fail to notify us of any changes of facts affecting your firm's Certification, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

Your firm's name will be listed in Cook County's Directory of certified firms in the following area(s) of specialty:

**CONSULTING: STRATEGIC PLANNING, PROGRAM DEVELOPMENT, COMMUNICATIONS AND OPERATIONS FOR HEALTH CARE PROVIDERS**

Your firm's participation on Cook County contracts will be credited toward **WBE** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **WBE** goals will be given only for work performed in the specialty category.

Thank you for your continued interest in Cook County Government's Minority, Women, Veteran, Service-Disabled Veteran and People with Disabilities Business Enterprise Programs.

Sincerely,

*Lisa Alexander*

Lisa Alexander

Director, Office of Contract Compliance

AUG 30 2022



May 26, 2022

Ms. Jennipher Adkins  
Interim Executive Director  
Chatham Business Association, Small Business Development, Inc.  
800 E. 78th Street  
Chicago, IL 60619

**SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED**

Dear Ms. Adkins:

Family Connects International intends to submit a proposal in response to a request from the Chicago Department of Public Health to assist Chicago in becoming a Certified Family Connects Community Partner in providing postnatal, nurse home-visiting assessments and referrals to improve maternal-child health and social wellbeing. In pursuit of this goal, Family Connects International will provide technical assistance, quality assurance monitoring and reporting, and client database licenses for the implementation of Family Connects (FC) in Chicago. This is intended as a non-competitive procurement due to the designation of Family Connects International as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC evidence-based model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
- Development of core messaging for these stakeholders specific to the Chicago system of care;
- Delivery of core messages through presentations and media to systems decision makers (e.g., political system, public health system, clinical health system, child welfare system, education system, justice system, etc.) to garner support for local FC program initiatives;
- Data gathering, tracking of progress, and reporting on stakeholder engagements, goals, and outcomes to include training on the tool(s) that will be used to facilitate the stakeholder data management and processes.

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

**AUG 30 2022**

If we are unsuccessful in our efforts to identify potential subcontractors or a joint venture partner certified by the City of Chicago as MBE, WBE, DBE, or VBE to fulfill all of the duties above, a request for a partial waiver of the contract goals will be submitted.

If you are aware of such a firm, please contact me **within ten (10) business days of receipt of this letter**. Under the City of Chicago's MBE/WBE/DBE/VBE Ordinance, your agency is entitled to comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) business days of your receipt of this letter to: Monica Jiminez, Deputy Procurement Officer Department of Procurement Services

Sincerely,



Dr. Sherika Hill  
Executive Director  
Family Connects International

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

AUG 30 2022



May 26, 2022

Ms. Karen Freeman-Wilson  
President & CEO  
Chicago Urban League  
4510 S. Michigan Avenue  
Chicago, IL, 60653

**SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED**

Dear Ms. Freeman-Wilson:

Family Connects International intends to submit a proposal in response to a request from the Chicago Department of Public Health to assist Chicago in becoming a Certified Family Connects Community Partner in providing postnatal, nurse home-visiting assessments and referrals to improve maternal-child health and social wellbeing. In pursuit of this goal, Family Connects International will provide technical assistance, quality assurance monitoring and reporting, and client database licenses for the implementation of Family Connects (FC) in Chicago. This is intended as a non-competitive procurement due to the designation of Family Connects International as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC evidence-based model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
- Development of core messaging for these stakeholders specific to the Chicago system of care;
- Delivery of core messages through presentations and media to systems decision makers (e.g., political system, public health system, clinical health system, child welfare system, education system, justice system, etc.) to garner support for local FC program initiatives;
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**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

AUG 30 2022

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Sincerely,



Dr. Sherika Hill  
Executive Director  
Family Connects International

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

**AUG 30 2022**



May 26, 2022

Mr. Larry D. Ivory  
President & CEO  
Illinois State Black Chamber of Commerce  
411 Hamilton Blvd - Suite 1404  
Peoria, Illinois 61602

**SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED**

Dear Mr. Ivory:

Family Connects International intends to submit a proposal in response to a request from the Chicago Department of Public Health to assist Chicago in becoming a Certified Family Connects Community Partner in providing postnatal, nurse home-visiting assessments and referrals to improve maternal-child health and social wellbeing. In pursuit of this goal, Family Connects International will provide technical assistance, quality assurance monitoring and reporting, and client database licenses for the implementation of Family Connects (FC) in Chicago. This is intended as a non-competitive procurement due to the designation of Family Connects International as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC evidence-based model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
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- Data gathering, tracking of progress, and reporting on stakeholder engagements, goals, and outcomes to include training on the tool(s) that will be used to facilitate the stakeholder data management and processes.

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

AUG 30 2022



If we are unsuccessful in our efforts to identify potential subcontractors or a joint venture partner certified by the City of Chicago as MBE, WBE, DBE, or VBE to fulfill all of the duties above, a request for a partial waiver of the contract goals will be submitted.

If you are aware of such a firm, please contact me **within ten (10) business days of receipt of this letter**. Under the City of Chicago's MBE/WBE/DBE/VBE Ordinance, your agency is entitled to comment upon this waiver request to the City of Chicago. Written comments may be directed within ten (10) business days of your receipt of this letter to: Monica Jiminez, Deputy Procurement Officer Department of Procurement Services

Sincerely,



Dr. Sherika Hill  
Executive Director  
Family Connects International

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

**AUG 30 2022**



May 26, 2022

Mr. Jaime di Paulo  
President & CEO  
Illinois Hispanic Chamber of Commerce  
222 W. Merchandise Mart Plaza Suite 1212, c/o 1871  
Chicago, IL 60654

**SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED**

Dear Mr. di Paulo:

Family Connects International intends to submit a proposal in response to a request from the Chicago Department of Public Health to assist Chicago in becoming a Certified Family Connects Community Partner in providing postnatal, nurse home-visiting assessments and referrals to improve maternal-child health and social wellbeing. In pursuit of this goal, Family Connects International will provide technical assistance, quality assurance monitoring and reporting, and client database licenses for the implementation of Family Connects (FC) in Chicago. This is intended as a non-competitive procurement due to the designation of Family Connects International as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC evidence-based model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
- Development of core messaging for these stakeholders specific to the Chicago system of care;
- Delivery of core messages through presentations and media to systems decision makers (e.g., political system, public health system, clinical health system, child welfare system, education system, justice system, etc.) to garner support for local FC program initiatives;
- Data gathering, tracking of progress, and reporting on stakeholder engagements, goals, and outcomes to include training on the tool(s) that will be used to facilitate the stakeholder data management and processes.

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AUG 30 2022

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Sincerely,



Dr. Sherika Hill  
Executive Director  
Family Connects International

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

**[www.familyconnects.org](http://www.familyconnects.org)**

AUG 30 2022



May 26, 2022

Ms. Tonya Trice  
Executive Director  
South Shore Chamber of Commerce  
1750 E. 71st Street  
Chicago, IL 60649

**SENT VIA EMAIL WITH DELIVERY RECEIPT AND READ RECEIPT REQUESTED**

Dear Ms. Trice:

Family Connects International intends to submit a proposal in response to a request from the Chicago Department of Public Health to assist Chicago in becoming a Certified Family Connects Community Partner in providing postnatal, nurse home-visiting assessments and referrals to improve maternal-child health and social wellbeing. In pursuit of this goal, Family Connects International will provide technical assistance, quality assurance monitoring and reporting, and client database licenses for the implementation of Family Connects (FC) in Chicago. This is intended as a non-competitive procurement due to the designation of Family Connects International as the sole source for such training and certification activities.

Subcontracting opportunities are limited due to the nature of the work. However, opportunities for direct and indirect participation include:

- Building a network and regularly convening local stakeholders in maternal-child public health, health systems, health policy, early childhood development and education, integrated behavioral health, public administration, environmental toxicology, community activism, parenting, and other relevant groups to inform the tailoring of the FC evidence-based model to Chicago's local context for customized implementation support, program monitoring and quality assurance, and policy engagement on the local and state level;
- Development of core messaging for these stakeholders specific to the Chicago system of care;
- Delivery of core messages through presentations and media to systems decision makers (e.g., political system, public health system, clinical health system, child welfare system, education system, justice system, etc.) to garner support for local FC program initiatives;
- Data gathering, tracking of progress, and reporting on stakeholder engagements, goals, and outcomes to include training on the tool(s) that will be used to facilitate the stakeholder data management and processes.

**Family Connects International | Box 90539 | Duke University | Durham, NC 27708**

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**AUG 30 2022**

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Sincerely,



Dr. Sherika Hill  
Executive Director  
Family Connects International



# CERTIFICATE OF LIABILITY INSURANCE

Acct# 2942906

DATE (MM/DD/YYYY)  
7/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**  
Lockton Companies, LLC  
3657 Briarpark Dr., Suite 700  
Houston, TX 77042

**CONTACT NAME:** 888-828-8365  
**PHONE (A/C, No, Ext):**  
**E-MAIL ADDRESS:**

**FAX (A/C, No):**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Indemnity Insurance Co. of North America	43575
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

**INSURED**  
FAMILY CONNECTS INTERNATIONAL  
1121 W CHAPEL HILL ST STE 100  
DURHAM, NC 27701-3080

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	C70042824	7/1/2022	10/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF CHICAGO  
DEPT OF PROCUREMENT SERVICES  
121 N. LASALLE STREET RM 806  
CHICAGO, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

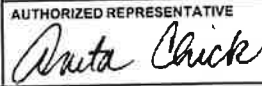
<b>PRODUCER</b> Marsh & McLennan Agency LLC 1400 Eastchester Drive High Point NC 27265	<b>CONTACT NAME:</b> Anita M. Chick, CIC, CISR, CIIP <b>PHONE (A/C, No, Ext):</b> 336-899-2402 <b>E-MAIL ADDRESS:</b> Anita.Chick@marshmma.com	<b>FAX (A/C, No):</b> 212-607-6550
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Family Connects International 3024 Glendale Ave Durham NC 27704	<b>INSURER A:</b> Alliance of Nonprofits for Insurance RRG	<b>NAIC #</b> 10023
	<b>INSURER B:</b> Lloyds Syndicate 2623/623	<b>NAIC #</b> 55555
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 1139151994      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		202273443	6/21/2022	6/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		202273443	6/21/2022	6/21/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED      RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Cyber Liability		W32B7C220101	6/21/2022	6/21/2023	Cyber Liability 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  City of Chicago, Dept of Procurement Services 121 N. LaSalle Street, Room 806 Chicago IL 60602	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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AUG 30 2022



CERTIFICATE OF FILING FOR  
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 174294

Certificate Printed on: 06/27/2022

Date of This Filing: 06/27/2022 10:33 AM

Original Filing Date: 06/27/2022 10:33 AM

Disclosing Party: Family Connects  
International

Title: Managing Director, Internal Ops

Filed by: Amy Mansperger

Matter: Comprehensive Training and Technical

Assistance for Family Connects

Applicant: Family Connects International

Specification #:

Contract #:

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://wcbapps1.chicago.gov/eds> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.





June 22, 2022

Jennifer Vidis  
Deputy Commissioner/  
Chief Program Officer Chicago Department of Public Health  
333 S. State Street, Suite 200  
Chicago, IL 60604

Dear Ms. Vidis,

This letter confirms that the pricing and quote dates provided in the proposal ***Comprehensive Training and Technical Assistance for Family Connects Implementation & Initial Program Certification (CTFC)*** are flexible and allow for initiation upon contract execution.

Sincerely,

A handwritten signature in black ink that reads "Amy Mansperger". The signature is written in a cursive, flowing style.

Amy Mansperger  
Managing Director, Internal Operations

AUG 30 2022



1121 W Chapel Hill Street, Suite 100  
 Durham, NC 27701  
 Phone: 571-241-0425

**Bill To:**

Jennifer Vidis  
 Chicago Department of Public Health  
 333 S. State Street, Suite 200  
 Chicago, IL 60604  
 Phone: 312-747-9556

**Comments or special instructions:**

# Quotation

**DATE** June 27, 2022  
**Quotation #** 100  
**Customer ID** N/A

*Quotation valid until:* December 24, 2022  
*Prepared by:* Amy Mansperger

Quotation is an estimate of TA need for CY23-25 based on existing data as of June 17, 2022.

Description	AMOUNT
Family Connects Technical Assistance Year 1 (Jan 1 - December 31, 2023) <i>Includes all support as provided in the "FCI 3-Year SOW Summary for FCC"</i>	\$262,500
Salesforce licenses <i>Up to 90 licenses. cost estimated at \$432 per license*</i>	\$38,880
Subaward to Sage Health Strategy <i>12% of total budget</i>	\$41,200
<b>Total for Y1</b>	<b>\$342,580</b>
Family Connects Technical Assistance Year 2 (Jan 1 - December 31, 2024) <i>Includes all support as provided in the "FCI 3-Year SOW Summary for FCC"</i>	\$262,500
Salesforce licenses <i>Up to 90 licenses. cost estimated at \$432 per license*</i>	\$38,880
Subaward to Sage Health Strategy <i>12% of total budget</i>	\$41,200
<b>Total for Y2</b>	<b>\$342,580</b>
Family Connects Technical Assistance Year 3 (Jan 1 - December 31, 2025) <i>Includes all support as provided in the "FCI 3-Year SOW Summary for FCC"</i>	\$262,500
Salesforce licenses <i>Up to 90 licenses. cost estimated at \$432 per license*</i>	\$38,880
Subaward to Sage Health Strategy <i>12% of total budget</i>	\$41,200
<b>Total for Y3</b>	<b>\$342,580</b>
<b>TOTAL</b>	<b>\$1,027,740</b>

*\* Salesforce licenses rate is subject to change. The current annual rate as of June 2022 is \$432 per user. Number of Salesforce licenses needed is an estimate. The rate will vary depending on the pace of scale-up of the program over the next 3 years.*

If you have any questions concerning this quotation, Amy Mansperger, 571-241-0425, amm231@duke.edu.

