

CUYAHOGA COUNTY BOARD OF HEALTH

REQUEST FOR PROPOSAL

RFP # 2020-04

ISSUED: July 13, 2020

RFP TITLE: Maternal and Child Health Program

Issuing Department: Administration
Cuyahoga County Board of Health
5550 Venture Drive
Parma, Ohio 44130
(216)201-2000

Sealed proposals will be received until: August 18, 2020

All inquiries should be directed to: Judy V. Wirsching, CFO
Cuyahoga County Board of Health
5550 Venture Drive
Parma, Ohio 44130
(216)201-2001

ALL RESPONSES SHALL BE MARKED AS

“SEALED BID”

**“REQUEST FOR PROPOSALS
MATERNAL AND CHILD HEALTH PROGRAM”
FOR
CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH**

PROPOSALS ARE TO BE MAILED OR HAND-DELIVERED DIRECTLY TO THE ISSUING DEPARTMENT SHOWN ABOVE. ANY PROPOSAL RECEIVED AFTER THE TIME AND DATE SPECIFIED ABOVE WILL BE RETURNED UNOPENED.

PUBLIC NOTICE
REQUEST FOR PROPOSALS (RFP#2020-04)

The Cuyahoga County Board of Health is now soliciting sealed proposals to support strategies that meet the needs of the maternal and child health population. Completed proposals must be submitted to the Cuyahoga County Board of Health, 5550 Venture Drive, Parma, Ohio 44130 no later than 10:30 A.M. local time on August 18, 2020.

A pre-proposal virtual conference is scheduled for July 24, 2020 at 11:00am (Global Meet: <https://cuyahogaboardofhealth.globalmeet.com/JudyWirsching>, call in #: 1-800-216-0770, Access Code: 427439). Attendance is strongly recommended but not mandatory.

This notice and proposal may be viewed at the following Board website: www.ccbh.net by clicking on the “Business” tab on the home page. Specifications will not be made available at the pre-proposal conference. Questions prior to the pre-proposal conference must be emailed to bidquestions@ccbh.net.

Judy V. Wirsching, CFO

Published in the Cleveland Plain Dealer on July 13, 2020

PROPOSAL INFORMATION

Background Statement

The Maternal and Child Health Program (MP) grant has been providing support for local health and social service agencies that identify health needs, service gaps, and barriers to care for families since 1983. The Maternal and Child Health Program uses a combination of federal and state monies to offer public health services for the maternal and child health populations.

The Maternal and Child Health Program correlates with the Title V Maternal and Child Health Block Grant priorities that Ohio has identified for the 2016-2020 cycle and State Health Improvement Plan areas such as: decreasing infant mortality; preventing injury and violence; reducing chronic disease; increasing access to health care; and implementing integrated mental and physical health.

The Maternal and Child Health Program supports the ODH Pillars of Public Health by building healthy communities to enable Ohioans of all ages and abilities to live disease free and injury free and valuing everyone equally; addressing health inequities and disparities; and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes. The objectives and evidence-based strategies for this grant opportunity have been selected to address federal and state priorities for the maternal and child health population. The Maternal and Child Health Program is administered through the ODH, Maternal and Infant Wellness Program formally known as the Maternal and Child Health Program.

The grant period for this application is three years (10/1/2020 – 9/30/2023) and has a budget period of 10/1/2020-9/30/2021 depending on the availability of funding.

Goals: The goals of the MP grant is to provide support for capacity building, collaboration, referrals, and program support for maternal and child health related programs; to improve the health of women that are pregnant, will become pregnant and that have had a child; to improve access to mental health and physical health for pregnant women and post-partum; and to improve the resiliency of adolescents related to health in populations throughout Ohio.

The goals of the Maternal and Infant Wellness Program formally known as the Maternal and Child Health Program are to eliminate health disparities, improve birth outcomes, and improve the health status of Ohio women, infants, children, youth and families through a life course approach by:

- Ensuring socio-emotional health and addiction needs of women and children are met;
- Decreasing smoking;
- Decreasing childhood obesity, reducing food insecurity and supporting breastfeeding;
- Decreasing infant mortality by ensuring infants have a safe sleep environment;
- Addressing social determinants of health;
- Implementing the Ohio Institute for Equity in Birth Outcomes (OEI); and
- Providing safety services.

The population of interest continues to be low-income women, infants, children, youth and families and racial and ethnic groups that are disproportionately affected by poor health outcomes. The focus will be on geographic areas and populations of highest need.

Program Description: Program goals are to be accomplished by engaging in a focused, multidisciplinary, collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders that serve the most at-risk populations such as racial and ethnic groups that are disproportionately affected by poor health outcomes, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, mental health centers, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents). Culturally competent programs and services must be provided to the population of greatest need.

Applicants must work to improve the health of individuals and communities by partnering with other public health programs and organizations that work with similar priority populations.

In May of 2020, the Cuyahoga County Board of Health (CCBH) completed and submitted an application in response to the Maternal and Child Health (MCH) RFP issued by the Ohio Department of Health to implement programs and services for the MCH grant for the period of October 1, 2020- September 30, 2023, for the following components: 1) Maternal and Child Health Capacity, 2) Preconception Health, 3) Peer Centered Support, and 4) Adolescent Health Evidence – Based Resiliency.

To support approved programming and services, the CCBH is requesting proposals to meet requirements of Objective 3: Peer Support Person-Centered Wellness strategy which provides support for planning and assessing the peer support systems and screening tools (behavioral and/or physical health) available within a designated target area or region that support pregnant and/or post-partum women within one year of pregnancy in year 1. Years 2 and 3 of Objective 3 provides support to implement a plan to provide behavioral health screenings and referrals to support services to a defined target population and number of women and staff training.

Purpose of Objective 3: To increase the peer support that pregnant and post-partum women receive to improve their physical, behavioral, mental, and social needs during and up to one-year post pregnancy. This strategy also aims to ensure that pregnant and postpartum women are receiving behavioral health screenings and referrals for support services to mental wellness.

