



REQUEST FOR PROPOSAL

RFP NUMBER: CSP905214
INDEX NUMBER: DOH091
UNSPSC CATEGORY: 86000000

The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, on behalf of the Ohio Department of Health, Division of Family and Community Health Services, is requesting Proposals for:

TITLE: PLANNING FOR AND IMPLEMENTING CULTURAL AND LINGUISTIC COMPETENCE
IN STATE TITLE V PROGRAMS

OBJECTIVE: This is to seek proposals from qualified individuals, agencies or organizations to perform professional services utilizing the Division of Family and Community Health Services (DFCHS) Title V Program Cultural and Linguistic Competence Survey Assessment Data Report to: 1) Develop a strategic plan mapping out a process for DFCHS Title V program staff and local grantees to improve its understanding of health equities, social determinants of health, and establish a baseline for moving forward along a cultural and linguistic continuum; 2) Construct a Cultural & Linguistic Tool-Kit containing guidance, resources and tools for implementing, monitoring, and evaluating cultural and linguistic appropriateness, and aligning with the ODH Ohio Equity Institute (OEI), 3) Create a Sustainability Plan that will incorporate ongoing monitoring, evaluation, training, and a Train-the-Trainer process to continuously meet the competency needs of staff around cultural and linguistic appropriateness, health equities, and social determinants of health, 4) Conduct cultural and linguistic training for ODH DFCHS staff.

RFP ISSUED: August 20, 2013
INQUIRY PERIOD BEGINS: August 20, 2013
INQUIRY PERIOD ENDS: September 4, 2013 at 8:00 AM
PROPOSAL DUE DATE: September 18, 2013 by 1:00 PM

MINORITY SET-ASIDE BID IN ACCORDANCE WITH ORC CH. 125.081

Offeror must submit both a "Technical Proposal" and a "Cost Proposal" as a part of its Proposal package. These are two separate components which shall be submitted in separate sealed envelopes/packages, clearly identified on the exterior as either "Technical Proposal" or "Cost Proposal" with the respective RFP Number and due date on each. Offeror must submit this signed cover page with its technical Proposal.

Submit Sealed Proposals to:

Department of Administrative Services
Office of Procurement Services
Attn: Bid Desk
4200 Surface Road
Columbus, OH 43228-1395

Note: Please review the [Proposal Instructions](#) on our Web site.

Offeror Name and Address: _____ _____ _____ _____ E-Mail Address: _____ Phone Number: () _____ - _____, Ext. _____	Name/Title: _____ _____ Signature: _____ By submitting a response to this RFP, and signing above, Offeror acknowledges, understands and agrees to comply with the RFP requirements and confirms all the instructions and links have been read and understood.
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RFP GLOSSARY OF TERMS

AA:	Affirmative Action
CFHS:	Child and Family Health Services
CLAS:	Culturally and Linguistically Appropriate Services
Contractor:	Vendor after Award
CSP:	Competitive Sealed Proposal
DAS:	Department of Administrative Services
DFCHS:	Division of Family and Community Health Services
EOD:	Equal Opportunity Division
FEI:	Federal Employer Identification
HHS:	U.S. Department of Health & Human Services
HRSA:	Health Resources and Services Administration
Mandatory:	Must, Will, Shall
MCH:	Maternal and Child Health
MCHB:	Maternal and Child Health Bureau
OAC:	Ohio Administrative Code
OAKS:	Ohio Administrative Knowledge System (Ohio's Accounting System)
OBG:	Ohio Business Gateway
OEI:	Ohio Equity Institute
Offeror:	Vendor Submitting Proposal
OPS:	Office of Procurement Services
ORC:	Ohio Revised Code
RFP:	Request for Proposal
SOS:	Secretary of State
UNSPSC:	The United Nations Standard Products and Services Code

1.0 EXECUTIVE SUMMARY

1.1 INTRODUCTION This is a Request for Competitive Sealed Proposals (RFP) under Section 125.071 of the Ohio Revised Code (ORC) and Section 123:5-1-08 of the Ohio Administrative Code (OAC). The Department of Administrative Services (DAS), Office of Procurement Services, on behalf of the Ohio Department of Health, Division of Family and Community Health Services (DFCHS) (the Agency), is soliciting competitive sealed proposals (Proposals) for Planning for and Implementing Cultural and Linguistic Competence in State Title V Programs. If a suitable offer is made in response to this RFP, the state of Ohio (State), through DAS, may enter into a contract (the Contract) to have the selected Offeror (the Contractor) perform all or part of the Project (the Work). This RFP provides details on what is required to submit a Proposal for the Work, how the State will evaluate the Proposals, and what will be required of the Contractor in performing the Work.