**THANK YOU FOR YOUR BUSINESS!**

AUG 30 2022



FCI 3-Year SOW Summary for FCC

LEGEND: ✓ Standard offerings for community partnerships □ Optional offerings for community partnerships depending on need or interest

The FCI Five Offerings Model:	Year 1 (January-December 2023)	Year 2 (January-December 2024)	Year 3 (January-December 2025)
✓ Implementation Science Support- [role: IS]	<ul style="list-style-type: none"> <li>Implementation Specialist technical assistance               <ul style="list-style-type: none"> <li>Minimum monthly facilitated team meeting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Implementation Specialist technical assistance               <ul style="list-style-type: none"> <li>Minimum monthly facilitated team meeting</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Implementation Specialist technical assistance               <ul style="list-style-type: none"> <li>Minimum monthly facilitated team meeting</li> </ul> </li> </ul>
✓ Project Management Support (for tiered and large-scaling partnerships) [role: PL]	<ul style="list-style-type: none"> <li>Minimum quarterly communities of practice meeting</li> <li>Minimum annual meeting for site visit</li> <li>Project Lead program management support</li> </ul>	<ul style="list-style-type: none"> <li>Minimum quarterly communities of practice meeting</li> <li>Minimum annual meeting for site visit</li> <li>Project Lead program management support</li> </ul>	<ul style="list-style-type: none"> <li>Minimum quarterly communities of practice meeting</li> <li>Minimum annual meeting for site visit</li> <li>Project Lead program management support</li> </ul>
✓ Records Management [role: IS, ITS]	<ul style="list-style-type: none"> <li>Minimum monthly leadership meeting</li> <li>Minimum annual meeting for site visit</li> <li>Program Records Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Minimum monthly leadership meeting</li> <li>Minimum annual meeting for site visit</li> <li>Program Records Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Minimum monthly leadership meeting</li> <li>Minimum annual meeting for site visit</li> <li>Program Records Maintenance</li> </ul>
✓ Community Partnership Team Learning [role: LDMS]	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>
✓ Community Partnership Peer Learning [role: CAI]	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment MOUs</li> <li>Data Sharing</li> <li>Agreements</li> <li>Implementation Plans</li> <li>Community Alignment Plans</li> <li>Sustainability Plans</li> <li>Meeting Notes</li> <li>Reports</li> <li>Learning Management System</li> </ul>

<p><b>Clinical Services:</b></p> <ul style="list-style-type: none"> <li>✓ Nurse home visiting [role: RNT]</li> <li><input type="checkbox"/> Clinical workflows [role: CS, M/WBE partner]</li> </ul>	<ul style="list-style-type: none"> <li>○ Self-paced, progress tracking FCI curriculum</li> <li>○ Orientation guides</li> <li>○ Design and planning tools</li> <li>• Certification to offer Continuing Education Units (CEU)</li> <li>• FCI Network Roundtables</li> <li>• Training of new nurses and/or third-party purveyor for certification to support scaling plan</li> <li>• Annual site visit for quality assurance <ul style="list-style-type: none"> <li>○ Nurse home-visiting</li> <li>○ Data Management</li> </ul> </li> <li>• Clinical Champions Network (Providers Council) Expansion</li> <li><input type="checkbox"/> Hospital Workflow Mapping</li> <li><input type="checkbox"/> Clinical Workflow Mapping: OB-&gt;Birthing Sites-&gt;Pediatrics and GYN</li> </ul>	<ul style="list-style-type: none"> <li>○ Self-paced, progress tracking FCI curriculum</li> <li>○ Orientation guides</li> <li>○ Design and planning tools</li> <li>• Introduction of Clinical CEU offerings</li> <li>• FCI Network Seminar Series</li> <li>• Training of new nurses and/or third-party purveyor for certification to support scaling plan</li> <li>• Annual site visit for quality assurance <ul style="list-style-type: none"> <li>○ Nurse home-visiting</li> <li>○ Data Management</li> </ul> </li> <li>• Clinical Champions Network (Providers Council) Expansion</li> <li><input type="checkbox"/> Hospital Workflow Mapping</li> <li><input type="checkbox"/> Clinical Workflow Mapping: OB-&gt;Birthing Sites-&gt;Pediatrics and GYN</li> </ul>	<ul style="list-style-type: none"> <li>○ Self-paced, progress tracking FCI curriculum</li> <li>○ Orientation guides</li> <li>○ Design and planning tools</li> <li>• Introduction of Implementation Science CEU Offerings</li> <li>• FCI Network Conference</li> <li>• Training of new nurses and/or third-party purveyor for certification to support scaling plan</li> <li>• Annual site visit for quality assurance <ul style="list-style-type: none"> <li>○ Nurse home-visiting</li> <li>○ Data Management</li> </ul> </li> <li>• Clinical Champions Network (Providers Council) Expansion</li> <li><input type="checkbox"/> Hospital Workflow Mapping</li> <li><input type="checkbox"/> Clinical Workflow Mapping: OB-&gt;Birthing Sites-&gt;Pediatrics and GYN</li> </ul>
<p><b>Community Alignment</b></p> <ul style="list-style-type: none"> <li>✓ CAB Support [role: CAI]</li> <li>✓ City Council Support [role: PL, FCI ELT]</li> </ul>	<ul style="list-style-type: none"> <li>• Community Advisory Boards (CAB) support <ul style="list-style-type: none"> <li>○ Ensuring minimum biannual meeting</li> <li>○ Onboarding of agencies</li> <li>○ Agency finder development</li> <li>○ CAB asset mapping and strengthening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Community Advisory Boards (CAB) support <ul style="list-style-type: none"> <li>○ Ensuring minimum biannual meeting</li> <li>○ Onboarding of agencies</li> <li>○ Agency finder development</li> <li>○ CAB asset mapping and strengthening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Community Advisory Boards (CAB) support <ul style="list-style-type: none"> <li>○ Ensuring minimum biannual meeting</li> <li>○ Onboarding of agencies</li> <li>○ Agency finder development</li> <li>○ CAB asset mapping and strengthening</li> </ul> </li> </ul>

<input type="checkbox"/> Community agencies workflow [role: CAI] <input type="checkbox"/> County/tract health & equity profiles and scaling optimization [role: CAI] <input type="checkbox"/> Progress Tracker Dashboard Development [role: CAI] <input type="checkbox"/> Collective Impact Training [role: CAI]	<ul style="list-style-type: none"> <li>○ Reporting on client needs/experiences (parental voice)</li> <li>○ Reporting on systems needs/capacity (provider &amp; agency voice)</li> <li>● Citywide Council support</li> <li>□ Community Workflow of horizontal and vertical alignment of local community agencies for family support</li> <li>□ County/tract health and equity profiles</li> </ul>	<ul style="list-style-type: none"> <li>○ Reporting on client needs/experiences (parental voice)</li> <li>○ Reporting on systems needs/capacity (provider &amp; agency voice)</li> <li>● Citywide Council support</li> <li>□ Community Workflow of horizontal and vertical alignment of local community agencies for family support</li> <li>□ Progress Tracker Dashboard Development <ul style="list-style-type: none"> <li>○ Theory of Change</li> <li>○ Logic Model</li> <li>○ Action Plan</li> <li>○ Data Visualization Tool of Systems Impact, Capacity, Productivity, Reach</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Reporting on client needs/experiences (parental voice)</li> <li>○ Reporting on systems needs/capacity (provider &amp; agency voice)</li> <li>● Citywide Council support</li> <li>□ Community Workflow of horizontal and vertical alignment of local community agencies for family support</li> <li>□ Collective Impact Training with Equity Lens <ul style="list-style-type: none"> <li>○ Shared Vision</li> <li>○ Shared Measures</li> <li>○ Shared Activities</li> <li>○ Shared Messaging</li> <li>○ Shared Resources</li> </ul> </li> </ul>
<b>Policy Support</b> <input checked="" type="checkbox"/> State-level [roles: ELT, PL, PES, M/WBE partner] <input checked="" type="checkbox"/> Citywide [roles: PL,	<ul style="list-style-type: none"> <li>● Coordination of state-level engagement, advocacy, and legislation</li> <li>● Work with M/WBE partner to build stakeholder messaging campaign to promote social capital, scaling, and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>● Coordination of state-level engagement, advocacy, and legislation</li> <li>● Work with M/WBE partner to build stakeholder messaging campaign to promote social capital, scaling, and sustainability</li> </ul>	<ul style="list-style-type: none"> <li>● Coordination of state-level engagement, advocacy, and legislation</li> <li>● Work with M/WBE partner to build stakeholder messaging campaign to promote social capital, scaling, and sustainability</li> </ul>

<p>PES, M/WBE partner]</p> <p>Local Systems' Stakeholders Workflow [roles: M/WBE partner, IS]</p>	<p><input type="checkbox"/> Stakeholders Workflow of horizontal and vertical alignment of local systems for family resources/supports</p>	<p><input type="checkbox"/> Stakeholders Workflow of horizontal and vertical alignment of local systems for family resources/supports</p>	<p><input type="checkbox"/> Stakeholders Workflow of horizontal and vertical alignment of local systems for family resources/supports</p>
<p><b>Data-driven Quality Improvement</b></p> <p>✓ IT &amp; Reporting [ITS, AS]</p>	<ul style="list-style-type: none"> <li>• Family Connects Data System Access, Training, Management, Quality Assurance <ul style="list-style-type: none"> <li>◦ Agency Finder Tool Incorporation</li> </ul> </li> <li>• Lite Direct-Entry Data Platform</li> <li>• Key Performance Indicator Reporting</li> <li>• Data Systems Ticketing</li> <li>• Data &amp; Analytics Office Hours</li> <li>• Q&amp;A Knowledgebase</li> </ul>	<ul style="list-style-type: none"> <li>• Family Connects Data System Access, Training, Management, Quality Assurance <ul style="list-style-type: none"> <li>◦ Agency Finder Tool Integration</li> </ul> </li> <li>• Lite Direct-Entry Data Platform</li> <li>• Key Performance Indicator Reporting</li> <li>• Data Systems Ticketing</li> <li>• Data &amp; Analytics Office Hours</li> <li>• Q&amp;A Knowledgebase</li> </ul>	<ul style="list-style-type: none"> <li>• Family Connects Data System Access, Training, Management, Quality Assurance <ul style="list-style-type: none"> <li>◦ Agency Finder Tool Digitization</li> </ul> </li> <li>• Lite Direct-Entry Data Platform</li> <li>• Key Performance Indicator Reporting</li> <li>• Data Systems Ticketing</li> <li>• Data &amp; Analytics Office Hours</li> <li>• Q&amp;A Knowledgebase</li> </ul>

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DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

## **CDPH Funding Source**

### **Family Connects International Non-Competitive Procurement Application**

\*Please note: the funding source for this contract is Local Fiscal Recovery Funds through the American Rescue Plan Act. The citywide scaling of Family Connects project is an approved project for this funding, per the City's Office of Budget and Management. While there is no traditional grant agreement to attach for this funding source, the following are attached: Excerpts from April 2022 City of Chicago Fiscal Recovery Fund Training for Departments & Family Connects Documentation of Eligible Project Form

**AUG 30 2022**

<b>Section I: General Contract Information</b>	
Department Name	Department of Public Health (CDPH)
Department Contact Name	Mary Emmanuel
Department Contact Number	(312) 747-1199
Department Contact Email	<a href="mailto:Mary.emmanuel@cityofchicago.org">Mary.emmanuel@cityofchicago.org</a>
Contract Number	PO 199289
Contract Subject Name	Family Connects International
Contract Initiation Date	8/9/2022
Original Contract Amount	\$408,347
Original Contract Expiration Date	12/31/2022
Budgeted amount for current year	\$1,027,740
Year to date expenditure	\$86,328.54
Are funds	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input checked="" type="checkbox"/> Grant
What is the funding strip?	21 GA00.414775.0140.220140.P04120106523.21A00H
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	Yes
If no, what is the plan to address the short fall?	
<b>Section II: Contract Modifications</b>	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$1,027,740
New total contract amount	\$1,436,087
New contract expiration date	12/31/2025
Goods/services provided by this contract	Family Connects International provides comprehensive training and technical assistance, program certification, community alignment support, and other operational assistance to CDPH as it implements citywide scaling of the Family Connects Chicago (FCC) program. FCC



	provides an evidenced-based program model, including prenatal and postpartum engagement, home visits by nurses, and linkages to ongoing services and resources as needed. FCC has proven to promote better access to care for infants and mothers and leads to positive wellness outcomes for families.
Justification of need to modify this contract	This is a sole source provider that can certify CDPH and hospitals through their intellectual property of the program model and training resources as well as their ownership of a proprietary data management system.
Impact of denial	Birthing families in Chicago will not have access to prenatal and postpartum engagement, which provides them with home visits and linkages to an array of services and resources tailored to their specific needs.
<b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
<b>Section IV: Assessment of Office of Budget and Management Analyst</b>	
Approve/Deny	Approve
OBM Analyst Initials	TJ
OBM Analyst Name/number	Tiffany Junkins (Deputy Budget Director)/ 312-744-9437



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

## **Family Connects Database – Technology Purchase, Review & Approval (TPRA) Form**

**AUG 30 2022**

**333 SOUTH STATE STREET, SUITE 200, CHICAGO, ILLINOIS 60604**

Place an 'X' in the appropriate boxes per your request:



## Technology Purchase Review & Approval Form

Effective October 1, 2014, City Department requests for the purchase of hardware, software, peripherals and related technologies under the Dell Blanket Release 49769 and CDW-G Blanket Release 33232 contracts managed by the Department of Innovation & Technology (DoIT) will require the review and approval of DoIT and the Office of Budget and Management (OBM). The procurement of approved items will be facilitated by DoIT. Department ITSCs are required to complete all sections and attach the completed form and quote to the iProc Requisition.