Peer Support Person-Centered Wellness Goals:

- a) Increase the number of peer support personnel working with pregnant and postpartum women to improve their mental wellness.
- b) Increase the number of screenings for behavioral health to pregnant and postpartum women.
- c) Increase the number of referrals for pregnant and postpartum women to behavioral health services.
- d) Increase the behavioral health knowledge of personnel who work with pregnant and postpartum women by attending educational and training events.

The Strategy Workplan (Appendix 7) reflects required activities identified by ODH through literature reviews and other research. Applicants must use only those *strategies* identified by ODH for each *measure*. The applicant should list the specific *activities* that will be implemented to address each *strategy*. *Benchmarks* have been developed for all MCH *objectives* and are used to measure progress toward achieving MCH goals. Applicants must use only those *measures* identified by ODH on the MCH workplan and their corresponding *benchmarks* for each *strategy*. Please note that proposed *strategies* cannot be altered.

Eligible Applicants

All applicants must be a local public or non-profit agency. All applicants must have the capacity to meet all grant deliverables. Only one application per agency will be funded.

Program Period and Award Amounts

Total amount available is **\$66,000.00** per year for up to three years, contingent of availability of funding. The grant period for this application is three years (10/1/2020 – 9/30/2023) and has a budget period of 10/1/2020-9/30/2021 depending on the availability of funding.

Program Reporting Requirements

Successful applicants are required to submit sub grantee program and expenditure reports. Reports must adhere to the Cuyahoga County Board of Health Grants Administration Policies and Procedures (GAPP) Manual, a copy of which will be supplied to all successful applicants. Reports must be received before the Board will release any additional funds. Applicants must state in the narrative that compliance with reporting requirements will occur.

1. Subgrantee Monthly Reports: Subgrantees are to submit monthly reports using the MCH Program Plan to the Board on a monthly basis. Program reports are due on 5th of every month. Program reports should describe overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that will affect the subgrantee’s ability to meet the program’s objectives or time schedules.
2. Program Expenditure Reports: Services provided under the MCH program are 100% deliverable based. Reimbursement is contingent upon completion of deliverables as described in the workplan (APPENDIX 7) The budget submitted with the application is the only approved spending plan for the project. Changes to the funds allocated for the project must be submitted in writing to the Board for approval prior to their redistribution.

All program expenditure reports must be completed and submitted via the mail, with a signed original, to the Board by the following dates:

Quarter	Dates	Deadline
1 st Quarter	October 1, 2020 through December 31, 2020	January 5, 2021
2 nd Quarter	January 1, 2021 through March 31, 2021	April 5, 2021
3 rd Quarter	April 1, 2021 through June 30, 2021	July 5, 2021

4 th Quarter	July 1, 2021 through September 30, 2021	October 5, 2021
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The program expenditure report will be considered “on time” if it is received on or before the established deadline dates listed above.

Ownership Copyright

Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Child and Family Health Services, Maternal and Child Health Program and as a sub-award of a grant issued by [Health Resources and Services Administration (HRSA)] under the [Maternal and Child Health Block Grant], grant award number [B04MC26688], and CFDA number [93.994] and Am. Sub. H.B.59.

B. Proposal Format

The Board discourages overly lengthy and costly proposals. In order for the Board to evaluate proposals fairly and completely, vendors should follow the format set forth herein and provide all of the information requested.

Proposals that do not adhere to these formatting requirements may be considered non-responsive. Proposals should be submitted in a sealed envelope with the name of the vendor and the relevant RFP name and number on the front.

Responses must be submitted with one (1) original, three (7) copies and one (1) electronic copy with all required information. All proposals submitted will become the property of the Board and will not be returned.

Proposals must remain open and valid for ninety (90) days from the opening date, unless the time for awarding the contract is extended by mutual consent of the Board and the vendor.

Review Criteria

All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Cuyahoga County Residents;

2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the Cuyahoga County Board of Health, considering the anticipated results;
6. Demonstrates that program personnel are well qualified by training and/or experience for their roles in the program and the *applicant* organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds; and
10. Identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.

The CCBH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject applications for any given request for proposals. There will be no appeal of the agency's decision.

All applications that comply with the RFP requirements will be reviewed and scored by an objective review committee. A scoring of 50 points will be used to evaluate each proposal as follows:

Cover Page	1 Point
Cover Letter	1 Point
Executive Summary	5 Points
Program Narrative	35 Points
Description of Applicant Agency	(5 Pts)
Problem/Need	(10 Pts)
Methodology-MCH Program Plan	(10 Pts)
Cultural Competency	(10 Pts)
Budget	8 Points

APPLICATION REQUIREMENTS AND FORMAT

A. Cover page

This must include the RFP title, RFP number, complete vendor name and mailing address as shown in Appendix 4.

B. Cover letter

Proposals must include the telephone number of the person the BOARD should contact regarding the proposal.

Proposals must confirm that the vendor will comply with all the provisions of this RFP. Any exceptions to the Board contract general terms and conditions should be discussed here.

The vendor must provide a brief description of the organization including history; number of years your organization has been in business; type of services you provide; legal status of vendor organization, i.e. corporation, partnership, sole proprietor; Federal Tax ID number.

The vendor must submit a copy of its most recent audited or compiled financial statements, with the name, address and telephone number of a contact in the company's principal financing or banking organization. The financial statements must have been completed by a Certified Public Accountant.

A vendor representative authorized to make contractual obligations must sign the cover letter.

C. Executive Summary

Provide a brief synopsis of the purpose, methodology, and evaluation plan of this project. Clearly and specifically identify the priority population(s), services and programs to be offered and who will provide those services. Describe the public health problems that the project will address. Specify the total project budget requested from CCBH through this grant. Describe the project goals and measures that will be used to reach and serve the priority population. Describe how the project will be evaluated.

D. Program Narrative (not to exceed 5 pages)

Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff. Describe the program's potential in improving health outcomes. Use data to substantiate any statements of achievements of past goals and objectives.

