

January 5, 2022

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## 1. Key Dates

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- Request for Proposal (RFP) Release: January 5, 2022
- Optional Q&A Session for Interested Sites: January 19, 2022 at 12:30pm PST
  - *Please register to participate at this [link](#).*
- Site Interest Form and Letter of Intent Due: January 25, 2022 by 5:00pm PST
- Request for Proposal Submission Due: February 4, 2022, by 5:00pm PST
- Request for Proposal Submission Evaluation Period: February 7<sup>th</sup> through February 11<sup>th</sup>, 2022
- Notification to Selected Recipients: February 15, 2022
- Recipient's Acknowledgement of Acceptance of Award: No later than February 22, 2022, by 5:00pm PST
- Anticipated Training Date: Spring 2022 and fall 2022
  - *The HealthySteps National Office will work with the awardees to schedule the most appropriate training dates (either in spring or fall of 2022)*

## 2. Organizational Background

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Founded in 1977, ZERO TO THREE (ZTT): National Center for Infants, Toddlers, and Families (EIN 52-1105189) has a mission to ensure all babies and toddlers have a strong start in life while recognizing that too many families – families who are disproportionately Black, Indigenous, and People of Color – face significant social and economic challenges which can place young children at heightened risk for negative life outcomes. The twin crises of COVID-19 and our nation's overdue reckoning with racial disparities has reaffirmed our commitment to serving every child, with particular focus on the needs of Over-burdened/Under-Resourced (OUR) infants, toddlers, and their families. ZTT works to improve services, policies, and systems to better meet children's needs. Our overarching goal is to transform society so that all infants and toddlers can thrive and develop the foundation for lifelong health and well-being. We translate the science of early childhood into actionable resources and provide leadership around key issues affecting young children and their families.

California is a leader in the development of policies that positively impact young children and families and often sets a standard for other states and the nation to follow. ZTT has been present in Los Angeles since 2004 to enhance the knowledge and skills of professionals who care for very young

children and their families in the Los Angeles area and across the state more broadly. ZTT plays an essential role in giving a voice to California’s infants and toddlers as we work to inform state and local policies and systems change, build collaboration and capacities among the state’s early childhood professionals, and make connections between national policy and practice to better assist California parents and families. Over the past 16 years, we have built close working relationships with Los Angeles and California peer organizations and target audiences.

### 3. Overview

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The HealthySteps National Office (National Office) at ZTT is soliciting proposals from pediatric and family medicine practices across Los Angeles County interested in implementing the evidence-based HealthySteps model. Through the generosity of The Conrad N. Hilton Foundation, the National Office will grant awards to fund at least six new sites and the associated costs of implementing the HealthySteps model (e.g., training costs and HealthySteps Specialist salaries – for a limited time). This new funding opportunity may be able to accommodate more than six sites if applicants have existing staff onsite or funding to help support the hiring of new staff who can be trained as HealthySteps Specialists.

The generous Conrad N. Hilton Foundation grant comes on the heels of a **soon to be released Medi-Cal Dyadic Services benefit** approved as part of the California FY2021-2022 state budget. Modeled after HealthySteps, the benefit will include integrated physical and behavioral health screens and services for families. Medi-Cal is currently working to define the overall benefit (including applicable codes and rates) and the estimated timeline for roll-out is July 1, 2022. In addition to the new statewide dyadic services benefit, in 2020, Medi-Cal expanded its family therapy benefit by no longer requiring a behavioral health diagnosis for accessing family therapy services. Children and caregivers can now receive these services if certain needs are identified, including food or housing insecurity, foster home placement, and/or separation from a parent or guardian due to incarceration or immigration, among other qualifiers. The combination of these benefits can help cover the ongoing costs of the model and contribute to long-term sustainability of HealthySteps services in California.