### SECTION 1: DEPARTMENT CONTACT

<b>Date</b> (06/23/2022)	Public Health (CDPH)/Maternal, Infant, Child & Adolescent Health Bureau		
<b>CONTACT INFO</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>ITSC</b>	Madeline Shea/ Robert DeJesus	312-747-0159; 312-745-3533	Madeline.Shea@cityofchicago.org; Robert.Dejesus@cityofchicago.org

### SECTION 2: TECHNOLOGY TYPE

Type of Technology Requested: Describe ALL that apply. Please note that the policy restricts hardware replacements to only end-of-life devices as determined by DoIT.

Technology Type	Qty	New or Existing Equipment?	Description
Computers – Desktops, All-In-One PC(s), High-End Workstations			
Mobile Devices – Notebooks, Tablets, Ruggedized Toughbooks			
Peripherals – Printers*, Monitors, Keyboards, Mice, Digital Cameras, etc.			
Servers and Storage			
Networking Equipment			
Software: All Manufacturers and Types	90	Existing	Sales licenses for Family Connects client database

Place an 'X' in the appropriate boxes per your request:

Non-Standard Technology Manufacturer or Products that are not on the contract or not currently supported by DoIT and Unisys	X		
--	---	--	--

\*Requests for the purchase of any non Canon printers, scanners, or facsimile devices must be made via the Non-Canon Device Request Form located on SharePoint:  
<https://chicagov.sharepoint.com/sites/obm/non-Canonpolicy>

<b>Date of Quote: Please attach a copy</b>	
--	--

Last Revised: 5/3/2017

<b>If this purchase is for new cloud-based software was the questionnaire submitted and CIO approval obtained?</b>	Yes	No	X
--	-----	----	---

<b>Is this request for Hardware/Software related to an existing Project request?</b>	Yes	No	X
<b>If so, Project Number</b>			

**SECTION 3: BUSINESS CASE & FINANCIAL REVIEW (Reviewed by OBM)**  
 Please complete the following for all hardware and software requests.

a.) Explain why this technology purchase is required and the specific business purpose and benefit to the City? If the request was denied, explain the impact to the City and/or operation.

This software is database that was developed to support the collection, storage, reporting, analysis, and Program evaluation for the evidence-based Family Connects universal nurse home visiting program. CDPH Nurses use licenses to the database to collect, store, and report on participants served through the Family Connects program.

Please note: this database has been previously approved through this process and has been in use by CDPH MICAH staff since 2021. Approval is needed for ongoing Purchases of licenses to the database.

b.) Describe what options were explored by the department in terms of utilizing existing resources rather than making a new purchase? Identify existing technology that will be replaced or retired (if applicable). Note that DoIT will determine when equipment is at end-of-life and replacement is warranted.

This sales force database was customized specifically for the program model and is the only data management option for this program.

c.) Was this purchase contemplated for and included in your current fiscal year budget? If yes, specify the funding strip and budgeted amount. If no, explain how the department plans to absorb the unanticipated expenditure?

CDPH will receive ongoing technical assistance and support on use of the database through a larger professional Services contract with Family Connects International, the development of the customized database.

Place an 'X' in the appropriate boxes per your request:

d.) [Answer only if applicable.] If a new item is approved, describe how the department will provide support and resolve any technical issues if support is not provided by DoIT/Unisys NDS.

N/A
-----

Last Revised: 5/3/2017

**SECTION 4: FUNDING**

Amount of total funding required:	\$116,640
Is the full amount of funding available in the department's fiscal year budget?	Yes
Specify the funding strip(s) that will be used to pay for the purchase:	023-GA00-0414775-0140-220140-P04120106523-21A008H
Is the request greater than \$5,000?	Yes

**SECTION 5: REQUIRED SIGNATURES & SHIPPING INFORMATION**

(mm/dd/yyyy)

ITSC	<i>[Signature]</i>	Date:	06-28-2022
*Department Head or Deputy	<i>Allin Awady, MD</i>	Date:	6/28/2022
**Chief Information Officer		Date:	
***Budget Director		Date:	

- \*Required only if purchases are over \$5000 or does not comply with the CoC Technology Purchase Policy.
- \*\*Required only for new cloud-based software requests or if purchase does not comply with the Policy.
- \*\*\* Required only if purchase does not comply with the Policy.

**SHIP TO:**

Department	CDPH
Address Line	333 S. State, Suite 200
City, State Zip	Chicago, IL 60604
Attention To:	Madeline Shea
Contact Phone #	312-747-0159

**ATTACH THE COMPLETED FORM TO THE REQUEST IN THE E-PROCUREMENT SYSTEM**



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

# APPENDIX

## **Family Connects International Non-Competitive Procurement Application for PO# 199289**

- Transfer of Contract Agreement
- Chicago Recovery Plan Documentation (funding source documentation)
  - Family Connects Program Model - Proprietary Materials
  - List of Evidence-Based Home Visiting Models

**AUG 3 0 2022**

**333 SOUTH STATE STREET, SUITE 200, CHICAGO, ILLINOIS 60604**



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

## **Transfer of Contract Agreement**

**Family Connects International  
Non-Competitive Procurement Application for PO# 199289**





CITY OF CHICAGO

\*

DEPARTMENT OF PROCUREMENT SERVICES

**Transfer of Contract Agreement**

Effective upon the consent of the City of Chicago,

**ASSIGNOR** Center for Child and Family Health, Inc. (Original Contractor Name), a  
North Carolina (State of Incorporation) corporation, 1121 West Chapel  
Hill Street, Suite 100, Durham, NC 27701 (Original Contractor Address) ("Assignor") assigns its rights  
and delegates its duties and obligations under the City of Chicago contract identified below ("Contract") to

**ASSIGNEE** Family Connects International (Assignee Company Name), a  
North Carolina (State of Incorporation) corporation, 811 Ninth Street,  
Suite 120 #195, Durham, NC 27705 (Assignee Company Address) ("Assignee").

Specification Number of the Contract: 1208557

Contract Number: 142489

Job/Project Description and/or #: Comprehensive Training and Technical Assistance for Family Connects

Effective immediately, Assignee accepts Assignor's rights under the Contract and assumes performance of the Contract, including all of Assignor's duties, and obligations under it, which may require Assignee to post a performance and payment bond acceptable to the City of Chicago. By this instrument, Assignor authorizes and directs the Comptroller of the City of Chicago to pay Assignee, all moneys due under the Contract for work performed after the effective date of this transfer.

SIGNED as of this 13 day of JULY, 2022 by:

**ASSIGNOR:**  
CENTER FOR CHILD AND FAMILY HEALTH  
(Original Contractor Name)

By: [Signature]  
(Authorized Signature)  
Title: EXECUTIVE DIRECTOR  
(Print)  
Name: ROBERT A. MURPHY  
(Print)  
Attest: [Signature]  
(Corporate Secretary)

AFFIX CORPORATE SEAL (If required by state of incorporation)



121 NORTH LASALLE STREET, ROOM 616, CHICAGO, ILLINOIS 60602

AUG 30 2022

State of North Carolina, County of Durham  
This instrument was ACKNOWLEDGED before me this 13 day of July, 2022 by:  
Robert Murphy as Executive Director of The Center for Child and Family Health  
and Aratladean Arrean as Corporate Secretary of The Center for Child and Family Health

Constance Slade  
Notary Public



ASSIGNEE:

Family Connects International  
(New Contractor Name)

By: Amy Mansperger  
(Authorized Signature)  
Title: President  
(Print)  
Name: Amy Mansperger (McAnn)  
(Print)  
Attest: Shamira H. Wright  
(Corporate Secretary)

AFFIX CORPORATE SEAL (if required in state of incorporation)

State of North Carolina, County of Durham  
This instrument was ACKNOWLEDGED before me this 13 day of July, 2022 by:  
Amy Mansperger as President of Family Connects International  
and Shamira Wright as Administrative Operations Analyst of Family Connects International

Constance Slade  
Notary Public



CONSENT TO TRANSFER OF CONTRACT

THE CITY OF CHICAGO consents to the transfer of the above Contract from the Assignor, \_\_\_\_\_, to the Assignee, \_\_\_\_\_, and will accept performance from the Assignee. This consent is for the convenience of the Assignor and the Assignee; it does not relieve Assignor of its duties and obligations to the City under the Contract. The Assignor and the Assignee may agree to additional terms and conditions between themselves consistent with the terms and conditions of this Consent and the above Transfer of Contract Agreement.

CITY OF CHICAGO  
By: Aileen Velazquez  
Chief Procurement Officer  
City of Chicago

Date: 28th July 2022

Revised: 3/2/2022

AUG 30 2022

# Chicago Recovery Plan Project Documentation Form



**Project Title:** Chicago Family Connects

**Lead Department:** Chicago Department of Public Health

**Other Department Stakeholder(s):** Click or tap here to enter text.

**Program Manager Name:** Jessica Wilkerson, Director of Program Operations, CDPH

**Contact Email:** [jessica.wilkerson@cityofchicago.org](mailto:jessica.wilkerson@cityofchicago.org)

**Funding Requested:** \$25,000,000

**Estimated Project Start Date:** 6/1/2022

**Estimated End Date:** 12/31/2024

## 1. Project Eligibility

- A. Please provide a brief description of this project, including a summary of how it will operate and what its major goals are.

This project will scale the current pilot of Family Connects Chicago (FCC). FCC is an evidence-based program that combines engagement and alignment of community service providers with short-term nurse home visiting for all birthing persons, newborns, and their families in a community. The home visit includes a comprehensive physical assessment for the birthing person and infant, and connection to resources tailored to the families needs. It is a voluntary program that is provided at no cost to families. The goals of Family Connects Chicago are to improve health outcomes at the population level and address racial disparities in maternal and child health outcomes.

Key program activities include:

- Expansion of the current pilot at 4 Chicago birthing hospitals to all 15 birthing hospitals. Each hospital will have a team of nurses (either hospital based or CDPH public health nurses) providing home visits within 3-5 weeks post-partum to Chicago families delivering at the hospital.
- Expansion of the regional system of community alignment to all 6 regions in Chicago. Delegate agencies, selected through a RFP process, will organize and lead regional community alignment boards consisting of community members, health and social service providers. The boards, using data from the home visits about the needs of families with newborns in their regions, will identify and coordinate resources to meet those needs.

- B. What pandemic-related harm(s) does this project address?

During the pandemic many Chicago residents lost health coverage or were unable to access healthcare. They may have also experienced job loss which made paying bills related to housing or food items a challenge. By providing comprehensive visits to families after bringing home a newborn we can help identify the needs of a family and get them connected to resources to help them find the supports and assistance they need/want.

## Chicago Recovery Plan Project Documentation Form



Multiple studies also examined maternal mental health and stress related to the COVID-19 pandemic and found increases in maternal stress, depression, and other mental health concerns during the pandemic. In some studies these findings were also linked to maternal concerns regarding finances and resources.

### C. What data or other sources exist to illustrate this harm?

35% of Black residents lost healthcare coverage, compared to 19% of white residents  
27% of Latinx residents were unable to access healthcare, compared to 10% of Asian Chicagoans and 8% of white Chicagoans  
37% of Black residents and 34% of Latinx residents put off paying for food, compared to 10% of whites  
28% of Black Chicagoans and 25% of Latinx Chicagoans worried about having enough money for housing, compared to 12% of whites

### D. What population(s) experienced this pandemic-related harm?

Black and Latinx were impacted the most during this time. Perinatal women faced mental health concerns. In some studies these findings were more acute among minority populations.

### E. How would this project address the harm described above?

By providing comprehensive visits to families with newborns we can help identify the needs of a family and get them connected to resources to help them find the supports and assistance they need/want.