Problem/Need

Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity. Describe the social determinants of health that impact the target population and how you will address these concerns with each objective applied for in this grant.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology

In narrative form, identify the program goals, SMART process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

Cultural Competency

Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office Of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. Within the Program Narrative, applicants should summarize (not to exceed 1 page) the agency's commitment to providing culturally and linguistically appropriate services (CLAS) to the target population identified as eligible for CFHS funding. Applicant may include training and/or educational resources provided to staff and clients to uphold and/or advance this practice. Clearly label the section "Cultural Competency" in bold.

E. Budget Requirements

The Maternal and Child Health program is 100% Deliverable Based and reimbursement will be provided upon completion and approval of deliverables as identified by ODH. Programmatic costs should be reflected within established deliverables as noted in Appendix 5.

Please note that salary coverage for the Peer Support Specialist Coordinator will only be provided if the individual meets all minimum requirements as described in position description Appendix 6.

The vendor must complete and submit the following forms:

- Non-Collusion Affidavit (requires notarization).
- Certification of Compliance with Section 3517.13 of the Ohio Revised Code.

Ohio Revised Code Section 3517.131(3) and J(3) requires that no agency or department of this state or any political subdivision shall enter into any contract for the purchase of goods costing more than five hundred dollars or services costing more than five hundred dollars with a corporation, individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust unless the contract includes a certification that the individuals named in Revised Code Sections 3517.13(1)(1) and (J)(1) are in compliance with the aforementioned provisions. Any questions you may have as to whether or not you are in compliance should be directed to your legal counsel.

Blank copies of the above are included in Appendix 2 and 3 of this RFP.

Original signatures required as indicated on the forms. Copies of the proposal documents will be acceptable only if they contain original signatures and required notarization on all documents.

SECTION VIII. ADMINISTRATIVE INFORMATION

A. RFP Contact:

All vendor communications concerning the RFP must be directed to the contact person listed below. Any oral communication will be considered unofficial and non-binding on the agency. Vendors should only rely on written statements issued by the Board.

Name Judy V. Wirsching, CFO
Department: Administration
Address: 5550 Venture Dr., Parma, OH 44130
Phone: 216-201-2001 X1103
Fax: 216-676-1311
Email: JWirsching@ccbh.net

B. Location of work:

The Board will provide workspace for the contractor for any work performed, completed and/or managed within CCBH.

C. Pre-proposal conference

A pre-proposal conference for all participating vendors is scheduled as indicated below.

Date: July 24, 2029
Time: 11:00 A.M.
Location: Virtual - Global Meet:
<https://cuyahogaboardofhealth.globalmeet.com/JudyWirsching>, call in #: 1-800-216-0770, Access Code: 427439).

The purpose of the conference is to discuss the types of health and case management services provided by our agency with prospective product vendors and allow them the opportunity to ask questions concerning the RFP. **It is strongly recommended that interested vendors attend.**

Vendors with a disability needing accommodation should contact the Administration Office, 5550 Venture Dr., Parma, OH 44130, Phone (216) 201-2000 X1103 (Voice) prior to the date set for the pre-proposal conference so that reasonable accommodation can be made.

D. RFP Addenda

The Board reserves the right to issue addenda to the RFP at any time. The Board also reserves the right to cancel or reissue the RFP. However, if an addendum is issued less than seventy-two hours prior to the proposal due date, the closing date will be modified accordingly.

E. Proposal Response Date and Location

The vendor's proposal, in its entirety, must be received at the location, by the date and time specified on the cover page of this RFP. Proposals arriving after the deadline will be returned, unopened, to their senders. The official closing time will be determined by the time clock located in Board Administrative offices. All proposals and accompanying documents will become the property of the Board and will not be returned. Proposals should be submitted in a sealed envelope with the name of the vendor and the relevant RFP name and number on the front.

Vendors assume the risk of the method of dispatch chosen. The Board assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for actual proposal receipt. Late proposals will not be accepted nor will additional time be granted to any vendor. Proposals may not be delivered by facsimile transmission or other telecommunication or electronic means.

Hand-delivered proposals may be delivered ONLY between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding holidays observed by the Board.

F. Proposal Opening

Proposals will be publicly opened at the Administration Office, Cuyahoga County Board of Health, 5550 Venture Dr., Parma, OH 44130. At this time, all proposals will be opened, the bidder name and dollar amount read from the proposal cover page, and logged. The submittal of a proposal will be considered by the Board as constituting an offer to perform the required services at the stated costs.

G. Required Review

Vendors should carefully review this RFP for defects and questionable or objectionable matter. Comments concerning defects and objectionable material should be made in writing and received by the RFP contact at least ten days before proposal opening. This will allow for issuance of any necessary addenda. Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the RFP contact before the time set for opening.

H. Multiple Proposals

The submission of multiple proposals for the same service will be considered noncompliant and those proposals will be disqualified. We are relying on the vendor as expert, to identify in its proposal the approach which the vendor believes will be the most effective to produce the required services on time and within budget.

I. Proposal Rejection

The Board reserves the right to reject any or all proposals at any time without penalty. Vendors may withdraw a proposal that has been submitted at any time up to the proposal closing date and time, by submitting a written request to the RFP contact.

J. Response Property of the Board

All materials submitted in response to this request become the property of the Board. Selection or rejection of a response does not affect this right.

K. No Obligation to Buy

The Board reserves the right to refrain from contracting with any vendor. The release of this RFP does not compel the Board to purchase. The Board is not bound to accept the lowest priced proposal or any of the proposals submitted.

L. Cost of Preparing Proposals

The Board is not liable for any costs incurred by vendors in the preparation and presentation of proposals submitted in response to this RFP.

M. Acceptance of Terms

All the terms and conditions of this RFP are deemed to be accepted by the vendor and incorporated in its proposal except those conditions and provisions that are expressly excluded by the vendor in the proposal.

N. Disclosure of Proposal Contents

All documents submitted to the Board as part of the proposal become public information after the contract is awarded, and available for review and inspection by anyone requesting to do so. The Board does not encourage the submission of confidential/proprietary information in response to this proposal. However, written requests for confidentiality can be submitted to the RFP contact. Neither a proposal in its entirety, nor proposal price information will be considered confidential or proprietary. Under Ohio Revised Code Section 149.43, the BOARD will make a determination of application for disclosure on an ad hoc basis.