### 4. Introduction and Background

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#### A. About HealthySteps

HealthySteps (HS), a program of ZERO TO THREE, partners with pediatric primary care providers to promote positive parenting and improve the health and well-being of babies and toddlers so they are better prepared for school and life. It is an evidence-based population health model that reaches families most in need of services by bringing universal screening and team-based care to pediatric settings. Pediatric primary care is the only system in the entire country that reaches nearly all young

children, with 12-13 recommended well-child visits in the first three years of life. No other system has the same consistent and positive connection to families, their young children, and their communities.

Babies' brains grow faster from ages 0-3 than any point later in life and pediatric primary care is a trusted source of information for parents during these critical years. Yet, primary care physicians have an impossibly long list of services to provide during a well-child visit that can last just 15 minutes. In this context, HS provides tailored support for common yet complex concerns that physicians often lack time to address, such as: behavior, sleep, feeding, attachment, parental depression, social determinants of health, and adapting to life with a baby or toddler. The entire practice works together to implement the HS model, with leadership from a Physician Champion and a child development expert, known as a HealthySteps Specialist (HS Specialist), who is integrated into the primary care team. The [Considerations for Hiring HealthySteps Specialist site](#) includes links to additional information about the HS Specialist position, including [Sample Job Description and Sample Interview Questions](#).

All practices that implement HS must provide the eight Core Components of the model. [HS Core Components include:](#)

1. Child Development, Social-Emotional & Behavioral Screening
2. Screening for Family Needs (i.e., maternal depression, other risk factors, social determinants of health)
3. Child Development Support Line (e.g., phone, text, email, online portal)
4. Child Development & Behavior Consults
5. Care Coordination & Systems Navigation
6. Positive Parenting Guidance & Information
7. Early Learning Resources
8. Ongoing, Preventive Team-Based Well-Child Visits

To ensure that practices reach underserved families who can benefit the most from HS, while maximizing the efficiency of program delivery, HS has adopted a risk-stratified tiered approach to the model. This includes delivering all eight Core Components to those in greatest need, while delivering a select group of Tier 1 “universal services” (e.g., screening for child and family needs, access to a child development support line) and/or Tier 2 “short-term supports” (development/behavior consults, positive parenting guidance, early learning resources) to those with less intensive needs. For families with more significant risk factors and/or concerns, the HS Specialist and pediatric primary care provider jointly see the family at team-based well-child visits. Families receiving Tier 3 services also receive Tiers 1 and 2 services. The website, [Our Model](#), provides more details on the HS model, services, and tiers.

As part of Tier 1, all children and their families receive child development, social-emotional and behavioral screenings, and screenings for family needs (i.e., maternal depression, other risk factors, social determinants of health), and family-centered care in partnership with the pediatric primary care practice. After screenings are administered by the practice, HS Specialists are available to review and discuss results with caregivers and provide concrete next steps as needed. Screening results help

to identify families who may benefit from additional HS services. When a mild concern is identified for the first time, the practice may choose to monitor the concern at the next well-child visit before determining if additional services are needed. Depending on the issues identified, families may be prioritized for receipt of more comprehensive HS services (Tiers 2 or 3). HS Specialists also follow up with families regarding referrals made for further evaluation. For example, a site may have a referral list for a local Supplemental Nutrition Assistance Program for Women, Infants and Children (WIC) office and food banks to address a family's food insecurity. The HS Specialist goes far beyond simply making the referral and spends significant time helping to successfully connect the family and following up to determine if they utilized the referred services, and problem solving together regarding needed next steps.

HS has demonstrated positive outcomes for children, their families, and the physicians and practices that serve them. Additional details are presented in the Evidence section below.