When the registered nurse conducts the home visit they are asking families about social determinants of health, including but not limited to questions about food insecurity, connections to healthcare and housing. During this interaction if it is determined that a family has a need and would benefit from connections to services our nurses will search our resource finder. The resource finder has an comprehensive list of organizations that can provide services to families in Chicago. The nurse works with the family to determine which organization/s are accessible for the family and then helps the family connect with those organizations to receive services based on the needs that were identified during the visit. By assessing the needs and connecting to resources we can help families navigate a complex system to help ensure that healthcare connections, Housing and food resources

### F. How many beneficiaries (e.g., individuals) would receive benefits from this program?

5,000 or more

### G. How was this project determined to be cost reasonable? Were other project models considered?

The cost of the program was based on the implementation of the program pilot, which tested different staffing models and assessed the necessary level of funding for delegate agencies to effectively implement the community alignment component. By contracting with all birthing hospitals to hire their own staff, rather than using CDPH public health nurses, we can more quickly and cost effectively reach scale. Other project models were not considered

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# Chicago Recovery Plan Project Documentation Form



because of the prior investment in this model through the pilot and because this is the only universal evidence-based home visiting model that has a nurse complete the visit which ensures a clinical health assessment, as well as assessment of social and economic needs, of families. In terms of cost effectiveness, we maximize resources through implementation of a light-touch but universal model that has the potential to serve a large population while accomplishing the triple purpose of impacting individual health, improving service coordination, and building systems-level capacity to address the needs of Chicago families.

H. What Neighborhood will this program serve?  
 Family Connects Chicago will provide services to families welcoming a newborn in every Chicago community area.

I. Does the expense fall into one of the categories established by Treasury for eligible CRF expenditures? *Select the category in which this expense falls below that also reflects the reporting category used for this program, if applicable.*

1. Public Health	Reporting Requirements	
	Equity	Evidence
<b>COVID-19 Mitigation &amp; Prevention</b>		
<input type="checkbox"/> 1.1 COVID-19 Vaccination ^	^	
<input type="checkbox"/> 1.2 COVID-19 Testing ^	^	
<input type="checkbox"/> 1.3 COVID-19 Contact Tracing ^	^	
<input type="checkbox"/> 1.4 Prevention in Congregate Settings (Nursing Homes, Prisons, Work Sites, Schools, etc.) *^	^	*
<input type="checkbox"/> 1.5 Personal Protective Equipment ^	^	
<input type="checkbox"/> 1.6 Medical Expenses (including Alternative Care Facilities) ^	^	
<input type="checkbox"/> 1.7 Other COVID-19 Public Health Expenses (e.g., Communications, Enforcement, Quarantine) ^	^	
<input type="checkbox"/> 1.8 COVID-19 Assistance to Small Businesses ^	^	
<input type="checkbox"/> 1.9 COVID-19 Assistance to Non-Profits ^	^	
<input type="checkbox"/> 1.10 COVID-19 Aid to Impacted Industries ^	^	
<b>Community Violence Interventions</b>		
<input type="checkbox"/> 1.11 Community Violence Interventions *^	^	*
<b>Behavioral Health</b>		
<input type="checkbox"/> 1.12 Mental Health Services *^	^	*
<input type="checkbox"/> 1.13 Substance Use Services *^	^	*
<b>Other</b>		
<input checked="" type="checkbox"/> 1.14 Other Public Health Services ^	^	
<b>2. Negative Economic Impacts</b>		
<b>Assistance to Households</b>		
<input type="checkbox"/> 2.1 Household Assistance: Food Programs *^	^	*
<input type="checkbox"/> 2.2 Household Assistance: Rent, Mortgage, and Utility Aid *^	^	*
<input type="checkbox"/> 2.3 Household Assistance: Cash Transfers *^	^	*
<input type="checkbox"/> 2.4 Household Assistance: Internet Access Programs *^	^	*
<input type="checkbox"/> 2.5 Household Assistance: Paid Sick and Medical Leave ^	^	
<input type="checkbox"/> 2.6 Household Assistance: Health Insurance *^	^	*
<input type="checkbox"/> 2.7 Household Assistance: Services for Unbanked *^	^	*

# Chicago Recovery Plan Project Documentation Form



<input type="checkbox"/>	2.8 Household Assistance: Survivor's Benefits ^	^	
<input type="checkbox"/>	2.9 Unemployment Benefits or Cash Assistance to Unemployed Workers *^	^	*
<input type="checkbox"/>	2.10 Assistance to Unemployed or Underemployed Workers (e.g., job training, subsidized employment, employment supports, or incentives) *^	^	*
<input type="checkbox"/>	2.11 Healthy Childhood Environments: Child Care *^	^	*
<input type="checkbox"/>	2.12 Healthy Childhood Environments: Home Visiting *^	^	*
<input type="checkbox"/>	2.13 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System *^	^	*
<input type="checkbox"/>	2.14 Healthy Childhood Environments: Early Learning *^	^	*
<input type="checkbox"/>	2.15 Long-term Housing Security: Affordable Housing *^	^	*
<input type="checkbox"/>	2.16 Long-term Housing Security: Services for Unhoused Persons *^	^	*
<input type="checkbox"/>	2.17 Housing Support: Housing Vouchers and Relocation Assistance for Disproportionately Impacted Communities *^	^	*
<input type="checkbox"/>	2.18 Housing Support: Other Housing Assistance *^	^	*
<input type="checkbox"/>	2.19 Social Determinants of Health: Community Health Workers or Benefits Navigators *^	^	*
<input type="checkbox"/>	2.20 Social Determinants of Health: Lead Remediation *^	^	*
<input type="checkbox"/>	2.21 Medical Facilities for Disproportionately Impacted Communities ^	^	
<input type="checkbox"/>	2.22 Strong Healthy Communities: Neighborhood Features that Promote Health and Safety ^	^	
<input type="checkbox"/>	2.23 Strong Healthy Communities: Demolition and Rehabilitation of Properties ^	^	
<input type="checkbox"/>	2.24 Addressing Educational Disparities: Aid to High-Poverty Districts ^	^	
<input type="checkbox"/>	2.25 Addressing Educational Disparities: Academic, Social, and Emotional Services *^	^	*
<input type="checkbox"/>	2.26 Addressing Educational Disparities: Mental Health Services *^	^	*
<input type="checkbox"/>	2.27 Addressing Impacts of Lost Instructional Time ^	^	
<input type="checkbox"/>	2.28 Contributions to UI Trust Funds ^	^	
<b>Assistance to Small Businesses</b>			
<input type="checkbox"/>	2.29 Loans or Grants to Mitigate Financial Hardship ^	^	
<input type="checkbox"/>	2.30 Technical Assistance, Counseling, or Business Planning *^	^	*
<input type="checkbox"/>	2.31 Rehabilitation of Commercial Properties or Other Improvements ^	^	
<input type="checkbox"/>	2.32 Business Incubators and Start-Up or Expansion Assistance *^	^	*
<input type="checkbox"/>	2.33 Enhanced Support to Microbusinesses *^	^	*
<b>Assistance to Non-Profits</b>			
<input type="checkbox"/>	2.34 Assistance to Impacted Nonprofit Organizations (Impacted or Disproportionately Impacted) ^	^	
<b>Aid to Impacted Industries</b>			
<input type="checkbox"/>	2.35 Aid to Tourism, Travel, or Hospitality ^	^	
<input type="checkbox"/>	2.36 Aid to Other Impacted Industries ^	^	
<b>Other</b>			
<input type="checkbox"/>	2.37 Economic Impact Assistance: Other *^	^	*
<b>3. Public Health – Negative Economic Impact: Public Sector Capacity</b>			
<b>General Provisions</b>			

# Chicago Recovery Plan Project Documentation Form



<input type="checkbox"/>	3.1 Public Sector Workforce: Payroll and Benefits for Public Health, Public Safety, or Human Services Workers		
<input type="checkbox"/>	3.2 Public Sector Workforce: Rehiring Public Sector Staff		
<input type="checkbox"/>	3.3 Public Sector Workforce: Other		
<input type="checkbox"/>	3.4 Public Sector Capacity: Effective Service Delivery		
<input type="checkbox"/>	3.5 Public Sector Capacity: Administrative Needs		
<b>Infrastructure</b>			
<b>Water and Sewer</b>			
<input type="checkbox"/>	5.1 Clean Water: Centralized Wastewater Treatment		
<input type="checkbox"/>	5.2 Clean Water: Centralized Wastewater Collection and Conveyance		
<input type="checkbox"/>	5.3 Clean Water: Decentralized Wastewater		
<input type="checkbox"/>	5.4 Clean Water: Combined Sewer Overflows		
<input type="checkbox"/>	5.5 Clean Water: Other Sewer Infrastructure		
<input type="checkbox"/>	5.6 Clean Water: Stormwater		
<input type="checkbox"/>	5.7 Clean Water: Energy Conservation		
<input type="checkbox"/>	5.8 Clean Water: Water Conservation		
<input type="checkbox"/>	5.9 Clean Water: Nonpoint Source		
<input type="checkbox"/>	5.10 Drinking Water: Treatment		
<input type="checkbox"/>	5.11 Drinking Water: Transmission & Distribution		
<input type="checkbox"/>	5.12 Drinking Water: Transmission & Distribution: Lead Remediation		
<input type="checkbox"/>	5.13 Drinking Water: Source		
<input type="checkbox"/>	5.14 Drinking Water: Storage		
<input type="checkbox"/>	5.15 Drinking Water: Other water infrastructure		
<input type="checkbox"/>	5.16 Water and Sewer: Private Wells		
<input type="checkbox"/>	5.17 Water and Sewer: IJA Bureau of Reclamation Match		
<input type="checkbox"/>	5.18 Water and Sewer: Other		
<b>Broadband</b>			
<input type="checkbox"/>	5.19 Broadband: "Last Mile" Projects		
<input type="checkbox"/>	5.20 Broadband: IJA Match		
<input type="checkbox"/>	5.21 Broadband: Other Projects		
<b>6. Revenue Replacement</b>			
<input type="checkbox"/>	6.1 Provision of Government Services		
<input type="checkbox"/>	6.2 Non-federal Match for Other Federal Programs		
<b>7. Administrative</b>			
<input type="checkbox"/>	7.1 Administrative Expenses		
<input type="checkbox"/>	7.2 Transfers to Other Units of Government		

## 2. Program Design

A. Is there a program(s) or project(s) the project modeled after? *If yes, please describe.*

Yes. Family Connects Chicago is modeled after Family Connects International, an evidence-based program that connects parents of newborns to the community resources they need through postpartum

## Chicago Recovery Plan Project Documentation Form



nurse home visits. The program builds a transformative system of care, offering a universal touch point to triage and assess infant and maternal health, an aligned set of resources, and a warm hand-off to follow-up services. Family Connects improves the health and well-being of every family with a newborn while striving to eliminate racial disparities.

The program is built on three components: community alignment, nurse home visiting, and data and monitoring. Program staff work with community agencies to grow an infrastructure that is committed to supporting all families at birth and providing equal access to community resources. Registered nurses implement universal primary care by reaching out to every family giving birth in a community, providing health assessments for mother and infant, identifying family-specific needs, and connecting them to **community resources**. Documentation of visits are included in the family's medical record and quality assurance measures for all visits are in place.

B. Roughly, how many months will be required to ready the program for implementation?

We have been operating a pilot program of Family Connects Chicago with four labor and delivery hospitals since March of 2020. This funding will allow us to expand to all labor and delivery hospitals in Chicago. We anticipate that the expansion will be launching by October 2022.

C. What milestones need to be met to implement the project?

Milestone Description
1. Recruitment of and contracting with all Chicago birthing hospitals.
2. RFP and selection of CBOs to serve as delegate agencies for the regional community alignment boards.
3. Convening the Community Alignment Boards across all 6 regions.
4. Initiation of home visiting services for families delivering at all Chicago birthing hospitals.
5. Hiring nurses and staff to deliver the visits to families.

D. What is the method of program delivery? *Check all that apply.*

Through purchase agreement (s) / contract (s)

### 3. Project Financing & Budget

A. Please fill out the **Chicago Recovery Plan Budget Template** spreadsheet and use it to report the breakdown of your anticipated costs for this project in the following table.

Cost	2022	2023	2024	2025	2026
Personnel	\$ 566,342	\$ 1,132,684	\$ 1,132,684	\$ _____	\$ _____
Contracts	\$ 7,541,217	\$ 6,836,950	\$ 6,836,950	\$ _____	\$ _____
Commodities	\$ 0	\$ 0	\$ 0	\$ _____	\$ _____
Capital	\$ 0	\$ 0	\$ 0	\$ _____	\$ _____
Other Costs	\$ 208,487	\$ 20,987	\$ 20,987	\$ _____	\$ _____
<b>Total</b>	<b>\$ 8,316,046</b>	<b>\$ 7,990,621</b>	<b>\$ 7,990,621</b>	<b>\$ _____</b>	<b>\$ _____</b>

B. Please share any major budget uncertainties or unknowns that might impact this project.



# Chicago Recovery Plan Project Documentation Form



The allocation of funding to hospitals for the hiring of staff and covering non-personnel expenses was estimated based on assumptions about the cost of services based on the pilot, the willingness of hospitals to join the expansion, the timing of when they would join the expansion and the staffing model hospitals would opt to use. As outreach and recruitment of hospitals continues, the allocation of this funding may shift to different time frames or different activities. The timing of procurement and hiring may also impact the current plans for timing of spend. There are no anticipated shortfalls in budget that would impact the project.

