

CUYAHOGA COUNTY

BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

RFP #2020-04 Pre-Proposal Conference
Maternal Child Health Program
July 24, 2020
11:00 am

Presenters: Judy Wirsching, CFO, Angela Newman-White, Program
Supervisor & Alison Patrick, Program Manager

Overview

- Important Dates
- Proposal Requirements
- Project Purpose / Background / Cost Proposal
- Questions & Answers

Important Dates

- All questions submitted and asked during the pre-proposal conference will be posted on the Board of Health website by C.O.B. Monday, August 3, 2020
- Addenda will be posted on the CCBH website by C.O.B. Monday, August 3, 2020
- Sealed proposals must be submitted by Tuesday, August 18, 2020 at 10:30am

Proposal Requirements

Proposal Submission

- Proposals should be mailed or hand-delivered
- Submit one (1) original and seven (7) copies in addition to one (1) electronic document of the proposal with all required information.
- Any proposal received after the time and date specified will be disqualified and returned unopened
- The official closing time will be determined by the time clock located in the CCBH Administrative Office – mail area

Proposal Requirements Cont'd.

Proposal Submission

- Vendors assume the risk of the method of dispatch chosen.
- CCBH assumes no responsibility for delays caused by any delivery service
- Postmarking by the due date will not substitute for actual proposal receipt
- Proposals may NOT be delivered by facsimile transmission, email or other telecommunication or electronic means.

Proposal Requirements Cont'd.

- Vendor's Reference Sheet (Refer to Appendix 1)
- Non-Collusion Affidavit with signature and **must** be notarized (Refer to Appendix 2)
- Certification of Compliance with ORC Section 3517.13 (Refer to Appendix 3)

Proposal Requirements Cont'd.

- Bid Guaranty – NOT Required for this project.

Project Purpose/Background & Cost Proposal

- Project Purpose/Background
- Cost Proposal

Maternal and Child Health Program

The Maternal and Child Health Program (MCH) 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 MCH Program uses a combination of federal and state monies to offer public health services for the maternal and child health populations.

The Cuyahoga County Board of Health (CCBH) has been funded since 2005.

The MCH 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.

Maternal and Child Health Program

- In May of 2020, the CCBH completed and submitted an application in response to the MCH RFP issued by ODH 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
 - 4) Adolescent Health Evidence – Based Resiliency

Request for Proposals

- On July 13, 2020, CCBH released a competitive RFP to identify an entity to implement components for Deliverable 3: Peer Support Person Centered Wellness
- Applications due August 18, 2020 by 10:30am to CCBH

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.

Objective 3: Peer Support Person-Centered Wellness (Year 1: Planning)

Purpose:

- 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.

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 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 ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Objective 3: Peer Support Person-Centered Wellness (Year 1: Planning)

Deliverable 3.2:

- Develop and convene a 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 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.

Objective 3: Peer Support Person-Centered Wellness (Year 1: Planning)

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).

Objective 3: Peer Support Person-Centered Wellness (Years 2-3: Implementation)

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 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 ODH by 1/10, 4/10, 7/10 and 10/10, years 2022-2023.

Deliverable 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.

Objective 3: Peer Support Person-Centered Wellness (Years 2-3: Implementation)

Deliverable 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 reimbursement should be submitted):
 - Women identifier, age, race, ethnicity
 - # of pregnancies (outcomes)
 - Entry trimester into prenatal/postnatal care
 - # of women provided mental health screening via provider while pregnant or within first year after birth (live birth or death)
 - # of women referred to the mental health peer

Objective 3: Peer Support Person-Centered Wellness (Years 2-3: Implementation)

Deliverable 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.

Deliverable 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.

Peer Support Specialist Job Description

- Please refer to Appendix 6 for job requirements and responsibilities

Program Requirements

- Monthly Reports and supplemental documentation due on the 5th of every month
- Participate in all specified ODH and/or CCBH training and/or technical assistance sessions as scheduled
- Quarterly Expenditure reports (1/5/21; 4/5/21; 7/5/21; 10/5/21)

Application Requirements

Cover Page

Cover Letter

- Executive Summary
- Program Narrative (not to exceed 5 pages)
 - Description of Applicant Agency
 - Problem/Need
 - Methodology
 - Cultural Competency Statement
- Program Plan
- Budget

Workplan

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:</i> - In progress - Complete - Having barriers
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

Budget Scenario

Deliverable – Objectives

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Questions?



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