## B. [The Evidence for HealthySteps](#)

A 15-site national evaluation and several subsequent site-level evaluations of HealthySteps demonstrate positive outcomes for children, families, and the providers that serve them. For more information, read this [overview of our evaluation efforts](#). Among the most important findings when compared to children and families who did not receive HS:

- [Child Screenings and Services](#): HS children were 8 times more likely to receive a developmental assessment and had significantly higher rates of developmental and other nonmedical referrals.
- [Child Development](#): HS families were significantly more likely to report their child looked at or read books weekly.
- [Child Health](#): HS children were up to 1.6 times more likely to receive timely vaccinations and 1.4 times more likely to be up to date on vaccinations by age 2. HS children were also up to 2.4 times more likely to receive timely well visits and to attend all of the first 10 recommended well-child visits.
- [Child Safety](#): HS children were 23% less likely to visit the emergency room for injuries in a one-year period.
- [Parenting Behavior](#): HS families were significantly less likely to report harsh punishment (yelling, spanking with hand) and severe discipline (face slap, spanking with objects). HS families were also significantly more likely to notice behavioral cues and provide age-appropriate nurturing.
- [Maternal Mental Health](#): HS mothers were significantly more likely to discuss their depressive symptoms and pediatric providers were significantly more likely to discuss postpartum depression with mothers. HS mothers had significantly higher rates of maternal depression referrals and were 4 times more likely to receive information on community resources.

Several more recent site-level studies also found that the program both improves parenting practices and child outcomes and enhances the quality and comprehensiveness of pediatric primary care. Additional information on the HS evidence base can be found at [The Evidence Base: HealthySteps improves the lives of young children and families](#).

## C. Implementing HealthySteps

The current national HS network spans more than 25 states, Washington, D.C., Puerto Rico, and Indigenous Nations, and includes over 200 pediatric primary care practices supporting more than 255,000 children annually. By expanding HS to Los Angeles, we hope to support an additional 12,000 children across six or more practices.

The HS National Office supports practices with model implementation including site readiness, hiring, training, and implementation planning. The [Chart your Path: Becoming a HealthySteps](#) site outlines key touchpoints on the typical journey for practices looking to become a HS site. In addition to implementation planning support and participating in the Virtual HealthySteps Institute (VHSI) (additional details included below), HS sites are also required to sign and execute affiliate and trademark license agreements with the National Office, implement the model to fidelity (within three years), and participate in the National Office Annual Site Reporting process.

Upon execution of the signed affiliate agreement, practices will receive a detailed Implementation Guide (prior to the VHSI) that is an invaluable resource in working with the National Office to implement the model.

## D. Purpose of the Virtual HealthySteps Institute (VHSI)

The VHSI is a blend of eLearning modules and live Zoom sessions designed to introduce practices to the HealthySteps model. It is divided into three units, each geared to different audiences. The first unit is geared towards the entire pediatric practice, the second to the site-specific implementation team, and the third towards HS Specialists and behavioral health providers.

Additional details about the VHSI can be found at [The HealthySteps Virtual Institute](#) website.

## 5. Request for Proposal (RFP) Details

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It is anticipated that the HS National Office will grant awards to onboard at least six new HS sites in Los Angeles County. The number of total awards will depend on the number of eligible RFP responses received and level of funding requested by practices.

### A. Key Events/Timeline

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## B. Eligible Applicants

Eligible RFP practice applicants must:

- Deliver or have the potential to deliver well-child visits in the pediatric or family medicine setting (this includes federally qualified health center settings);
- Be a practice(s) that is applying to become a new HS site; and
- Have at least one existing licensed behavioral health professional on staff or existing funding to hire a licensed behavioral health professional to serve as the HS Specialist and independently bill Medicaid/Medi-Cal and/or private insurers for their services; or
- Commit to hiring a licensed behavioral health professional that can serve as the HS Specialist and independently bill Medi-Cal and/or private insurers for their services, *leveraging full or partial funds received through this RFP*, to cover the HS Specialist's salary and benefits (for a limited time).

In addition, each RFP applicant practice must:

- Establish an Implementation Team with the required members, as specified in the [HealthySteps Exploration Guide](#).
- Commit to providing the HS Specialist with suitable dedicated office space, which is seamlessly integrated into the practice, within the medical office suite.
- Commit to meeting model fidelity requirements, as outlined in the [HealthySteps Fidelity Requirements Overview](#). Once the Network Affiliate Agreement is signed, sites will receive the full set of fidelity metrics.