O. Equal Opportunity

Prospective vendors must comply with the applicable contract compliance procedures for equal employment opportunity as stipulated by the Board. It is the policy of the Board, to assure equal employment opportunity. Discrimination against any person in the recruitment, training, examination, appointment, promotion, retention, discipline or any other aspect of personnel administration because of race, religion, national origin, sex, ancestry, age, disability, sexual orientation, or veteran status is prohibited.

Words of the masculine gender used in proposals shall be deemed and construed to include correlative words of the feminine gender.

P. Contract Negotiations

The option of whether or not to initiate contract negotiations rests solely with the Board. If the Board elects to initiate contract negotiations, these negotiations cannot involve changes in the Board's requirements or the vendor's proposal which would, by their nature, affect the basis of the source selection and the competition previously conducted.

The vendor is responsible for their travel and per diem expenses during contract negotiations.

Q. Failure to Negotiate

If any contract cannot be negotiated within fifteen (15) days of notification to the designated vendor, the Board may terminate negotiations with the vendor and negotiate a contract with another vendor.

R. Recommendation of Award

Once the Board evaluation team has made its selection, a Notice of Recommendation of Award letter will be issued to the recommended vendor(s), advising of the expected award date.

S. Notice of Intent to Award

Prior to approval of the award by the Board, the Administration will issue a written Notice of Intent to Award and send copies to all unsuccessful vendors. The scores and placement of vendors will not be part of the notice. A tabulation of all vendors' names and addresses submitting proposals will be available upon request from the RFP contact person.

T. Debriefing

Vendors who submitted an unsuccessful proposal may request a meeting for debriefing and discussion of their proposals after receiving a Notice of Intent to Award letter. The request must be in writing addressed to the RFP contact. The debriefing is not to be seen as an opportunity to challenge the decision, nor will it include any comparisons of the vendor's unsuccessful proposal with any other vendor's proposals. The Board will attempt to respond to questions and concerns in this debriefing.

U. Protests

A vendor may protest the recommendation of award of a contract by filing in writing to the RFP contact person, as outlined in the Notice of Intent to Award letter. The protest letter shall include the following information:

1. Name, address and telephone number of the protester;
2. The signature of the protester;
3. Identification of the contract at issue;
4. A detailed statement of the legal and factual grounds of the protest;
5. The form of relief requested.

V. Contracting Requirements

The successful vendor shall, upon notification of award, be required to enter into a contract with the Board and must comply with the contract terms and conditions defined herein. If the vendor is unwilling to agree to a proposed clause or term, then your cover letter must reference an appendix which identifies these clauses in dispute and should:

- a. Suggest a specific alternative term, clause or approach;
- b. Provide an explanation of your reasons.

W. Contract Processing

The Board department shall prepare the contractual agreement required by this RFP specification. This contractual agreement shall be fully responsive to the requirements defined in these RFP specifications.

X. Proposal as Part of the Contract

Part or all of the successful proposal may be incorporated into the contract.

Y. Commencement of Contract Performance

In order to protect the interests of the Board, a contract must be approved by the Board at a regularly scheduled Board meeting after which it must be executed by the Health Commissioner and approved by Administrative Counsel before the goods or services as set forth in this RFP specification can be provided.

SECTION IX. CONTRACT TERMS AND CONDITIONS

A. Terms and Conditions

1. The contract shall be subject to interpretation under the laws of the State of Ohio, and subject to the review of the Board's Administrative Counsel as to legal form and correctness.
2. The successful contractor shall agree to indemnify and save the Board harmless from suits or actions of every nature and description brought against it, for or on account of any injuries or damages received or sustained by a party or parties or from any act of the contractor, his servants or agents.
3. The Board shall not assume responsibility for the payment of any personal property taxes for any materials not owned by the Board nor shall the Board pay any insurance premiums for any coverage of any property not owned by the Board, Ohio. No conditions shall alter this statement.
4. The Board is a tax-exempt No. 29 political subdivision of the State of Ohio (Federal 1.0. No. 34-6000817). Necessary tax exemption blanks will be furnished to the successful contractor when the contract is signed.

5. Acceptance of performance is a condition of the agreement. It shall be understood and agreed that an agent for Cuyahoga County shall determine finally the satisfactory quality of the services and/or materials furnished under the agreement. Failure to meet performance requirements is a reason for termination of the agreement, and the contractor shall be liable to the County for any excess cost and/or expenses incurred by the County thereafter.
6. In the event that the contract is terminated by the Board, thirty (30) calendar days advance written notice shall be given to the contractor. The contractor shall provide all services and/or materials required by the contract and the specifications to the date of termination. Under no circumstances shall the Board be responsible for any type of penalty payment upon the cancellation of the contract. The contractor, however, shall be paid for all services and/or materials provided to the date of termination.
7. Anti-discrimination: The contractor agrees that in the employment of labor, skilled or unskilled, under this Agreement, there shall be no discrimination exercised against any person because of race, religion, national origin, sex, ancestry, age, disability, sexual orientation, or veteran status, and that violation thereof shall be deemed a material breach of said Agreement.
8. Social Security Act: The Contractor shall be and remain an independent contractor with respect to all services performed hereunder and agrees to and does hereby accept full and exclusive liability for payment of any and all contributions or taxes for social security, unemployment insurance, or old age retirement benefits, pensions, or annuities now or hereafter imposed under any Local, State or Federal Law which are measured by the wages, salaries, or other remuneration paid to persons employed by the Contractor for work performed under the terms of this Contract and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now or hereafter may be issued or promulgated under said respective laws by and duly authorized State or Federal officials; and said Contractor also agrees to indemnify and save harmless the Board from such contributions or taxes or liability.
9. Labor and Material: The Contractor shall well, truly and promptly pay or satisfy the just and equitable claims of all persons who have performed labor or furnished materials or equipment for said Contractor in the execution of this Contract, and all bills, costs or claims of whatever kind which might in law or equity become a lien upon said work.
10. Assignment: The Contractor shall not assign, transfer, convey or otherwise dispose of this Contract, or his right to execute it, or his right, title or interest in or to it or any part thereof, or assign, by power of attorney or otherwise, any of the monies due or to become due under this Contract without approval of the Board.
11. Ownership of Contract Products: All products produced in response to the contract will be the sole property of the County.
12. If applicable, the successful Respondent will comply with the provisions of the Ohio Revised Code (4115.03 through 4115.16) requiring the payment of prevailing wage. Information on prevailing wage may be obtained from the Prevailing Wage Coordinator of Cuyahoga County Board of Health, 1642 Lakeside Ave., Cleveland, Ohio 44113, 216 443-5530.
13. Respondent's Warranty against an Unresolved Finding for Recovery. Ohio Revised Code Section 9.24 prohibits the award of a contract to any Respondent against whom the Auditor of State