C. Are there any project costs that will be covered by non-ARPA funding streams? What, if any, other funding sources will be leveraged?

There are considerable project costs covered by other funding streams. We will be using ~\$4M funds from the MCH Title V Block grant (IDPH), ~\$975K from the Chicago Family Connects (IDHS) and \$243,000 in City corporate funds to support CDPH staff, delegate agency and professional service contracts and other non-personnel expenses related to implementation of the program.

D. Describe any available funding alternatives for this project. *For example, are there other grants available to fund this project? Are there opportunities to leverage non-ARPA funds?*

At time we do not have other funding sources that would cover the cost of the citywide expansion in it's entirety.

E. Will this project require ongoing project costs after 2026? Is there a plan to sustain the project long-term after ARPA funds are no longer available? *Please answer in detail and share any supporting documentation (e.g., alternative revenue plan, service model continuum, potential additional partners, organizational strategy).*

We are working with our partners and advocates to put together sustainable funding for the program after 2026. This could include policy changes at the federal and state level to have universal newborn support visits covered by Medicaid and private insurance.

F. How will this program distribute benefits to participants?

- |   |  |
|---|--|
| <input type="checkbox"/> Direct cash assistance | <input type="checkbox"/> Goods (directly to an individual)               |
| <input type="checkbox"/> Grants                 | <input checked="" type="checkbox"/> Services (directly to an individual) |
| <input type="checkbox"/> Loans (forgivable)     | <input type="checkbox"/> Investment in public good                       |
| <input type="checkbox"/> Loans (paid back)      | <input type="checkbox"/> Other _____                                     |

## 4. Evidence-Based Practices

A. Is this project intervention supported by a base of formal, peer-reviewed evidence, or will it undergo project evaluation to gauge its effectiveness? *If yes, please describe and/or share links to supporting information.*

- Yes                       No                       Unsure

B. What metrics do you intend to capture to measure the impact of this program?

Performance Measure	Current Output/Outcome	Expected Output/Outcome
---------------------	------------------------	-------------------------

# Chicago Recovery Plan Project Documentation Form



Population Reach	45% of eligible population completes a home visit	60% of eligible population completes a home visit
Referral Connection Rate	89%	75%
Visit Satisfaction Rate	96%	96% or higher

## 5. Equity & Engagement

- A. Please describe any particular historically underserved, marginalized, or adversely affected groups that you intend to serve with this project.

Using a universal approach this program will be offered to all families within Chicago. This will ensure that all populations, including underserved populations will have access to this program. In addition, the community alignment aspect of this will identify gaps in resources in communities with the most need. This will ensure access to resources and services to those who need it most. The community alignment boards in some of the city's highest need areas were started first to ensure equitable access to resources.

- B. Please explain how potential beneficiaries will be made aware of the program's services, particularly those who are hard-to-reach or particularly vulnerable.

We will engage with our CAB's and other key stakeholders to put together comprehensive marketing and outreach plans. We will seek input from families to create materials and messaging that help promote Family Connects Chicago. We will ensure that clinical and community service providers are educated and prepared to promote Family Connects in the prenatal and postpartum space, allowing us to normalize home visiting as an option for everyone who gives birth in the city of Chicago.

- C. Describe any ways in which this project will incorporate feedback from constituents, community-based organizations, and program participants into the design of the program.

The Family Connects model relies heavily on community alignment to function optimally. Community alignment is the process whereby local knowledge and expertise feeds into the universal referral system and increased coordination of resources is achieved. The community alignment functions include enhancing access to services for needs identified during home visits, improving family connections with providers, identifying system-level issues, and elevating policy issues.

Chicago has adapted the model to address the city's scale and diversity of communities by organizing the city into 6 regions, each of which have a unique community alignment board. These boards consist of health and social service providers, early childhood providers, individual community members, advocates, and other maternal child health stakeholders. Their role is to interpret the data from the home visits about the needs of families in their communities, identify community resources and services to meet those needs, inform the program about ways to improve reach of the service, and advocate for resources to address gaps.

- D. Describe any project outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, or other (related) equity dimensions.

*Improve population health outcomes for Chicago families welcoming newborns  
Advance equity- driven systems change to transform parent and child health*

# Chicago Recovery Plan Project Documentation Form



Metrics are reported by across priority factors: a) Demographics (split by race/ethnicity, educational level, insurance type, language); b) Community areas reflecting disparities in social determinants of health (i.e. scoring lower on the Child Opportunity Index 2.0). They are also split by geography/ zip code for regional CABs, and by region for citywide CAB. Data are reported at the lowest degree possible while maintaining participant confidentiality.

E. **Service Region:** Where will the services or benefits of this project's intervention be located? *If at multiple sites, please indicate all addresses.*

Services Locations
1. Delivery of the visit happens in homes in communities across Chicago
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

F. Please indicate the zip code(s) where your project will take place.

60601, 60602, 60603, 60604, 60605, 60606, 60607, 60608, 60609, 60610, 60611, 60612, 60613, 60614, 60615, 60616, 60617, 60618, 60619, 60620, 60621, 60622, 60623, 60624, 60625, 60626, 60628, 60629, 60630, 60631, 60632, 60633, 60634, 60636, 60637, 60638, 60639, 60640, 60641, 60642, 60643, 60644, 60645, 60646, 60647, 60649, 60651, 60652, 60653, 60654, 60655, 60656, 60657, 60659, 60660, 60661, 60666, 60707, 60827
---

G. Does your project *primarily* (+50%) serve disadvantaged communities?

- Yes, the project/service (or majority of sites) is located in a [Qualified Census Tract \(link\)](#).
- Yes, a majority of the project/service's intended beneficiaries lived in a Qualified Census Tract.
- Yes, primary intended beneficiaries earn under [60% median income in Chicago \(link\)](#).
- Yes, over 25% of the intended beneficiaries fall below the [federal poverty line \(link\)](#).
- No, it does not.

## 6. Projects Implemented by Subrecipient Delegates

A. How many delegate awards do you anticipate awarding?

We will award approximately 21 delegate awards.

B. What are the minimum and maximum dollar amounts of delegate awards that you anticipate?

Minimum	Maximum
\$ 600,000/3 years	\$ 1,335,000/3 years

C. Do you have a risk assessment framework that will apply to award determinations?

- Yes
- No
- Unsure

D. Do you anticipate awarding contracts to sub-recipients with whom the City does not have prior experience?

## Chicago Recovery Plan Project Documentation Form



- Yes                                       No                                       Unsure
- E. Do you have a framework for monitoring sub-recipient progress?  
 Yes                                       No                                       Unsure
- F. How do you intend to collect outcome data from sub-recipients?  
 Yes                                       No                                       Unsure
- G. Is there a plan to calculate and monitor duplication of benefits for the beneficiaries of this program?  
 Yes                                       No                                       Unsure



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

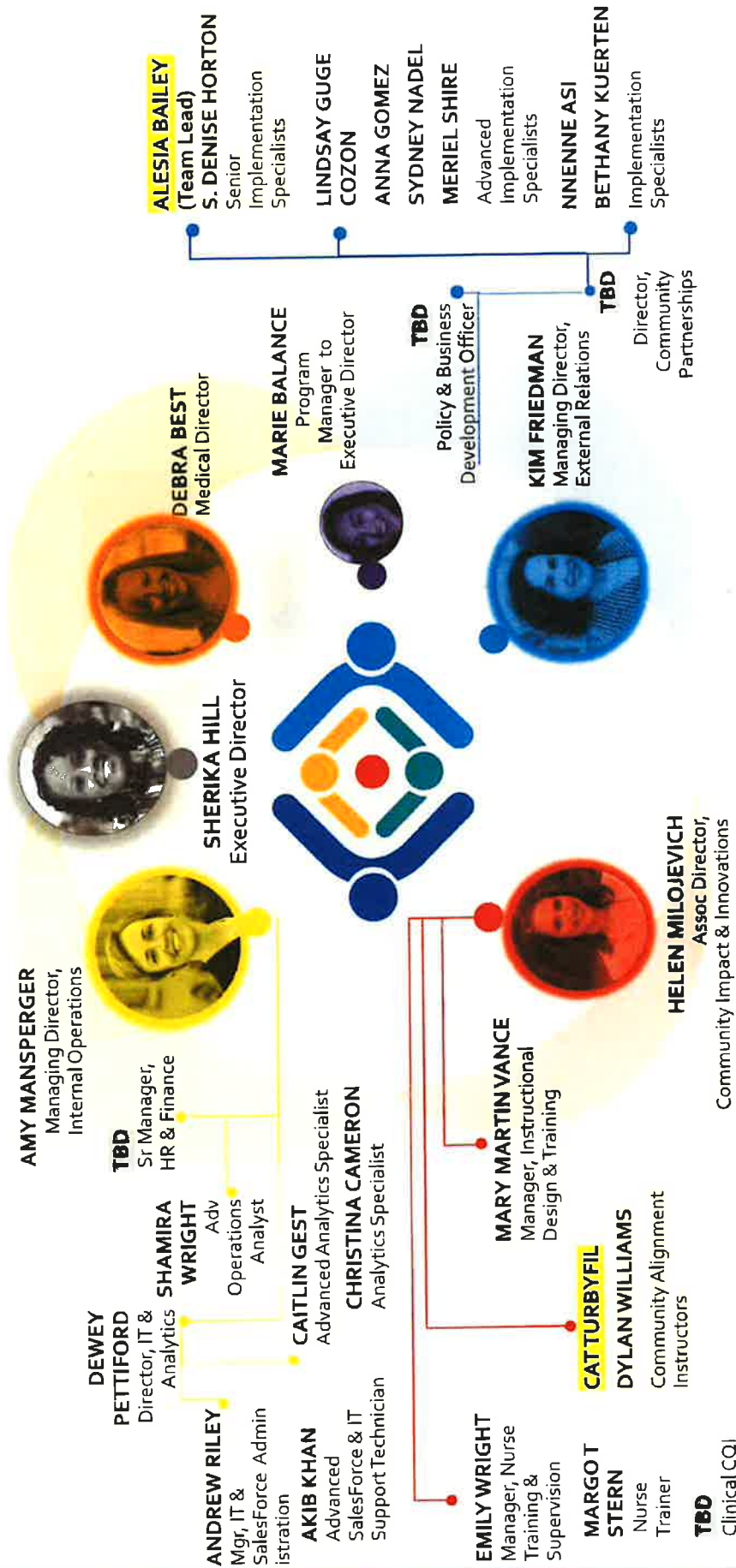
## **Family Connects Program Model - Proprietary Materials**

### **Family Connects International Non-Competitive Procurement Application for PO# 199289**

- FCI Organizational Chart  
Family Support Matrix
- Family Connects Manual (cover page)
- FCI Salesforce Report Guide (cover page)
- FCI Community Alignment Manual (cover page)

**AUG 30 2022**

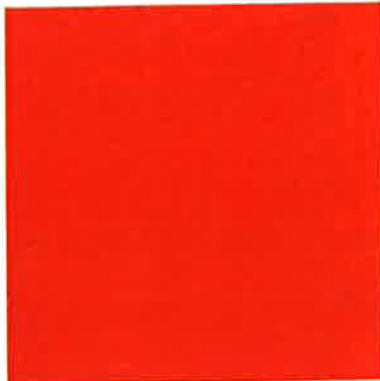
# FCI NPO Organization Chart (July 2022)



## Family Support Matrix Domains

- |                         |   |
|-------------------------|---|
| Support for Health Care | <ul style="list-style-type: none"> <li>1. Maternal Health</li> <li>2. Infant Health</li> <li>3. Health Care Plans</li> </ul>  |
| Support for Infant Care | <ul style="list-style-type: none"> <li>4. Child Care Plans</li> <li>5. Parent-Child Relationship</li> <li>6. Management of Infant Crying</li> </ul>                             |
| Support for a Safe Home | <ul style="list-style-type: none"> <li>7. Household Safety/Material Supports</li> <li>8. Family and Community Safety</li> <li>9. History with Parenting Difficulties</li> </ul> |
| Support for Parent(s)   | <ul style="list-style-type: none"> <li>10. Parent Well Being</li> <li>11. Substance Abuse in Household</li> <li>12. Parent Emotional Support</li> </ul>                         |

*Explanatory items:*  
 1 - No family level  
 2 - Needs addressed during visit  
 3 - Community resources provided  
 4 - Emergency intervention needed



# Family Connects Program Manual

**Program developers:**

**Karen O'Donnell, PhD**

**Robert A. Murphy, PhD**

**Kenneth A. Dodge, PhD**



AUG 3 0 2022



**Mission Statement:**

Family Connects International is committed to improving the health and well-being of children and families by bringing evidence-based solutions to every community, undertaking innovative research and evaluation, and engaging in public policy.