The National Office will hold an optional Q&A session for interested sites as noted above. Please note that registration is required for participation in the Q&A session, and a corresponding registration link is noted above. The Q&A session will provide potential applicants with an opportunity to raise questions about this grant opportunity with National Office staff. Participation in this call will not be considered in scoring proposals nor as part of the final selection process. Questions posed by interested sites during the call and National Office responses will be documented and posted at the following URL for reference: <https://www.healthysteps.org/funding-for-future-healthysteps-sites-in-california/>.

### C. Instructions for Site Interest Form, Letter of Intent and RFP Submission

Interested applicants must complete a [Site Interest Form](#) and upload a one to two-page, Letter of Intent (LOI) by January 25, 2022 by 5:00pm PST, that states the entity's intent to apply for the funding award. This LOI must include all the following components in this order:

1. Name of the entity applying to receive funds to implement the model.
2. Total number of practices the entity is proposing to receive training and implement HealthySteps.
3. Statement of why the entity is seeking to implement HS and the value it can bring to the entity and individual practice(s);
4. Total number of **existing** licensed behavioral health professionals that can independently bill for their services and will be trained as HS Specialists (including total full-time equivalents) as well as details on how existing licensed behavioral health professionals are funded.
5. If applicable, total number of licensed behavioral health professionals **to be hired** with existing allocated funding (from a grant or other funding source) that can independently bill for their services and will be trained as HS Specialists (including total full-time equivalents) and how they will be funded;
6. If applicable, total number of licensed behavioral health professional **to be hired** that can independently bill for their services and will be trained as HS Specialists and amount of funding requested for the position(s); and
7. Statement of why the entity is seeking to implement HS and the value it can bring to the entity and individual practice(s);
8. Contact information for the individual slated to lead the proposal effort.

Entities that do not submit a [Site Interest Form](#) and an LOI at the link above by January 25, 2022 by 5:00pm PST **are not eligible** to submit a proposal, and no site is eligible to receive the funding award without submission of a proposal. Upon submission of the Site Interest Form and uploading of the LOI, the specified entity contact will receive a unique link to complete the proposal application online.

Proposals submitted for funding under this RFP must include all of the following components. Proposals missing any of the required components will not be considered.

#### Proposal Components:

1. Project Abstract
  - i. Name of entity and practice(s) (if different from the entity) applying for funding (including address(es) and contact information)
  - ii. Describe the practice's target population for HS (including payer mix and total number of children birth through three within the practice(s))
  - iii. Identify key goals for implementation of HS

2. Project Narrative and Experience
  - i. Describe the practice's overall strategy for implementing HS
  - ii. Describe how HS can fill gaps in unmet needs within the practice and community
  - iii. Describe how HS can enhance other practice initiatives
  - iv. Describe the practice's experience implementing similar models of care (including other evidence-based models) or initiatives to date (including successes and challenges)
  - v. Describe the practice's experience with continuous quality improvement and how this work could inform HS efforts
  - vi. Describe (if relevant) prior efforts to implement and identify funding to implement and support HS
  - vii. Describe any anticipated challenges related to implementing HS
  
3. Staff support for HS including:
  - i. Number of HS Specialists to be trained (including total full-time equivalents on staff currently and those to be hired)
  - ii. Qualifications and descriptions for existing (and to be hired - if applicable) licensed behavioral health professionals, that can bill independently for their services, to be trained as HS Specialist(s)
  - iii. Names and descriptions of the following individuals:
    1. Physician champion
    2. C-suite champion
    3. HS Specialist clinical supervisor (or HS program manager)
    4. Administrative manager (or someone else with authority to make practice-wide changes)
    5. IT or data staff to support HS data input and extraction from the electronic health record as well as possible modifications/additions
    6. Billing/coding staff to support long-term HS sustainability efforts
  
4. Long-Term Viability of the Program
  - i. Describe the practice's plan to ensure long-term viability of HS (including addressing HS Specialist turnover, how associated model costs will be covered, etc.)
  - ii. Describe any plans to receive reimbursement for HS services and/or explore innovative payment partnerships with payers
  - iii. Describe the practice's plans to expand the model's reach and growth over time
  - iv. Describe any future continuous quality improvement (CQI) measures to reexamine work flows to maximize sustainability efforts and ensure the long-term viability of the HS model
  
