

**Moms & Babies First Program (M&BF)
FY20- LOCAL REQUEST FOR PROPOSAL**

Please Print

Agency Name: _____

Address:

Agency Contact Person:

Name: _____

Title: _____

Phone Number: _____

Email: _____

Current provider of home visiting services in Summit County? Yes No

If yes, what services and how long?

Agency Head (Print Name)

Agency Head Signature

Local Request for Proposal Form due to SCPH by April 16, 2019

Please email this completed form to Megan Sutherland, msutherland@schd.org

Attachment to submit: Current W-9 (October 2018 revised version)

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Eligible Applicants: Organizations looking to implement infant mortality reduction initiatives that will include: prenatal care planning, ongoing community training and outreach, and utilization of home visiting and Community Health Workers (CHWs). The organization must have the ability to maintain or complete CHW certification, provide program supervision, ensure ongoing data collection and evaluation, and maintain an 85% monthly capacity rate (serve 83 families). Only organizations with the ability to begin immediately should consider responding to this request for proposals. **Summit County Public Health (SCPH) has reviewed and is in agreement with the current grant structure set forth by the Ohio Department of Health (ODH) under this solicitation.**

RFP Type: Contract with Summit County Public Health based on availability of funds from the Ohio Department of Health. This contract is pending the award of Moms & Babies First funding to SCPH from the ODH.

Projected Time Period: October 1, 2019 to September 30, 2020

Total Project Period Funding: up to \$166,000

Number of Years of Award: One (1) year

Application Deadline: May 3, 2019 by 4:00pm, submit by email: msutherland@schd.org

Local Notice of Awards will be Announced: May 10, 2019

Note: The final grant allocation is dependent of sub-recipient award from the Ohio Department of Health Bureau of Maternal Child and Family Health. Official award from ODH anticipated by September 30, 2019

All questions regarding this solicitation should be sent to Megan Sutherland at msutherland@scph.org. All questions will be posted on the SCPH website, scph.org. Deadline for questions is April 16, 2019.

I. Background/ Introduction

Infant mortality is defined as the death of an infant before his or her first birthday and is an important indicator of the health of a community. The Infant Mortality Rate (IMR) is the number of deaths under one year of age per 1,000 live births. Ohio has the 9th highest rate of infants dying in the U.S. in 2017, and the second highest rate in the country for Non-Hispanic (NH) African-American women. Summit County is one of nine communities recognized by the Ohio Department of Health (ODH) and CityMatch as an Ohio Equity Institute (OEI) partner due to high infant mortality rates, with ninety percent of the State's infant mortality occurring in these nine communities. The state of Ohio has a goal to reduce infant deaths

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to fewer than 6.0 infant deaths per 1,000 live births in every racial and ethnic group which aligns with the national Healthy People 2020 objective established in 2010. Ohio's IMR for all races declined from 7.4 in 2016 to 7.2 in 2017. While the state's IMR for white infants was lower in 2017 than in 2016, the rate for African-American infants was higher, with African-American infants dying at three times the rate as white infants. The IMR disparity between white and African-American infants was even greater in Summit County, with the NH African-American IMR (15.34) being 3.2 times higher than the NH white rate (4.74).

Based on five year estimates from the 2013-2017 American Community Survey, Summit County residents had an average poverty rate of 9.9%; however, the poverty rate was four times higher for African-American residents (26.9%) than white residents (6.6%). Comparing race and family type magnifies the disparity among poverty rates. Poverty rates for white and African-American married couple families had a (4.6%) disparity (7.4% and 2.6%, respectively) with a significant difference (16.2%) in the poverty rates for white and African-American female-headed families (24.1% and 40.3%, respectively). This disparity puts a far greater proportion of African-American female-headed families under economic stress than white female-headed families.

Reducing infant mortality requires addressing the primary factors driving infant mortality in Summit County. The leading causes of infant death in Ohio continue to be prematurity-related conditions, congenital anomalies, obstetric conditions, sleep-related conditions, and Sudden Infant Death Syndrome. Factors such as obesity, smoking, first trimester prenatal care, birth spacing, depression, and stress demonstrate the racial and economic inequities prevalent in the County. Obesity and smoking rates are increased if a resident is living at the poverty level or on Medicaid. In 2017, over one in three (39%) African-American pregnant women in Summit County did not receive first trimester prenatal care compared to 22% of white pregnant women. The spacing between birth and the next conception can affect pregnancy outcomes as well. Short intervals between pregnancies, less than 18 months, are associated with pre-term birth, low birth weight, and low gestational age. Of the 2017 births in Summit County, 34% of African Americans did not practice proper birth spacing of 18 months and 35% of White women did not practice proper birth spacing. Overall, SCPH is seeking a sub-grantee to serve pregnant African-American women with holistic approaches that address the social determinants of health and social inequities in the County.

