



WB:R2R In-Clinic Navigation RFQ – Questions and Answers

- 1. Question:** Could you confirm the number and specific locations of the clinic sites where In-Clinic Navigators are expected to be placed during the contract period?

Response: The In-Clinic Navigator will be placed across the CommuniCare+OLE (CC+OLE) clinic system, which includes Salud Clinic in West Sacramento, Davis Community Clinic, and Hansen Clinic in Woodland. However, the navigator will primarily be located in West Sacramento with assignments to the Davis and Woodland clinics depending on workflow, patient volume, and program needs.

- 2. Question:** The RFQ identifies a target of 8 to 12 NBQs per month, or 100 to 125 screenings per year per 1.0 FTE Navigator. Can you share the rationale or historical data that informed this volume expectation? Is information available on the number of families enrolled in WB:R2R in recent years, particularly those connected to the program through navigation activities?

Response: The screening target is based on First 5 Yolo program data related to how many families are referred to WB:R2R, how many are seen in clinic, and the percentage who accept navigation. The 8-12 NBQs per month target is a portion of the total project screening target which is shared with an additional 1.0 FTE Navigator currently assigned to the program. Recent data show that a 1.0 FTE In-Clinic Navigator has historically completed approximately 20–25 NBQs per month. The new Navigator role in this RFQ has different expectations because it includes additional community outreach responsibilities alongside clinic-based screening.

- 3. Question:** The RFQ describes in-clinic navigation as the primary point of engagement. Are enrollment and completion of NBQ screenings limited to clinic-based encounters, or may navigation staff enroll eligible families who are identified through community-based programs or other non-clinic service settings?

Response: Enrollment and NBQ screenings are not limited to clinic settings. While clinic-based navigation is the primary point of engagement, navigators may also enroll families identified in community settings such as WIC offices, family resource centers, and outreach events.



4. **Question:** In the Scope of Work, the term “Supervisor” appears throughout. Should respondents understand this to refer to a supervisor employed by the contracted provider, or is this a supervisory role within the WB:R2R structure?

Response: The term “Supervisor,” in the RFQ, refers to the contracted provider’s employee who will serve as the navigators’ direct supervisor and manager of record, oversee the navigators’ day-to-day work, provide reflective supervision, ensure adherence to the Scope of Work, and participate in WB:R2R leadership and program meetings. The contracted provider’s supervisor is not the clinic lead and does not serve in any supervisory capacity within the clinic.

WB:R2R is also supported by a Project Manager who oversees the overall program including on-site program leadership, clinical management, program operations and workflows. The WB:R2R Project Manager does not directly supervise individual navigators but maintains program operations-level authority and works closely with First 5 Yolo for system-level coordination and quality improvement.

5. **Question:** Will First 5 Yolo or partner clinics provide hardware, secure access tools, or other technology needed for daily use of the electronic medical record system and the WB:R2R database, or should respondents plan to budget for those items?

Response: CC+OLE will provide access to the EMR system once navigators complete required clearances and onboarding. First 5 Yolo will provide Salesforce access and required training. Respondents should plan to provide their own hardware, including laptops or tablets, to access these databases and include these in the proposed budget.