has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of the award. By submitting a bid, the bidder warrants that it is now, and will not become subject to an “unresolved” finding for recovery under Ohio Revised Code Section 9.24, prior to the award of any contract arising out of this RFP, without notifying the Board of such finding.

14. Suspension and Debarments. The Board will not award a contracts for services funded in whole or part with Federal funds, to an entity who has been suspended or debarred from doing business or who appears on the Federal Excluded Parties Listing System www.sam.gov/.

15. Criminal Background Checks (If applicable). Prior to entering into a contract with the Board the successful Respondent shall conduct background checks on all applicants for employment in direct service positions in accordance with applicable requirements so as to not knowingly employ staff who have been convicted or plead guilty to any of the crimes specified in ORC 3319.39(B) or other section of the ORC applicable to the Agency. Failure to conduct such background checks may result in termination of this contract. Background checks on all cleaning staff (including substitutes) must be on file in the Board’s offices prior to entering the facility.

16. Disbursement of Funds: The Board shall make payments to the successful contractor on a reimbursement basis for providing the work or services described in the bid. The successful contractor shall submit invoices supported by such documentation as requested by the Board. The successful contractor may be required to provide the Board with copies of time sheets, receipts or contracts as validation of expenditures when submitting requests for payment.

17. CONFIDENTIAL INFORMATION. During the term of this Agreement, Confidential Information shall be held by the Contractor in the strictest confidence and shall not, without the prior written consent of the Board, be disclosed to any person other than in connection with Contractor’s assigned projects and activities hereunder. All of the documents and information transmitted and communicated to the Contractor shall be considered as sensitive material and shall be held in the strictest confidence by the Contractor. Upon termination of Contractor's engagement or at any time at the request of Board, or its designees, the Contractor shall promptly return or destroy all Confidential Information in the possession or under the control of Contractor and shall not retain any copies or other reproductions or extracts thereof. Nothing contained herein shall be construed as granting or conferring any rights by license or otherwise in any Confidential Information.

B. Required Contract Documents

In addition to the contract agreement furnished by Cuyahoga County, the successful contractor shall provide the following documents within fourteen (14) calendar days of the RFP award date. Failure to provide these documents within this time frame may result in a rescission of the award.

1. Signature Authorization
2. Worker's Compensation Certificate (if required)
3. Certificates of Insurance (if required)
4. Performance Bond and Related Documents (if required)
5. IRS Form W-9: Request for Taxpayer ID and Certification

6. Certification of Personal Property Tax.
7. Suspension and Debarment
8. Warranty against unresolved finding for recovery.

These documents are described in the following paragraphs.

C. Signature Authorization

The successful contractor shall provide one of the following signature authorizations:

1. For a corporation, a notarized certificate of power of attorney authorizing the individual's signature to bind the corporation or a notarized certificate of corporate resolution authorizing the signature of the document.
2. For the sole owner, a notarized statement indicating that the individual is the sole owner and is authorized to sign for and bind the company.
3. For a partnership, a certificate of partnership agreement showing the names and address of all partners and authorizing the signatures to bind the partnership.

D. Worker's Compensation Certificate

A Worker's Compensation Certificate is required from corporations and partnerships with employees. Sole proprietors and individual Contractors are not required to submit this document.

The contractor shall provide a Certificate of Premium Payment for Ohio State Worker's Compensation Insurance, or equivalent Worker's Compensation Insurance or letter of indemnification in lieu thereof. This document shall be current for the entire period of the contract.

E. Certificate of Insurance

The contractor shall have in effect during the term of the contractual agreement, comprehensive auto and general liability insurance wherein the Board and its employees are named as co-insured or additional insured.

This insurance shall protect the contractor, the Board and its employees, and any subcontractor performing work covered by the contract against claims for damage for personal injury including accidental death, as well as for property damages which may arise from operations under the contract whether such operations be by contractor or by any subcontractor or by anyone directly or indirectly employed by either of them.

An exact copy of such insurance policy or policies shall be made available to the Board for review upon request. A Certificate of Insurance with the following minimum levels of such insurance shall be submitted as follows:

- a. General Liability: \$1,000,000 per person, \$2,000,000 per accident.

- b. Professional Liability: \$1,000,000 per accident, \$2,000,000 per aggregate.
- c. Comprehensive Automobile Liability: \$250,000 per person, \$500,000 per accident.

Subcontractor's Public Liability and Property Damage Insurance and Vehicle Liability Insurance

The Contractor shall either (1) require each of his subcontractors to procure and to maintain during the life of the subcontract, Subcontractor's Public Liability, Property Damage and Vehicle Liability Insurance of type and in the amounts specified above, or (2) the Contractor shall insure the activities of the subcontractor in his own policy as specified above.

The policy or policies shall contain the following, special provisions:

"The contractor agrees that ten (10) days prior to cancellation or reduction of the insurance afforded by this policy with respect to the contract involved, written notice shall be mailed to the Chief Fiscal Officer of the Board."

Any and all expense incident to the furnishing of all insurance required of the contractor, as well as the legally required performance bond (if applicable), shall be borne by the contractor and shall be included in his unit price bid in the contract.

F. Letter of Indemnification in Lieu of Worker's Compensation Certificate and/or Certificate of Insurance (*If either document is required above*)

If the contractor cannot provide a worker's compensation certificate and/or certificate of insurance as requested, the contractor must, at the time of submission of the RFP, substitute a letter of indemnification for a worker's compensation certificate and/or certificate of insurance.