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[www.familyconnects.org](http://www.familyconnects.org)

*This manual was developed for Family Connects International in collaboration with Asemio. It is intended to be used in conjunction with a number of training videos, also developed in collaboration with Asemio. Your Family Connects point person will share those links.*

© Family Connects International 2019





# Family Connects Salesforce Report Guide

Version 2.0  
*(Updated April 2019)*

**AUG 3 0 2022**



# COMMUNITY ALIGNMENT MANUAL

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August 2019

Krysta Gougler-Reeves, MSW, MPH  
Jessica McCoppin, MPH  
Jeff Quinn, MPH

AUG 30 2022

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## EXECUTIVE SUMMARY

Home Visiting Evidence of Effectiveness (HomVEE) was launched in fall 2009 to conduct a thorough and transparent review of the home visiting research literature. HomVEE provides an assessment of the evidence of effectiveness for home visiting models that serve families with pregnant women and children from birth to kindergarten entry (that is, up through age 5). The HomVEE review is conducted by Mathematica on behalf of the U.S. Department of Health and Human Services (HHS).

The HomVEE review provides information about which home visiting models have evidence of effectiveness as defined by HHS, as well as detailed information about the samples of families who participated in the research, the outcomes measured in each study, and implementation features of each model.

This executive summary provides an overview of the HomVEE review process, a summary of the review results, and a link to the HomVEE website for more detailed information. As of 2019, HomVEE divides reviews into two tracks:

- Track 1 is for models that HomVEE has not previously found to be evidence based (that is, models that either have never been reviewed by HomVEE before or were reviewed but did not meet the criteria for evidence of effectiveness). HomVEE releases results in September of each year for models in Track 1.
- Track 2 updates the review of literature on models that HomVEE has previously found to be evidence-based. Updates to models in Track 2 are released in December.

### A. Review process

To conduct a thorough and transparent review of the home visiting research literature, each year HomVEE performs seven main activities:

1. Conducts a broad literature search.
2. Screens studies for relevance.
3. Prioritizes models for the review.
4. Rates the quality of impact studies with eligible designs.
5. Assesses the evidence of effectiveness for each model.
6. Reviews implementation information for each model.
7. Addresses potential conflicts of interest.

For a complete understanding of possible program effects, the review must include all relevant research to date on models. Thus reviews of new models and updates of existing models systematically include all of the aforementioned steps.

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## 1. Literature search

Each year, the HomVEE team conducts a broad search for literature on home visiting models serving pregnant women or families with children from birth to kindergarten entry (that is, up through age 5).<sup>1</sup> The team limits the search to research on models that used home visiting as the primary service delivery strategy and offered home visits to most or all participants. Models that provide services primarily in centers with supplemental home visits are excluded. The search is also limited to research on home visiting models that aimed to improve outcomes in at least one of the following eight domains:<sup>2</sup>

1. Child health
2. Child development and school readiness
3. Family economic self-sufficiency
4. Linkages and referrals
5. Maternal health
6. Positive parenting practices
7. Reductions in child maltreatment
8. Reductions in juvenile delinquency, family violence, and crime

HomVEE's literature search includes two main activities:

1. **Database searches.** The HomVEE team searches on relevant key words in a range of research databases. Key words include terms related to the service delivery approach, target population, and outcome domains of interest. The HomVEE team also performs focused searching, by model name, for models with the highest prioritization scores in each year. The initial search was limited to studies published since 1989; a more focused search on prioritized models included studies published since 1979 (see "Prioritizing home visiting models for the review" below). This search is updated annually to identify new literature released from the previous October through the end of September.

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<sup>1</sup> The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides funds to states, territories, and tribal entities for home visiting programs for at-risk pregnant women and families with children from birth to kindergarten entry. For the purposes of HomVEE, home visiting models have been defined as models in which home visiting is the primary service delivery strategy and in which services are offered on a voluntary basis to pregnant women, expectant fathers, and parents and caregivers of children from birth to kindergarten entry, targeting participant outcomes that include improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; improvements in the coordination and referrals for other community resources and supports; or improvements in parenting skills related to child development.

<sup>2</sup> These domains were selected to align with the outcomes specified in the legislation authorizing MIECHV (Social Security Act, Section 511 [42 U.S.C. 711]).

- 2. Call for studies.** Since 2009, HomVEE has issued an annual call for studies, sent to approximately 40 relevant electronic mailing lists for dissemination. The call for studies is released in November and open through early January and may include unpublished studies or studies published through December of the previous year.

In addition to these two activities, in the first year of the review, HomVEE also included the following:

- 1. Review of existing literature reviews and meta-analyses.** In 2009, the HomVEE team checked initial search results against the bibliographies of recent literature reviews and meta-analyses of home visiting models and added relevant missing citations to the search results. This check ensured that our search terms identified relevant studies; after confirming the validity of the search terms, we did not repeat the process in subsequent years.
- 2. Website searches.** The HomVEE team used a custom Google search engine to search more than 50 relevant government, university, research, and nonprofit websites for unpublished reports and papers. However, results of this search largely overlapped with the results of the first two activities, so the team discontinued this activity in subsequent years.

By the time of the 2019 review, the literature search yielded approximately 31,019 unduplicated citations, including 446 articles submitted through the HomVEE calls for studies.

## 2. Screening studies

Each year, the HomVEE review team screens all new citations identified through the literature search for relevance. The team screens out studies for the following reasons:

- Home visiting was not the primary service delivery strategy.
- The study did not use an eligible design (that is, not a randomized controlled trial, quasi-experimental design, or implementation study).
- The study did not report results for an eligible target population: pregnant women and families with children from birth to kindergarten entry (that is, up through age 5) served in a developed world context.
- The study did not examine any outcomes in the eight eligible outcome domains (child development and school readiness; child health; family economic self-sufficiency; linkages and referrals; maternal health; positive parenting practices; reductions in child maltreatment; and reductions in juvenile delinquency, family violence, and crime).
- The study did not examine a named home visiting model.
- The study was not published in English.



- The study was published before 1989.<sup>3</sup>

### 3. Prioritizing home visiting models for the review

Each year, HomVEE releases new review results for models. This includes reviews of studies on models that have not previously been reviewed, updates to previously reviewed models, or both. Decisions on the number of models to review depend on (1) the number of studies that are identified for review about each model and (2) the available project resources.

HomVEE selects models for the annual review by calculating a prioritization score for each model, based on six steps:

1. **Identify studies eligible for review.** This first step includes the HomVEE literature search (<https://homvee.acf.hhs.gov/review-process/Literature%20Search>) and screening studies (<https://homvee.acf.hhs.gov/review-process/Screening%20Studies>) activities described in the previous section.
2. **Apply study-level criteria.** HomVEE assigns up to 5.75 points per study, based on HomVEE's prioritization criteria (listed in Table 1), for studies that have priority information listed in their title or abstract.
3. **Apply model-level criteria.** HomVEE assigns up to 4 model-level points, based on information from study titles and abstracts, model websites, and previous HomVEE reviews, for factors related to the MIECHV Program. (For more information on model-level criteria and other aspects of HomVEE prioritization, please see <https://homvee.acf.hhs.gov/review-process/Prioritizing%20Models%20for%20Review>.)
4. **Calculate prioritization scores.** Next, HomVEE sums the points for all studies about each model to calculate a model's total score. For models that are not evidence based (Track 1), the total is the final model prioritization score. For models that are evidence based (Track 2), there is one additional step: HomVEE weights the score relatively more heavily if more years have elapsed since the model was last reviewed. This increases the likelihood that a model that has not been reviewed recently will be prioritized for review.
5. **Adjust prioritization scores.** Then, HomVEE sorts models from highest to lowest score within each track. And, the team conducts a second, focused database search on model names to identify additional studies about top-scoring models in each track. The model's prioritization score is adjusted based on: (1) newly identified studies and (2) information related to study-level points that is reported in study texts.
6. **Prioritize models.** HomVEE re-sorts models from highest to lowest using the adjusted prioritization scores and identifies models with the highest scores as priorities for review.

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<sup>3</sup> For models prioritized in 2018 and earlier, HomVEE also did a focused search reaching back to 1979. Because so few studies published before 1979 related to models prioritized in recent years, HomVEE limited the focused search to studies reaching back to 1989 or later starting with the 2019 review. For the 2019 review, HomVEE searched literature published through September 2018. It also considered submissions of unpublished studies or studies published through December 2018 to the call for studies that ended in early January 2019.

Exceptions are: (1) international versions of United States-based Track 2 models (which may be excluded when resources are limited), and (2) models that were prioritized in the past year.

**Table 1. HomVEE study-level prioritization criteria and associated points**

Criterion	Points	Notes
Number and design of impact studies	2 to 3 per study	3 points for each randomized controlled trial, single-case design, or regression discontinuity design 2 points for each matched-comparison group design <sup>a</sup>
Sample size	1 per study	Study sample contains 250 or more pregnant women and/or families
Outcomes of interest	1 per study	Study examines outcomes in one or more of the following domains: reductions in child maltreatment; reductions in juvenile delinquency, family violence, or crime; linkages and referrals; and family economic self-sufficiency <sup>b</sup>
Study sample	0.5 per study	Study sample lives in the United States or is an indigenous population in or outside of the United States
Priority population	0.25 per study	The entire sample belongs to one or more priority populations named in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) statute <sup>c</sup>

Note: HomVEE applies these points at the study level based on information that study authors provide in the title and abstract. HomVEE assesses each study separately and then sums the points for all studies to create a study-level total for the model.

<sup>a</sup>Randomized controlled trials assign participants to the treatment or control groups by chance and have the potential for strong internal validity. Single-case designs often involve repeated, systematic measurement of an outcome before, during, and after actively manipulating an independent variable (for example, toggling exposure to a home visiting model on and off). Regression discontinuity designs assign participants to treatment groups based on a predetermined threshold. Matched-comparison group designs use a nonrandom process to assign participants to treatment or comparison groups. The nonrandom process of selecting groups can result in groups that are not balanced on known or unknown characteristics. Details of HomVEE's standards for these designs are available on the HomVEE website: <https://homvee.acf.hhs.gov/review-process/Producing%20Study%20Ratings>.

<sup>b</sup>More information about these outcomes is available at <https://homvee.acf.hhs.gov/outcomes>.

<sup>c</sup>According to 42 U.S.C. § 711 (d)(4), priority populations are as follows:

- Low-income families
- Families with pregnant women who have not reached age 21
- Families that have a history of child abuse or neglect or have had interactions with child welfare services
- Families that have a history of substance abuse or need substance abuse treatment
- Families that have users of tobacco products in the home
- Families that are or have children with low student achievement
- Families with children with developmental delays or disabilities
- Families that include individuals who are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

HomVEE's two-track prioritization process reflects HomVEE's emphasis on identifying new evidence-based home visiting models while continuing to update reports on models that are already evidence-based. The annual prioritization effort may yield more models in the highest point category than can be reviewed that year. The number of models reviewed each year depends on the available project resources and the number of studies identified to review for each model. Regardless of whether a model is reviewed in a given year, all models will be included in the prioritization process in subsequent years. The MIECHV Program may coordinate with HomVEE to prioritize review of promising approaches implemented and evaluated under a MIECHV grant.<sup>4</sup> Through this process, as of June 2019, the team has prioritized 50 models for the review (see Appendix for complete list). HomVEE completed impact reviews of 440 studies and implementation reviews of 304 studies about the 50 models. In conducting the review on newly prioritized or updated models, the team focused on literature published through September 2018. The team also considered submissions to the call for studies of unpublished studies or studies published through December 2018.

#### 4. Rating the quality of impact studies

For each prioritized model, HomVEE reviews impact studies with two types of designs: randomized controlled trials (RCTs) and quasi-experimental designs (QEDs)<sup>5</sup> (including matched comparison group designs, single-case designs, and regression discontinuity designs). Trained reviewers assess the research design and methodology of each study using a standard review protocol. Each study is assigned a rating of high, moderate, or low to provide an indication of the study design's capacity to provide unbiased estimates of program impacts.

In brief, the high rating is reserved for random assignment studies with low attrition of sample members and no reassignment of sample members after the original random assignment, and single-case and regression discontinuity designs that meet What Works Clearinghouse (WWC) version 2.1 design standards (Table 2).<sup>6</sup> The moderate rating is also possible for random assignment studies that, due to flaws in the study design, execution, or analysis (for example, high sample attrition), do not meet all the criteria for the high rating; matched comparison group designs that establish baseline equivalence on selected measures; and single-case and regression discontinuity designs that meet WWC design standards with reservations. Impact studies that do not meet all of the criteria for either the high or moderate ratings are assigned the low rating.

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<sup>4</sup> Under federal law, a home visiting service delivery model that qualifies as a promising approach conforms to a "promising and new approach" to achieving specified benchmark areas and participant outcomes; has been developed or identified by a national organization or institution of higher education; and will be evaluated through a well-designed and rigorous process (see Social Security Act, Title V, § 511 (d); [https://www.ssa.gov/OP\\_Home/ssact/title05/0511.htm](https://www.ssa.gov/OP_Home/ssact/title05/0511.htm)).

<sup>5</sup> Johnson, Kay. *State-Based Programs: Strengthening Programs Through State Leadership*. National Center for Children and Poverty, New York, 2009.