5. Data collection
  - i. Describe the data systems currently used by the practice including electronic health record(s) and if applicable, any supplemental databases that would be relevant to HS
  - ii. Describe how the practice will update existing electronic health record capabilities



- to accommodate data collection for HS and highlight any potential barriers or indicate the willingness to utilize [Welly](#) - a HIPPA-compliant, mobile friendly, care coordination and data reporting web-based platform available for use by HS sites
- iii. Describe any previous efforts to update electronic health record capabilities related to HS Core Components such as child and caregiver screenings (including successes and challenges)
  - iv. Outline the practice's plan to collect and report data on annual screenings rates as part of the HS National Office's Annual Site Reporting process
  - v. Describe any additional evaluation activities that the practice may want to undertake as part of implementing HS

6. Other Required Proposal Components:

- i. Program budget – see Attachment A: HealthySteps Exploration Guide for a HealthySteps Sample Budget Template.
- ii. Completed Practice Readiness Assessment for each practice seeking funds
- iii. Letter of Commitment to implement HS from the Lead Physician and Lead Administrator or C-suite champion

Applicants must submit a complete full proposal package to their unique link by February 4, 2022 by 5:00pm PST. Submissions must include the required proposal components cited above.

Contact information:

Christina Nigrelli  
Senior Director of Programs, ZERO TO THREE California  
HealthySteps California Coordinator  
Email: [cnigrelli@zerotothree.org](mailto:cnigrelli@zerotothree.org)

## Administrative Information

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### A. Expectations for Selected Sites

The VHSI will take place on a mutually agreed upon date between the practice and the HS National Office during the spring or fall of 2022.

If selected, a practice will work with the HS Training and Technical Assistance team to:

- Execute the network affiliate and trademark licensing agreements as well as training agreement, prior to training
- Create an Implementation Team and submit an initial draft of the Site Implementation Plan prior to the VHSI training
- Create a plan to participate in synchronous and asynchronous VHSI sessions (including which staff will participate in each session)

- Participate in at least six one-hour technical assistance calls in the first year following training
- Participate in Annual Site Reporting
- Meet fidelity requirements within three years of completing the VHSI

## B. Method of Evaluation

A committee consisting of representatives from the HS National Office will complete the Proposal Evaluation. Each evaluator will independently review the proposals and compute a total score. Once completed, final proposal evaluation scores will be calculated by each reviewer and averaged to arrive at a total score for each proposal. At least six sites will be awarded funds to implement HS.

## C. Evaluation Criteria

Proposals will be scored based on how complete, informative, realistic and reasonable the submission content is with respect to implementing and operating the HS model and based on how much award funding is needed to implement HS. Scoring will be as follows:

Component	Maximum Points
Project Abstract	10
Experience	15
Staff Support for HS (including how much funding from this award is required to implement the model)	40
Long-Term Viability of HS	20
Data Collection	15
Completed Program Budget	5
Completed Site Interest Form	5
Completed Practice Assessment	5
Letter of Commitment from Lead Physician and Lead Administrator or C-Suite Champion	5
Total Possible Score	120

## Terms and Conditions

This RFP is only an invitation for proposals. No contractual obligation on behalf of ZTT whatsoever shall arise from the process unless and until formal agreements are executed. This RFP does not commit ZTT to pay any cost incurred in the preparation or submission of any proposal nor to procure or contract for any services.

Successful recipients must be able to comply with all applicable Federal statutory and regulatory requirements and program guidelines, as well as other terms and conditions.

ZTT reserves the right to accept or reject any and all proposals and will, at its discretion, select those who best comply with the RFP and meet the program's requirements.

This RFP is both confidential and proprietary to ZTT. We reserve the right to recall the RFP in its entirety or in part. Applicants must accept all of the foregoing terms and conditions without exception. All responses to the RFP will become the property of ZTT and will not be returned.