Only in those circumstances where the contractor verifies being self-insured by means of documentation will the Board consider the substitution of a letter of indemnification for a worker's compensation certificate and/or certificate of insurance. Such documentation, together with the letter of indemnification, must be submitted with the RFP proposal. Such a request will not be considered after the contract has been awarded.

G. Performance bond

If applicable, a Performance Bond or certified check, made payable to the Board, in a sum equal to 100% of the total contractual award shall be provided by the contractor should the total amount of the contractual award be in excess of \$25,000.

Such bond or check shall be conditional on the faithful performance of the work in accordance with the specifications, and shall remain in the possession of the Board for the term of the contract and material warranties, whichever is concluded last. Such bond or check shall also indemnify the Board, Ohio, against such damages as may be suffered by failure to perform such contract according to the provisions thereof and in accordance with the specifications. If a bond is submitted, it shall be executed by a surety company authorized to do business in the State of Ohio. The bond shall be notarized with the corporate seal and the bonding company seal. Accompanying the bond shall be:

A. A certified power of attorney for the agent to sign the bond.

B. A certificate of compliance for the bonding company for the State of Ohio, Department of Insurance.

If the contractor fails to satisfactorily perform the contract, the bonding company which provided the performance bond will be required to obtain timely performance of the contract.

H. Liquidated Damages

If applicable, liquidated damages shall be assessed in the amount of \$800.00 per calendar day for each and every day that the Contractor fails to meet the agreed upon deadline requirements for deliverables under the negotiated contract.

I. Letter of Credit in Lieu of Performance Bond/Certified Check

If a performance bond is required, the following will be in effect:

If the contractor cannot provide a performance bond or a certified check in the amount requested, the contractor must, at the time of entering into a contract, substitute a letter of credit for a performance bond or certified check.

Only in those circumstances where the contractor verifies by documentation from insurance and/or bonding companies that a performance bond is not available because of the new, unusual or unique nature of the product or the service being purchased will the County consider the substitution of a letter of credit for the performance bond or certified check requirement. Such documentation, together with the letter of credit in the amount requested for the performance bond, must be submitted during the writing of the contract with the successful contractor.

J. IRS Form W-9: Request for Taxpayer Identification Number and Certification

An Internal Revenue Service Form W-9 (Request for Taxpayer Identification Number and Certification) is required from any successful contractor, prior to the execution of the contract with the BOARD, must be completed.

K. Certification of Personal Property Tax

A Certificate of Compliance with Section 5719.042 of the Ohio Revised Code, which requires a certification of delinquent personal property tax by any successful contractor prior to the execution of the contract of a political subdivision, must be completed. (This document will be forwarded to the successful contractor upon award.)

L. Suspension and Debarment

The Board will not award a contracts for services funded in whole or part with Federal funds, to an entity who has been suspended or debarred from doing business or who appears on the Federal Excluded Parties Listing System www.sam.gov/.

M. Warranty against Unresolved Finding for Recovery.

Ohio Revised Code Section 9.24 prohibits the award of a contract to any Respondent against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of the award. By submitting a bid, the bidder warrants that it is now, and will not become subject to an “unresolved” finding for recovery under Ohio Revised Code Section 9.24, prior to the award of any contract arising out of this RFP, without notifying the Board of such finding.

Appendix 1

VENDOR'S REFERENCE SHEET

INSTRUCTIONS: List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.	
ORGANIZATION'S NAME:	CONTACT PERSON'S NAME:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER: DATE SERVICE(S) PROVIDED:
SPECIFY THE SERVICES PROVIDED:	
ORGANIZATION'S NAME:	CONTACT PERSON'S NAME:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER: DATE SERVICE(S) PROVIDED:
SPECIFY THE SERVICES PROVIDED:	
ORGANIZATION'S NAME:	CONTACT PERSON'S NAME:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER: DATE SERVICE(S) PROVIDED:
SPECIFY THE SERVICES PROVIDED:	

Appendix 3
CERTIFICATION OF COMPLIANCE WITH SECTION 3517.13 OF THE O.R.C.

CONTRACTS AWARDED TO INDIVIDUAL, PARTNERSHIP, OTHER UNINCORPORATED BUSINESS, ASSOCIATION (INCLUDING A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785), ESTATE, OR TRUST MUST CONTAIN THE FOLLOWING CERTIFICATION:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517.13(1)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- THE INDIVIDUAL
- EACH PARTNER OR OWNER OF THE PARTNERSHIP OR UNINCORPORATED BUSINESS
- EACH SHAREHOLDER OF THE ASSOCIATION
- EACH ADMINISTRATOR OF THE ESTATE
- EACH EXECUTOR OF THE ESTATE
- EACH TRUSTEE OF THE TRUST
- EACH SPOUSE OF ANY OF THE PRECEEDING PERSONS
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF ANY OF THE PRECEEDING PERSONS
- ANY COMBINATION OF THE PERSONS LISTED ABOVE

o CONTRACTS A WARDED TO A CORPORATION OR BUSINESS TRUST (EXCEPT A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785) MUST CONTAIN THE FOLLOWING CERTIFICATION:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517. 13(J)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- EACH OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- EACH SPOUSE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- ANY COMBINATION OF THE PERSONS LISTED ABOVE

It is hereby certified that all of the persons listed above are in compliance with section *3517.13(1)(1) or 3517.13(J)(1)* of the Ohio Revised Code.

o IF CONTRACTING ENTITY IS A NONPROFIT CORPORATION ESTABLISHED UNDER ORC CHAPTER 1702, THE UNDERSIGNED CERTIFIES THAT SECTIONS 3517.13(1)(1) AND 3517.13(J)(1) ARE NOT APPLICABLE TO THE CONTRACTING ENTITY.