<sup>6</sup> The What Works Clearinghouse (WWC), established by the Institute for Education Sciences in the U.S. Department of Education, reviews education research.

**Table 2. Summary of study rating criteria for the HomVEE review**

HomVEE research design and criteria			
HomVEE study rating	Randomized controlled trials	Quasi-experimental designs Matched comparison group	Quasi-experimental designs Single-case design <sup>a</sup>
High	<ul style="list-style-type: none"> <li>• Random assignment</li> <li>• Meets WWC standards for acceptable rates of overall and differential attrition<sup>b</sup></li> <li>• No reassignment; analysis must be based on original assignment to study arms</li> <li>• No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods</li> <li>• Baseline equivalence established on tested outcomes and demographic characteristics OR controls for these measures<sup>c</sup></li> </ul>	<p>Not applicable</p>	<ul style="list-style-type: none"> <li>• Timing of intervention is systematically manipulated</li> <li>• Outcomes meet WWC standards for interassessor agreement</li> <li>• At least three attempts to demonstrate an effect</li> <li>• At least five data points in relevant phases</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>• Reassignment OR unacceptable rates of overall or differential attrition<sup>b</sup></li> <li>• Baseline equivalence established on tested outcomes and demographic characteristics AND controls for baseline measures of tested outcomes, if applicable<sup>c</sup></li> <li>• No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline equivalence established on tested outcomes and demographic characteristics AND controls for baseline measures of tested outcomes, if applicable<sup>c</sup></li> <li>• No confounding factors; must have at least two participants in each study arm and no systematic differences in data collection methods</li> </ul>	<ul style="list-style-type: none"> <li>• Integrity of forcing variable is maintained</li> <li>• Meets WWC standards for low overall and differential attrition</li> <li>• The relationship between the outcome and the forcing variable is continuous</li> <li>• Meets WWC standards for functional form and bandwidth</li> </ul>
Low	<p>Studies that do not meet the requirements for a high or moderate rating</p>	<p>Studies that do not meet the requirements for a high or moderate rating</p>	<p>Studies that do not meet the requirements for a high or moderate rating</p>

Note: "O" implies that one of the criteria must be present to result in the specified rating.

<sup>a</sup>For ease of presentation, some of the criteria are described very broadly. Additional details are available for single-case design standards in Appendix F of the WWC version 2.1 standards ([http://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc\\_procedures\\_v2\\_1\\_standards\\_handbook.pdf](http://ies.ed.gov/ncee/wwc/Docs/referenceresources/wwc_procedures_v2_1_standards_handbook.pdf)) and in a specific document about regression discontinuity designs (<http://ies.ed.gov/ncee/wwc/Document/258>).

<sup>b</sup>The What Works Clearinghouse (WWC), established by the Institute for Education Sciences in the U.S. Department of Education, reviews education research (<http://ies.ed.gov/ncee/wwc/>). The WWC standard for attrition is transparent and statistically based, taking into account both overall attrition (the percentage of study participants lost in the total study sample) and differential attrition (the differences in attrition rates between treatment and control groups).

<sup>c</sup>The variables that must be used to establish equivalence depend on whether (1) it is possible to collect the measure at baseline vs. (2) it is difficult or impossible to collect the measure at baseline. See <https://homvee.acf.hhs.gov/review-process/Producing%20Study%20Ratings> for more details.

## 5. Assessing evidence of effectiveness

After completing all impact study reviews for a model, the HomVEE team evaluates the evidence across all studies of the models that received a high or moderate rating and measured outcomes in at least one of the eligible outcome domains. To meet HHS' criteria for an "evidence-based early childhood home visiting service delivery model," models must meet at least one of the following criteria:

- At least one high- or moderate-quality impact study of the model finds favorable, statistically significant impacts in two or more of the eight outcome domains; or
- At least two high- or moderate-quality impact studies of the model using non-overlapping analytic study samples find one or more favorable, statistically significant impacts in the same domain.

In both cases, the impacts considered must either (1) be found for the full sample or (2) if found for subgroups but not for the full sample, be replicated in the same domain in two or more studies using non-overlapping analytic study samples. Additionally, if the model meets the above criteria based on findings from randomized controlled trial(s) only, then one or more favorable, statistically significant impacts must be sustained for at least one year after program enrollment, and one or more favorable, statistically significant impacts must be reported in a peer-reviewed journal.<sup>7</sup>

For results from single-case designs to be considered toward the HHS criteria, three additional requirements must be met:

- At least five studies examining the intervention meet the WWC's pilot single-case design standards without reservations or standards with reservations (equivalent to a "high" or "moderate" rating in HomVEE, respectively).
- The single-case designs are conducted by at least three research teams with no overlapping authorship at three institutions.
- The combined number of cases is at least 20.

In addition to assessing whether each model met the HHS criteria for an evidence-based early childhood home visiting service delivery model, the HomVEE team examines and reports other aspects of the evidence for each model based on all high- and moderate-quality studies available, including the following:

- **Quality of outcome measures.** HomVEE classifies outcome measures as primary if data were collected through direct observation, direct assessment, or administrative records; or if

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<sup>7</sup> These criteria are consistent with the MIECHV legislation: Section 511 (d)(3)(A)(i)(I).

study authors indicated that self-reported data were collected using a standardized (normed) instrument. Other self-reported measures are classified as secondary.

- **Replication of impacts.** HomVEE classifies impacts as replicated if favorable, statistically significant impacts were shown in the same outcome domain in at least two non-overlapping analytic study samples.
- **Subgroup findings.** HomVEE reports subgroup findings if the findings were replicated in the same outcome domain in at least two studies using different analytic samples.
- **Unfavorable or ambiguous impacts.** In addition to favorable impacts, HomVEE reports unfavorable or ambiguous, statistically significant impacts on full sample and subgroup findings. While some outcomes are clearly unfavorable (such as an increase in children's behavior problems), others are ambiguous. For example, an increase in the number of days mothers are hospitalized could indicate an increase in health problems or increased access to needed health care due to participation in a home visiting program.
- **Evaluator independence.** HomVEE reports the funding source for each study and whether any of the study authors were model developers.
- **Magnitude of impacts.** HomVEE reports effect sizes when possible, either those calculated by the study authors or HomVEE computed findings.

## 6. Implementation reviews

The HomVEE team collects information about implementation of the prioritized models from all impact studies with a high or moderate rating and from stand-alone implementation studies. In addition, staff conduct Internet searches to find implementation materials and guidance available from home visiting model developers and national model offices. The HomVEE team uses this information to develop detailed implementation profiles for each prioritized model that included an overview of the model and information about prerequisites for implementation, materials and forms, estimated costs, and model contact information. National model offices are invited to review and comment on the profiles before their release. For models that meet HHS criteria for an evidence-based home visiting model, the team also extracts and reports information about implementation experiences from the studies reviewed, including the characteristics of program participants, location and setting, staffing and supervision, model components, model adaptations or enhancements, dosage, and lessons learned.

## 7. Addressing conflicts of interest

All members of the HomVEE team sign a conflict of interest statement in which they declare any financial or personal connections to developers, studies, or products being reviewed and confirmed their understanding of the process by which they must inform the project director if such conflicts arise. The HomVEE review team's project director assembles signed conflict of interest forms for all project staff and subcontractors and monitors for possible conflicts over time. If a team member is found to have a potential conflict of interest concerning a particular

home visiting model being reviewed, that team member is excluded from the review process for the studies of that model. In addition, reviews for models previously evaluated by Mathematica are conducted by contracted reviewers who are not Mathematica employees.

## B. Summary of review results

The HomVEE review produces assessments of the evidence of effectiveness for each home visiting model and outcome domain, as well as a description of each model's implementation guidelines. This section provides a summary of evidence of effectiveness by model and outcome domain, a summary of implementation guidelines for models with evidence of effectiveness, and a discussion of gaps in the home visiting research literature.

### 1. Evidence of effectiveness by model

Overall, HomVEE identified 21 home visiting models that meet the HHS criteria for an evidence-based early childhood home visiting service delivery model (Table 3). All of them have at least one high- or moderate-quality study with at least two favorable, statistically significant impacts in two different domains or two or more high- or moderate-quality studies using non-overlapping analytic study samples with one or more statistically significant, favorable impacts in the same domain.

Based on the available high- or moderate-quality studies of evidence-based models, the review showed the following:

- **Models have multiple favorable effects.** Most models have numerous favorable impacts on primary and secondary measures. The number of outcomes showing favorable effects ranged considerably across models, as did the number of total outcomes measured (not shown).
- **Models have sustained impacts.** All but one of the models<sup>8</sup> that met the HHS criteria have favorable impacts at least one year after program enrollment. For models that provide services for more than one year, families may still have been receiving services at the time the outcomes were measured.
- **Replication is uncommon.** A total of 9 of the 21 models that met the HHS criteria had favorable effects in the same domain in two or more samples. In other words, for many models that met HHS criteria, favorable impacts were shown in only one sample.<sup>9</sup>
- **Results are not limited to subgroups.** All of the 21 models that met the HHS criteria did so by showing results for a total study sample, rather than a subgroup based on particular characteristics. For most models, the study samples were racially, ethnically, and socioeconomically diverse.

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<sup>8</sup> The requirement for sustained findings only applies to models for which all findings are from randomized controlled trials. The Maternal Infant Health Program (MIHP) does not have sustained impacts, but the research supporting that model is all from studies with a quasiexperimental design.

<sup>9</sup> If a model shows favorable impacts in only one sample, those impacts must be in two or more of the eight outcome domains for the model to meet HHS criteria for an evidence-based model.



- **Few unfavorable effects were reported.** Ten of the 21 models reported at least one unfavorable or ambiguous impact, but the number of unfavorable impacts reported overall is small relative to the number of favorable impacts. It is not always clear whether an impact is unfavorable; for example, increased use of health care may reflect poorer health (an unfavorable effect), a better connection to the health care system (a favorable effect), or both, so the HomVEE review classifies these outcomes as unfavorable or ambiguous.

**Table 3. Home visiting review update timing for models that have met HHS criteria**

Model	Review last updated
Attachment and Biobehavioral Catch-up (ABC) Intervention	April 2017
Child First	July 2011
Early Head Start–Home–Based Option (EHS-HBO)	July 2016
Early Intervention Program for Adolescent Mothers	July 2011
Implementation support is not currently available for the model as reviewed.	
Early Start (New Zealand)	July 2014
Family Check-Up® For Children	June 2017
Family Connects	Oct. 2014
Family Spirit®	May 2016
HANDS	July 2015
Healthy Beginnings	June 2015
Healthy Families America (HFA) ®	September 2018
Healthy Steps (National Evaluation 1996 Protocol)	July 2011
These results focus on Healthy Steps as implemented in the 1996 evaluation. HHS has determined that home visiting is not the primary service delivery strategy and the model does not meet current requirements for MIECHV Program implementation.	
HIPPY®	May 2013
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	May 2013
Maternal Infant Health Program (MIHP)	May 2019
Minding the Baby®	Nov. 2014
Nurse-Family Partnership (NFP) ®	Oct. 2019
Oklahoma CBFRS	Oct. 2012
Implementation support is not currently available for the model as reviewed.	
Parents as Teachers (PAT) ®	Oct. 2019
PALS Infant	Oct. 2019
SafeCare Augmented <sup>a</sup>	July 2018

**Notes:**

<sup>a</sup>SafeCare did not meet HHS criteria for an evidence-based model. Only SafeCare Augmented (an adaptation of SafeCare) meets HHS criteria for an evidence-based model. In addition, Planned Activities Training (a SafeCare module) and Cellular Phone Enhanced Planned Activities Training (a SafeCare module with an add-on) showed evidence of effectiveness. See the model page (<https://homvee.acf.hhs.gov/effectiveness/SafeCare@/In%20Brief>) for more details on the module and module with an add-on.

In addition to the 21 home visiting models described above, HomVEE reviewed 29 other home visiting models that did not meet HHS criteria for an evidence-based model (see Appendix for full list). These models did not meet HHS criteria for the following reasons:

- Nine of these models had a high or moderate quality study, but not two favorable, statistically significant impacts in two or more of the eight outcome domains for different study samples or in two domains for the same sample.<sup>10</sup>
- One model (Child Parent Enrichment Project) had a high or moderate quality study from a randomized controlled trial with favorable, statistically significant impacts in two of the eight outcome domains, but no favorable impact was sustained for at least one year after program enrollment.
- For the remaining 19 models, no high- or moderate-quality studies were identified, and consequently HomVEE was unable to assess effectiveness.<sup>11</sup>

## 2. Evidence of effectiveness by outcome domain

One of the home visiting models, Healthy Families America, had one or more favorable impacts in each of the eight domains (Table 4). None of the models, however, showed impacts on a primary measure of reductions in juvenile delinquency, family violence, and crime (although two models showed impacts on a secondary measure in this domain). Most models had favorable impacts on primary measures of child development and school readiness and positive parenting practices. Healthy Families America has the greatest breadth of favorable *total* findings, with favorable impacts on primary and/or secondary measures in all eight domains. Both Healthy Families America and Nurse-Family Partnership had the greatest breadth of favorable *primary* findings, with favorable impacts on primary measures in six outcome domains.