III. Project Information

The M&BF program, formally known as the Ohio Infant Mortality Reduction Initiative, was developed to address the racial and ethnic disparities affecting African-Americans in fetal and infant mortality rates and birth outcomes. This goal is facilitated through community-based outreach and perinatal care coordination services in targeted census tracts/ neighborhoods with increased proportions of high risk, low-income pregnant women and families. The program strives to engage expectant families in their communities to:

- Eliminate health disparities

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- Improve birth outcomes
- Reduce premature birth rates
- Reduce low birth rates
- Increase the involvement of fathers
- Increase early entry into care
- Increase utilization of infant health care
- Address social determinants of health

M&BF services are performed by Community Health Workers (CHW) to improve birth outcomes, maternal, preconception, and interconception health, training and education, and maternal self-sufficiency through a range of activities that build individual and community capacity. The CHW performs:

- Regular home visits through baby's first year of life
- Identification and reinforcement of risk-reduction, positive behaviors
- Medical provider education and referral
- Risk assessment, informal counseling, social support, and advocacy
- Health education and referrals
- Collaboration with other community agencies and services
- Public education activities and outreach to raise awareness.

II. Program Infrastructure and Organizational Capacity

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements outlined in the RFP. SCPH anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 1-year project period.

- Establish or maintain a minimum of two (2) certified Community Health Workers;*
- Provide supervision of the program;*
- Follow standardized processes for program outreach (including canvassing), referrals, and training;
- Utilize the reporting requirements mandated by the ODH (OCHIDS, etc.);
- Provide data collection and evaluation support to SCPH and ODH as requested/needed.

**Minimum Staffing Requirements*

- Establish and/or maintain a staff of at least two (2) Certified CHWs who reside in the community and one (1) Program Manager.

II. Program Eligibility

Provide outreach and engage with pregnant, African-American women in identified Summit County communities who are low income (not to exceed 200% of the federal poverty level) and do not exceed 29 years of age at the time of referral. Families to be served also need to include at least **one** of the following risk factors:

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- First time parent;
- Previous preterm birth;
- Previous low-birth weight;
- Current diagnosed medical condition (such as: high blood pressure, gestational diabetes, infections, preeclampsia, shortened cervix, history of pregnancy, loss/miscarriage history of stillbirth, anemia, sexually transmitted disease);
- History of child abuse, neglect or have had interactions with child welfare services;
- History of substance abuse, or demonstrate a need for substance abuse treatment;
- Users of tobacco products in the home;
- History of unstable housing or homelessness; or
- History of depression or other diagnosed mental health concerns.

Sub-recipient will be expected to maintain a minimum of 85% capacity throughout the duration of the grant. Current estimated capacity for Summit County is 83 women; this number is determined by ODH on an annual basis.

IV. Reporting

Tracking and Monitoring

Proper data entry, tracking, and evaluation of Moms & Babies First Program through the Ohio Department of Health, OCHIDS database, and any additional reporting needs per grant requirements.

- Enter client, referral, intervention and/or training, and CHW information into OCHIDS system;
- Provide monthly progress reports to SCPH that describe findings, program activities, short-term outcomes, and barriers. The reporting structure is contingent on ODH, per the formation and information requested;
- Submit quarterly data regarding the number of clients served, program and participant outreach activities conducted, curriculum implemented (e.g. Partners For Healthy Babies), research-based parenting education initiatives, goals, and barriers;
- Perform activities that support the purpose of M&BF, such as: literature reviews, economic analysis of programs, small area and perinatal periods of risk analyses, and collaboration with social service agencies.

Note: Sub-grantee must follow and meet contract performance requirements. Discrepancies in data, compliance, and/or site reviews will require a “corrective action plan.” The Sub-grantee further understands that their present allocation and/or future allocations will be determined based on the Sub-grantee’s success in fully meeting the Contract Performance Requirements.

Financial Reporting

Submit a monthly invoice with supporting documentation of which follows the approved budget per SCPH and ODH. Monthly invoicing is due by the 10th day of the month. Please note this is a

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reimbursement grant and all reimbursements must fall within the grant time period. SCPH follows the OGAPP manual policies and procedures,

<https://www.scpb.org/sites/default/files/editor/OGAAPmanual1217>

V. Elements of Proposal

Project Narrative: The narrative should be no more than six (6) pages (including the one (1) page executive summary) that are double-spaced, use 12 point font, and have one inch margins.