PRINTED NAME

TITLE

SIGNATURE

DATE

APPENDIX 4

SAMPLE PROPOSAL COVER PAGE

(Use this as the format for preparing the proposal Cover Page)

Maternal and Child Health

RFP # 2020-04

**Agency Name
Agency Street Address
Agency City, State, Zip Code**

CEO/Executive Director: _____

Board President: _____

Individual who will sign contract: _____

Total Bid Proposal Amount: _____

Proposal Contact: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

APPENDIX 5

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 5

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 3:

Peer Support Person-Centered Wellness (Year 1: Planning)

Deliverable 3.1:

Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not exceed \$48,000 in the grant budget year.

MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Person Coordinator Position. Reports are due to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Deliverable 3.2:

Develop and convene a stakeholder group of individuals who work with pregnant and/or postpartum women within 1 year of pregnancy) to assess the peer support systems and screening tools (behavioral and/or physical health) within the county and have a meeting by 11/30/2020. Provide list of providers and meeting minutes or notes to ODH for approval for one-time reimbursement of \$6,000.

Deliverable 3.3:

Submit a list of all peer support programs and screening tools (behavioral health and/or physical health) within the county; and submit a list of all peer support training programs (behavioral health and/or physical health) and behavioral health providers who treat pregnant women within the county to ODH for approval by 12/30/2020 for one-time reimbursement of \$3,000.

Deliverable 3.4:

Coordinate and lead at least 4 additional meetings regarding the findings and next steps for the peer support programming by these dates 3/30/2021 (review findings); 6/30/2021 (select/identify agency to pilot); 8/30/2021 (finalize approval of implementation plan). Submit agendas, and meeting minutes or notes for reimbursement of \$1,000 per meeting conducted and not to exceed \$4,000.

Deliverable 3.5:

Create a plan of action for implementation to include scope, funds needed, training needs, evaluation outcomes proposed, MOU if needed, and initial start date of program for a peer support program at the identified agency by 8/30/2021 for one-time payment of \$5,000 (Plan of Action needs to be submitted and approved by deadline in order to be fully eligible for MP22 peer support funds). Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and the allocable nature of the proposed costs. Describe specific functions of program personnel. Explain and justify equipment, travel, supplies and training costs.

APPENDIX 6

Job Description TITLE: MP Peer Support Coordinator

Job Purpose: The main role of this pregnancy/post-partum behavioral health focused position is to support the coordination and implementation of the MP Peer Support Person-Centered Wellness Program. The role will facilitate relationship building across the clinical and community-based sectors to build an effective peer support program for pregnant and post-partum women. The Coordinator also entails ensuring that all eligible women in the target population receive screening and support in accordance with the program's guidelines and standards. The role will also be expected to attend additional trainings and possible certifications regarding peer support and behavioral health. This coordinator will also support administrative responsibilities including data collection, program monitoring, and program reporting. Experience or certification as a peer support person or experience supervising a peer support program within the community. The Coordinator must show evidence of training and skills in cultural competency and cultural humility.

KEY RESPONSIBILITIES AND ACCOUNTABILITIES:

- Manages, coordinates and directs the MP Peer Support Person-Centered Wellness Program.
- Directs administrative and programmatic aspects of the objective including short and long-term goal development, quality assurance, and reporting
- Coordinates partnerships in the implementation of the objective
- Plans, schedules and implements male wellness events and initiatives
- Monitors program responsibilities and progress according to workplan
- Communicates effectively with identified community centers/businesses
- Monitors program expenditures and program budgets
- Knowledge of health-related field, or management: program planning, policy implementation & program evaluation: data collection & analysis; health care organization & health care systems delivery
- Has lived experience of diagnosed mental health or co-occurring mental health and substance use disorder.
- Must satisfy relevant requirements for certification as required by ODH within 12 months of employment.
- 2 years experience in health program delivery (e.g., program implementation, program coordination, program monitoring & evaluation.
- Demonstrate experience in coordination of services that impact maternal, infant, and child health
- Knowledge of availability of community resources that serve disparate populations.
- Ability to engage community members and organizations.
- Ability to build strong, collaborative relationships

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Appendix 7
Objective: 3 Project Strategy Workplan

Objective 3: Peer Support Person-Centered Wellness (Year 1: Planning)
Maximum funding for deliverable: \$66,000

Deliverable	Unit cost	Minimum Required activities	Reporting Requirements		
<p>3.1 Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Person Coordinator Position. Reports are due to CCBH by 1/5/2021, 4/5/2021, 7/5/2021 and 10/5/2021.</p>	<p>\$48,000 (\$12,000 per quarter)</p>	<p>1. Provide job description or resume of identified Coordinator each time the Coordinator changes. 2. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– 3. MP Peer Support Person Coordinator Position. 4. Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. 5. Reimbursement will not be paid unless a new Coordinator is identified and approved by CCBH during that quarter or before and the Coordinator receiving peer support specialist training by 6/30/2021.</p>	<p>Provide job description or resume of identified Coordinator person each time the Coordinator person changes.</p> <ul style="list-style-type: none"> • Plan must be complete by deadline with no exceptions to be eligible for MP22 funds. • Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. • Reimbursement will not be paid unless a new Coordinator person is identified and approved by CCBH during that quarter or before) and the Coordinator receiving peer support specialist training by 6/30/2021. • Pilot agency must be identified by 6/30/2021 and able to perform program in MP22 or funding will not be provided. • Reimbursement will be provided in four quarterly payments based on retention of identified MP Peer Support Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement. • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports 		
<p>3.2 Develop and convene a</p>	<p>\$6,000</p>	<p>1. At least 1 medical provider</p>	<ul style="list-style-type: none"> • Providers identified 		