## 3. Summary of implementation for models with evidence of effectiveness

All but one of the 21 models that met the HHS criteria have minimum requirements for the frequency of home visits and, and all 21 have pre-service training requirements (Table 5).<sup>12</sup> Eighteen models are associated with a national model office or institute of higher education that provides training and support to local program sites and 18 have minimum requirements for home visitor supervision. Seventeen models each have a system for monitoring fidelity and have specified content and activities for the home visits. Sixteen models have minimum education requirements for home visiting staff. Sixteen models have fidelity standards for local implementing agencies.

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<sup>10</sup> Those models were: Childhood Asthma Prevention Study; Computer Assisted Motivational Intervention; Home-Start; MOM Program; ParentChild+® Core Model; Promoting Parental Skills and Enhancing Attachment in Early Childhood Trial; Resources, Education and Care in the Home; and Video-Feedback Intervention to Promote Positive Parenting-Sensitive Discipline.

<sup>11</sup> We identified high or moderate rated studies on a module and an adaptation of Triple P - Positive Parenting Program®-Variants suitable for home visiting, but not on the main model.

<sup>12</sup> The results are based on available information but do not constitute a formal review of whether the models meet the MIECHV eligibility requirements.

**Table 4. Favorable impacts on primary and secondary measures for home visiting models with evidence of effectiveness, by outcome domain**

	Child health	Maternal health	Child development and school readiness	Reductions in child maltreatment	Reductions in juvenile delinquency, family violence, and crime	Positive parenting practices	Family economic self-sufficiency	Linkages and referrals
Attachment and Biobehavioral Catch-up (ABC) Intervention	Yes (primary)	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured
Child First	Not measured	Yes (primary, secondary)	Yes (primary)	Yes (primary)	Not measured	Not measured	Not measured	Yes (secondary)
Early Head Start–Home-Based Option (EHS-HBO)	No	No	Yes (primary, secondary)	Yes (secondary)	Not measured	Yes (primary, secondary)	Yes (secondary)	Yes (secondary)
EIP <sup>a</sup>	Yes (primary)	No	Not measured	Not measured	Not measured	No	Yes (secondary)	Not measured
Early Start (New Zealand)	Yes (primary, secondary)	No	Yes (primary, secondary)	Yes (primary, secondary)	No	Yes (primary)	No	Not measured
Family Check-Up <sup>®</sup> For Children	Not measured	Yes (secondary)	Yes (primary, secondary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured
Family Connects	Yes (primary, secondary)	Yes (secondary)	Not measured	Not measured	Not measured	Yes (secondary)	Not measured	Yes (secondary)
Family Spirit <sup>®</sup>	Not measured	Yes (primary, secondary)	Yes (primary)	Not measured	Not measured	Yes (secondary)	Not measured	Not measured
HANDS	Yes (primary)	Yes (primary)	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured
Healthy Beginnings	Yes (primary, secondary)	Yes (secondary)	Yes (secondary)	Not measured	Not measured	Yes (secondary)	Not measured	Not measured
Healthy Families America (HFA) <sup>®</sup>	Yes (primary, secondary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary, secondary)
Healthy Steps (National Evaluation 1996 Protocol) <sup>b</sup>	Yes (primary)	No	No	No	Not measured	Yes (secondary)	Not measured	Not measured
HIPPY <sup>®</sup>	Not measured	Not measured	Yes (primary, secondary)	Not measured	Not measured	Yes (primary, secondary)	Not measured	Not measured
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	Yes (secondary)	Yes (secondary)	Not measured	Not measured	Not measured	Yes (primary)	Not measured	Not measured
Maternal Infant Health Program (MIHP)	Yes (primary)	Yes (primary, secondary)	Not measured	Not measured	Not measured	Not measured	Not measured	Not measured
Minding the Baby <sup>®</sup>	Yes (primary)	Yes (primary)	Not measured	No	Not measured	No	Not measured	Not measured

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TABLE 4 (CONTINUED)

	Child health	Maternal health	Child development and school readiness	Reductions in child maltreatment	Reductions in juvenile delinquency, family violence, and crime	Positive parenting practices	Family economic self-sufficiency	Linkages and referrals
Nurse-Family Partnership (NFP) <sup>a</sup>	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary, secondary)	Yes (primary)	Yes (secondary)	Yes (primary, secondary)	Yes (primary, secondary)	No
Oklahoma CBFERS <sup>a</sup>	No	Yes (secondary)	Not measured	Not measured	Not measured	Yes (primary)	Not measured	Not measured
Parents as Teachers (PAT) <sup>a</sup>	No	No	Yes (primary)	Yes (primary)	Not measured	Yes (primary)	Yes (primary)	Not measured
PALS Infant	Not measured	Not measured	Yes (primary)	Not measured	Not measured	Yes (primary)	Not measured	Not measured
SafeCare Augmented <sup>c</sup>	Not measured	No	Not measured	Yes (secondary)	No	Not measured	No	Yes (primary)

Note: Outcomes are categorized as primary if data were collected through direct observation, direct assessment, or administrative records; or if study authors indicated that self-reported data were collected using a standardized (normed) instrument. Other self-reported measures are classified as secondary.

<sup>a</sup>Implementation support is not currently available for the model as reviewed.

<sup>b</sup>These results focus on Healthy Steps as implemented in the 1996 evaluation. HHS has determined that home visiting is not the primary service delivery strategy, and the model does not meet current requirements for MIECHV Program implementation.

<sup>c</sup>SafeCare did not meet HHS criteria for an evidence-based model. Only SafeCare Augmented (an adaptation of SafeCare) meets HHS criteria for an evidence-based model. In addition, Planned Activities Training (a SafeCare module) and Cellular Phone Enhanced Planned Activities Training (a SafeCare module with an add-on) showed evidence of effectiveness. See the model page (<https://homvee.acf.hhs.gov/effectiveness/SafeCare@/in%20Brief>) for more details on the module and module with an add-on.

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**Table 5. Overview of implementation for the home visiting models with evidence of effectiveness**

	Implementation support available for model as reviewed	Minimum requirements for frequency of visits?	Minimum education requirements for home visiting staff?	Supervision requirements for home visitors?	Pre-service training for home visitors?	Fidelity standards for local implementing agencies?	System for monitoring fidelity?	Specified content and activities for home visits?
Attachment and Biobehavioral Catch-up (ABC) Intervention	Yes	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*
Child First	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Early Head Start–Home-Based Option (EHS-HBO)	Yes	Yes*	No	Yes*	Yes*	Yes*	Yes*	No
EIP								
<i>Implementation support is not currently available for the model as reviewed.</i>								
Early Start (New Zealand)	No	Yes*	Yes*	No	Yes*	No	No	Yes*
Family Check-Up® For Children	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Family Connects	Yes	Yes*	No	No	Yes*	Yes*	Yes*	Yes*
Family Spirit®	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
HANDS	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Healthy Beginnings	Yes	Yes*	Yes*	Yes*	Yes*	No	Yes*	Yes*
Healthy Families America (HFA)®	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Healthy Steps (National Evaluation 1996 Protocol)								No
<i>These results focus on Healthy Steps as implemented in the 1996 evaluation. HHS has determined that home visiting is not the primary service delivery strategy, and the model does not meet current requirements for MIECHV Program implementation.</i>								
HIPPY®	No	Yes*	Yes*	Yes*	Yes*	Yes*	No	Yes*
Maternal Early Childhood Sustained Home Visiting Program (MECSH)	Yes	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*
Maternal Infant Health Program (MIHP)	Yes	Yes*	Yes*	No	Yes*	Yes*	Yes*	Yes*
Minding the Baby®	Yes	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
Nurse-Family Partnership (NFP)®	Yes	No	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*

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TABLE 5 (CONTINUED)

Mathematica

Implementation support available for model as reviewed	Minimum requirements for frequency of visits?	Minimum education requirements for home visiting staff?	Supervision requirements for home visitors?	Pre-service training for home visitors?	Fidelity standards for local implementing agencies?	System for monitoring fidelity?	Specified content and activities for home visits?
Oklahoma CBFRS <i>Implementation support is not currently available for the model as reviewed.</i>	Yes*	Yes*	Yes*	No	No	Yes*	Yes*
Parents as Teachers (PAT) <sup>®</sup>	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*	Yes*
PALS Infant	Yes*	No	Yes*	Yes*	No	Yes*	Yes*
SafeCare <sup>®a</sup>	Yes*	No	Yes*	Yes*	Yes*	Yes*	Yes*

Source: HomVEE implementation profiles.

Notes: If the documents reviewed by HomVEE (see the implementation report reference lists) did not include information about the topic and the developer provided no additional guidance then the answer is No. The results are based on available information but do not constitute a formal review of whether the models meet the MIECHV eligibility requirements. All models in this table have been in existence for at least 3 years. All models except Oklahoma CBFRS are associated with a national organization or institution of higher education.

<sup>a</sup>This information pertains to SafeCare; separate information is not available for SafeCare Augmented, nor for the Planned Activities Training or the Cellular Phone Enhanced Planned Activities Training modules of SafeCare.

\*Shaded table cell = in compliance with implementation guidelines.

#### 4. Gaps in the research

The HomVEE review identified several gaps in the existing research literature on home visiting models that limit its usefulness for matching models to community needs. First, while the volume of research is constantly increasing, research evidence of model effectiveness for many models is limited. As noted earlier, many models do not have high- or moderate-quality studies of their effectiveness; thus, it can be difficult for policymakers and program administrators to be confident about what many models might achieve in the populations they serve. Other models have only a few high- or moderate-quality studies, indicating that additional research on those models may be needed.

Second, more evidence is needed about the effectiveness of home visiting models for different types of families with a range of characteristics. Overall, the studies included in the HomVEE review had fairly diverse study samples in terms of race/ethnicity and socioeconomic status. However, sample sizes in these studies are not typically large enough to allow for analysis of findings separately by subgroup. Moreover, HomVEE found little or no research on the effectiveness of home visiting models for military families.

#### 5. For more information

The HomVEE website (<http://homvee.acf.hhs.gov/>) provides detailed information about the review process and the review results, including the following:

- Reports on the evidence of effectiveness for each model
- Reports on the evidence of effectiveness across models for each outcome domain
- Implementation profiles for each model
- Information on implementation experiences for evidence-based models
- A searchable reference list that provides the disposition of each study considered for all reviewed models
- Details about the review process and a glossary of terms

Appendix A  
Models Reviewed by HomVEE

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**A1. Models Reviewed by HomVEE**

1	Attachment and Biobehavioral Catch-Up (ABC) Intervention	26	Maternal Infant Health Outreach Workers (MIHOW)®
2	Child First	27	Maternal Infant Health Program (MIHP)
3	Child Parent Enrichment Project (CPEP)	28	Minding the Baby®
4	Childhood Asthma Prevention Study (CAPS)	29	MOM Program
5	Computer-Assisted Motivational Intervention (CAMI)	30	Mothers' Advocates in the Community (MOSAIC)
6	Early Head Start–Home-Based Option (EHS-HBO)	31	North Carolina Baby Love Maternal Outreach Workers Program
7	Early Intervention Program for Adolescent Mothers (EIP)	32	Nurse-Family Partnership (NFP)®
8	Early Start (New Zealand)	33	Nurses for New Newborns®
9	Even Start-Home Visiting (Birth to Age 5)	34	Nurturing Parenting Programs (Birth to Age 5)
10	Early Steps to School Success™–Home Visiting	35	Oklahoma's Community-Based Family Resource and Support (CBFRS) Program
11	Family Check-Up® for Children	36	Parent-Child Assistance Program (PCAP)
12	Family Connections (Birth to Age 5)	37	ParentChild+® Core Model (formerly Parent-Child Home Program)
13	Family Connects	38	Parents as Teachers (PAT)®
14	Family Spirit®	39	Philani Outreach Programme
15	Following Baby Back Home (FBBH)	40	Play and Learning Strategies (PALS)
16	Health Access Nurturing Development Services (HANDS) Program	41	Pride in Parenting (PIP)
17	Health Connect One's® Community-Based Doula Program	42	Promoting First Relationships®–Home Visiting Option
18	Healthy Beginnings	43	Promoting Parental Skills and Enhancing Attachment in Early Childhood (CAPEDP) Trial
19	Healthy Families America (HFA) ®	44	Resource Mothers Program
20	Healthy Start–Home Visiting <sup>a</sup>	45	Resources, Education, and Care in the Home (REACH)
21	Healthy Steps (National Evaluation 1996 Protocol)	46	REST Routine
22	Home Instruction for Parents of Preschool Youngsters (HIPPY)®	47	SafeCare®
23	HOMEBUILDERS (Birth to Age 5)®	48	Seattle-King County Healthy Homes Project
24	Home-Start	49	Triple P - Positive Parenting Program®–Variants suitable for home visiting
25	Maternal Early Childhood Sustained Home Visiting Program (MECSH)	50	Video-Feedback Intervention to Promote Positive Parenting-Sensitive Discipline (VIPP-SD)

<sup>a</sup> HHS has determined that Healthy Start is not eligible for review by HomVEE because it is a federal grant program and not a home visiting model. Information on Healthy Start has been removed from the HomVEE website.