- *Executive Summary:* Provide a brief, no more than one (1) page, summary of the overall application highlighting the ability to implement M&BF and provide quality and efficient care.
- *Description of Agency:* Summarize your agency structure, grant experience, relevant partnerships, personnel, and capacity to provide effective care to diverse populations, highlighting how cultural competency is focused on within the agency.
 - Include resumes/CVs for all employees
- *Problem/Need:* Identify and describe the local health status concerns addressed by the program using local and state data. What has your agency done to focus on these concerns? What has been done well? Where would you like to see improvements? (This can be answered from a community or agency specific approach).
- *Methodology:* Provide an overview of how your agency will utilize current and new practices to address the following key components of the M&BF program: (1) planning efforts to reduce barriers to prenatal care; (2) ongoing training to clients using CHWs who reflect the cultural and demographic characteristics of the target population; (3) adequate supervision; (4) standardized care processes; and (5) data collection and evaluation.

Budget: Refer to the budget template (Appendix 1)

Outreach Plan: Complete the attached Outreach Plan (Appendix 2)

Letters of Support and/or Testimonials: Provide a minimum of 3 letters of support and/or Testimonials

VI. Proposal Submission Attachments

- Resumes/CVs
- Budget Justification
- Outreach Plan
- Letters of Support and/or Testimonials

Note: Label attachments appropriately and include

VII. Appendices

1. Budget Template
2. Outreach Plan Template
3. Scoring Tool

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APPENDIX 1: BUDGET

<u>Category</u>	<u>Amount</u>
Salaries	
Travel	
Equipment	
Training	
Miscellaneous Supplies	
Advertisement	
Contracts	
Building & Maintenance Fees	
Total Amount	

Description: List each category and provide a brief description of role, responsibilities, item, etc. and its overall operation or purpose to the program. Provide subcategories with details, when possible. Please note that the budget is subject to change pending grant approval and more information on allowable costs.

Example(s):

Salaries

- M&BF Supervisor - Sally Smith \$50,000
Sally will oversee Betty Joe and will serve 100% on the program. Sally will be responsible for program compliance, grant reporting, and

Misc Supplies

- Office supplies \$1,000.00
 - Pens, pencils, etc.
- Program Incentives \$2,000.00
 - Educational books, baby supplies, etc.....

[Agency Head Signature]

[Print Name & Title]

[Date]

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Appendix 2 - Outreach Plan

Audience	Objectives	Events	Timeframe
Example Community Engagement	Increase awareness of M&BF program in 44306	AxessPointe Annual Community Cookout	August 2019

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**Appendix 3
Proposal Scoring Tool**

Provider: _____
Service: Moms & Babies First Program

Scorer: _____
Date: _____/_____/_____

Instructions:

1. Please complete one score sheet for each proposal.
2. Questions contained in Part 1 are Pass/Fail.
3. Questions contained in Part 2 and Part 3 will be scored individually. Remember to rate each statement listed. If none of the standards described in the statement, mark the question as "0". If all the standards are met, mark the question as "10".
4. A designated person will collect all evaluations and return the documents to the scoring team leader.

Summary of Evaluation Criteria	Score
Part 1 - Requirements	
1. Adherence to Mandatory Requirements (followed instructions and used correct formatting).	(circle one) PASS / FAIL
2. Budget: All categories add up and use the correct template.	(circle one) PASS / FAIL
3. Outreach: a plan to canvass, educate, and serve at-risk, African-American populations in Summit County was provided.	(circle one) PASS / FAIL
Part 2 - Program Narrative (Total 50 points)	
1. Executive Summary: Provide a one page summary of the overall application, highlighting the ability to provide quality and efficient care. (10 points)	/10
2. Description of Applicant Agency: Description of organization structure and capacity. Explain the ability to carry out grants and provide direct service to the program population. Include an overview of the grant management including brief job descriptions. Describe current partnerships with agencies or organizations and how it will aid in the M&BF program. (10 points)	/15

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<p>3. Problem/Need: Local health status concerns that will be addressed by the program were described. Applicant listed specific health status concerns (e.g. morbidity and mortality) and/or health system indicators (e.g. accessibility, availability, affordability, appropriateness of health services) being targeted. (10 points)</p>	/10
<p>4. Methodology: Agency provided information on how they are able to address the key components of the M&BF grant. Examples were given to show capacity, experience and accountability.</p>	/15
Step 3 - Attachments (Total- 50 points)	
<p>6. Budget: The budget reflected reasonable costs to achieve program activities and all costs were explained in narrative form.</p>	/15
<p>7. Resumes and CVs indicate that adequate supervision will be provided to the program to ensure home visits and client case reviews meet the quality standards of the Moms & Babies First Program.</p>	/10
<p>8. Outreach Plan: A detailed outreach plan to outreach (including canvassing), educate, and serve at-risk, African-American populations in Summit County was provided.</p>	/15
<p>9. Letters of Support (LOS) and/or Testimonials: Minimum of 3 LOS and/or testimonials were included that indicate the organization's history and/or potential to reduce infant mortality in Summit County.</p>	/10