<p>stakeholder group of individuals who work with pregnant and/or post-partum women (within 1 year of pregnancy) to assess the peer support systems and screening tools (behavioral and/or physical health) within the county and have a meeting by 11/30/2020. Provide list of providers and meeting minutes or notes to CCBH for approval for one-time reimbursement of \$6,000</p>		<p>to be identified on the committee and 1 behavioral health provider with pregnancy or post- partum (within a year of pregnancy) experience. 2. Identify the region of focus and the programs within that region/zip code. 3. If no training programs exist identify the opportunities for individuals to be trained and which programs. 4. Meeting minutes and notes need to be responsive to the topics listed</p>	<ul style="list-style-type: none"> • Region identified if applicable. • Meeting minutes or notes provided to CCBH. 	
<p>3.3 Submit a list of all peer support programs and screening tools (behavioral health and/or physical health) within the county; and submit a list of all peer support training programs (behavioral health and/or physical health) and behavioral health providers who treat pregnant women within the county to ODH for approval by 12/30/2020 for one-time reimbursement of \$3000</p>	<p>\$3,000</p>			
<p>3.4 Coordinate and lead at least 4 additional meetings regarding the findings and next steps for the peer support programming by these</p>	<p>\$4,000</p>	<p>1. Agency must be identified by 6/30/2021 and able to perform program in MP22 or funding will not be provided.</p>		

dates 3/30/2021 (review findings); 6/30/2021 (select/identify agency to pilot); 8/30/2021 (finalize approval of Implementation Plan). Submit agendas, and meeting minutes or notes for reimbursement of \$1,000 per meeting conducted and not to exceed \$4000				
3.5 Create a plan of action for implementation to include scope, funds needed, training needs, evaluation outcomes proposed, MOU if needed, and initial start date of program for a peer support program at the identified agency by 8/30/2021 for one-time payment of \$5,000 (Plan of Action needs to be submitted and approved by deadline in order to be fully eligible for MP22 peer support funds).	\$5,000	<ol style="list-style-type: none"> 1. Plan needs to be complete by deadline with no exceptions in order to be eligible for MP22 funds. 2. Treatment centers have agreed to assign priority to pregnant women and are capable of treating women with opiate addiction. 3. Screening tool is selected and agreed upon by s of the committee. 4. Entities serving pregnant and postpartum women have been identified (e.g. hospitals, clinics, OBGYNS, Family Practitioners, HV). 		
Objective 3: Peer Support Person-Centered Wellness (Years 2-3: Implementation)				
Maximum funding for deliverable: \$66,000				
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements	
3.1 Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention	\$48,000 (\$12,000 per quarter)	<ol style="list-style-type: none"> 1. Provide job description or resume of identified Coordinator person each time the Coordinator person changes. 2. MP Peer Support 	<ul style="list-style-type: none"> • Provide job description or resume of identified Coordinator person each time the Coordinator person changes. • Plan needs to be complete by deadline with no exceptions in order to be eligible for MP22 funds. • Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and 	

<p>of the identified position and will not to exceed not to exceed \$48,000 in the grant year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Coordinator Position. Reports are due to CCBH by 1/10, 4/10, 7/10 and 10/10, years 2022-2023.</p>		<p>Coordinator identified must meet minimum qualifications described in Appendix E3 – MP Peer Support Person Coordinator Position. 3. Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. 4. At least 1 mental health provider and 1 OBGYN provider have signed MOU’s to work with the MP peer program.</p>	<p>all deliverable progress.</p> <ul style="list-style-type: none"> • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports. 	
<p>3.2 Determine the target number of women to be reached by identifying 25% of the eligible women for this service with use of population data and behavioral health data in your identified county and report your target number to ODH by 10/30 in years 2022-2023 for one-time reimbursement of \$1,000 per year.</p>			<ul style="list-style-type: none"> • Provide 2-5-year action plan with up to 3 priority areas with clearly defined approaches • Submit monthly reports • Provide health equity strategy along with action plan 	
<p>3.3 Provide behavioral health screenings and peer support (if recommended) to your total (100% of) target number and provide referrals for support services to at least 10% of the number of women that were provided screenings and report the data to ODH monthly report the following data monthly to ODH years 2022-2023 ((\$1,250 per month if no screenings or support services no</p>	<p>\$15,000 (\$1,250 per month if no screenings or support services no reimbursement should be submitted)</p>		<ul style="list-style-type: none"> • Women identifier • Age • Race • Ethnicity • # of pregnancies (outcomes) • Entry trimester into prenatal/postnatal care • Number of Women provided a mental health screening via a provider while pregnant or within the first year after birth (live birth or death). • Number of Women referred to the mental health peer 	

reimbursement should be submitted): <ul style="list-style-type: none"> • Women identifier • Age • Race • Ethnicity • # of pregnancies (outcomes) • Entry trimester into prenatal/postnatal care • Number of Women provided a mental health screening via a provider while pregnant or within the first year after birth (live birth or death) • Number of Women referred to the mental health peer 					
3.4 Receive reimbursement for promotional and informational resources and duplication/copying. Promotional and informational resources must be approved by ODH prior to purchase by 9/20/2022 not to exceed \$2,000.	\$2000 (year 2 only)				
3.5 Develop a sustainability plan and complete a final outcomes report by 9/20/2023 and submit to ODH for approval for a one-time reimbursement of \$2,000. Year 3 only.	\$2000 (year 3 only)	1. YEAR 3 ONLY-Develop a sustainability plan and complete a final outcomes report.	• Sustainability plan submitted and approved.		

**MCH workplan template
Deliverable 3**

Objective: _____ Project Workplan Template- MP 21
The Workplan Template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals)

Agency Name: _____ **GMIS Number:** _____

NOTE: Health Equity Plan and Communication Plan are to be complete below as well.

Deliverable 1:

Goal:

Key Action Steps	Timeline	Person Responsible (list name and FTE)	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates (complete this quarterly)
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>A responsible person must be identified for each action step. If other agency is the lead write as in-kind.</i>	<i>An evaluative measure/ benchmark must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>List accomplishments and report if activity is: - In progress - Complete - Having barriers</i>

Deliverable 2:

Goal:

Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Deliverable 3:

Goal:					
Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Deliverable 4:					
Goal:					
Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Deliverable 5:					
Goal:					
Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Deliverable 6:					
Goal:					
Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

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Deliverable 7:

Goal:

Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Health Equity: (How do you plan to involve the voice of your targeted population or local community?)

Goal:

Key Action Steps	Timeline	Person Responsible	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates

Communication Plan: (How do you plan to share information with your stakeholders and target audiences?)

Goal:

Key Action Steps (include target audience)	Timeline	Mode of Communication	Data Source and Evaluation Measures	Expected Outcomes and Impact	Activity Updates