This RFP also gives the estimated dates on page one, for the various events in the submission process. While these dates are subject to change, prospective Offerors must be prepared to meet them as they currently stand.

1.1.1 MINORITY SET ASIDE: It is necessary for the participating agency to purchase the supplies or services from a certified Minority Business Enterprise to meet the requirements of Ohio Revised Code Section 125.081. The aggregate value of the amount of these purchases exempted from this Contract, for purposes of Revised Code Section 125.081, will not exceed fifteen percent (15%) of the aggregate value of the Contract.

1.2 CONTRACT PERIOD

Once awarded, the term of the Contract will be from the award date through October 31, 2015. The State may solely renew all or part of this Contract at the discretion of DAS for a period of one month and subject to the satisfactory performance of the Contractor and the needs of the Agency. Any other renewals will be by mutual agreement between the Contractor and DAS for any number of times and for any period of time. The cumulative time of all mutual renewals may not exceed two (2) years and are subject to and contingent upon the discretionary decision of the Ohio General Assembly to appropriate funds for this Contract in each new biennium.

1.3 BACKGROUND The overall work of the Maternal and Child Health (MCH) Title V staff focuses on providing services for low-income women, infants, children, children and youth with special health care needs. These services are to help eliminate health disparities, improve access to health care for these populations, and provide funding for community based organizations that deliver numerous types of health programs and safety net medical services. From 2000 to 2010 Ohio's minority population (defined as all persons except non-Hispanic whites) increased twenty percent, (Ohio Department of Development, Policy Research and Strategic Planning Office). Additionally, the U.S. Census Bureau State projected population numbers show continued increases in Ohio's minority population through 2025. A cultural and linguistically competent staff is necessary for ODH's DFCHS to appropriately administer and oversee work to improve the health of the Maternal and Child Health population, and their families, given this changing Ohio demographic.

It is essential that MCH Title V staff is aware and well-trained in cultural and linguistic competencies and especially pertaining to disability cultural and linguistic competencies as MCH Title V involves consistent interaction with families and children and youth with special health care needs. Population surveys show that 27% of adult Ohioans and 18% of children report having a disability. Individuals with disabilities when compared to those without disabilities have more barriers to quality health care, are more likely to suffer from chronic conditions, and have higher rates of poor health behaviors and risks. Many of these issues faced by Ohio's disability community can be mitigated or prevented with raised awareness, increased education, higher quality and accessible health care, more inclusive health promotion program and policies, improved infrastructure and disability-engaging planning processes. The Ohio Disability and Health Program (ODHP), a Centers for Disease Control and Prevention (CDC) funded program, aims to improve Ohio's capacity to address these issues through ongoing state prevention, health promotion and emergency response activities for people with disabilities. *Disability according to NCCC is physical, sensory, emotional, or cognitive impairment that substantially limits a major life activity and fulfilling of social roles.*

Definition: Cultural Competence: Cultural Competence requires that organizations 1)have a congruent, defined set of values and principles, and demonstrates behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; 2)have the capacity to (a) value diversity, (b) conduct self-assessment, (c) manage the dynamics of difference, (d) acquire and institutionalize cultural knowledge, and (e) adapt to the diversity and cultural contexts of communities they serve; and incorporate the above into all aspects of policymaking, administration, practice, and service delivery and systematically involve consumers, key stakeholders, and communities.

Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge, and skills along the cultural competence continuum.¹

¹ National Center for Cultural Competence, Georgetown University Center for Child and Human Development (NCCC)

Definition: Linguistic Competence: The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons with LEP, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policies, structures, practices, procedures, and dedicated resources to support this capacity.^{2 3}

Another significant reason for improving staff competencies regarding health equity and cultural and linguistic appropriateness is alignment with ongoing efforts to address Ohio's Infant Mortality problem. Ohio's infant mortality rate is one of the highest in the USA, and its black infant mortality rate, though it improved by 12% over the past decade is still more than twice the rate of whites (15.3 versus 6.3). During this same period, the overall infant mortality rate in Ohio got 5% worse, making the gap between Ohio and the rest of the nation wider. To address this issue ODH has identified "decreasing infant mortality" as one of its top five priorities in their 2012 Strategic Plan.

In addition, the DFCHS Title V program has partnered with CityMatCH to form the Ohio Institute for Equity in Birth Outcomes, known as the Ohio Equity Institute (OEI) in order to address inequities across Ohio. CityMatCH is a national organization whose mission is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities. The OEI will work with up to ten metropolitan cities in Ohio with the highest infant mortality rates to: address inequities in birth outcomes, and; add significantly to the menu of evidence-based practices, programs, and policies for improving equity in birth outcomes.

Having a better understanding of health equity, social determinants of health and obtaining valuable cultural and linguistic competencies will aid DFCHS staff in achieving the vision of its federal funder, the Maternal and Child Health Bureau (MCHB) Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services. ".....To transform public health for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities".

- 1.4 SCOPE OF WORK The successful Contractor will utilize results from the Cultural and Linguistic Competence Survey Analyses report to strengthen the competencies and knowledge base of staff and subgrantees regarding health equities, social determinants of health, and cultural and linguistic appropriateness. In addition, the successful Contractor shall also incorporate learning's and best practice approaches from the Ohio Equity Institute as appropriate. The successful Contractor shall perform all of the following activities for which there is an executed Contract in consultation with, and with the approval of the ODH Contract Managers.
- A. The Contractor shall correspond with the ODH Contract Manager(s) on a biweekly basis in regards to assignments and related progress.
 - B. With guidance from the MCH Cultural and Linguistic Workgroup, the Contractor will plan, facilitate, and assist in workgroup meetings to discuss the Cultural and Linguistic Survey Analyses report, and begin development of a Strategic Plan that identifies the process to improve staff knowledge and understanding of health equities, social determinants of health and cultural and linguistic appropriateness. The meetings will take place monthly in Columbus, Ohio. The strategies of the plan should also identify messaging; highlight mode of delivery; identify methods for implementing and gathering feedback from staff and subgrantees. Upon approval of the plan by ODH, the Contractor shall work with the ODH Contract Manager(s) and workgroup on implementation of the approved strategic plan.
 - C. Respond to phone and email inquiries of ODH Contract Manager(s) and attend other related meetings as warranted, (e.g., Infant Mortality Planning, Ohio Collaborative to Prevent Infant Mortality (OCPIM), or OEI meetings).
 - D. Participate in scheduled meetings with team from OEI to coordinate efforts, Offeror should state frequency proposed.
 - E. With input from the MCH Cultural and Linguistic Workgroup and consultation with the Ohio Disability and Health program, the Contractor will draft a Cultural & Linguistic Tool-Kit, customized for public health use, for training on health equity, social determinants of health and cultural and linguistic appropriateness. The Tool-Kit will be developed and piloted with DFCHS and sub grantee(s), then fully implemented among DFCHS for the purpose of training, monitoring, and evaluating cultural and linguistic appropriateness. In the design of the Tool Kit, the Contractor will incorporate the U.S. Department of Health and Human Services (HHS) enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards. (VJA)
 - F. The Contractor will develop a training program where the Tool-Kit will be implemented and conduct cultural and linguistic trainings for ODH DFCHS staff to include innovative cultural experiential sessions such as Culture Colleges, and Extended Lunch and Learn sessions at a facility provided by ODH in Columbus, Ohio. The Offeror will state in the Proposal how many they propose, and how they will be done in detail.
 - G. Provide one-on-one consultation with DFCHS for the Cultural & Linguistic Tool-Kit and on-site consultation for piloting with the subgrantee, which may include, but not be limited to, technical assistance.

² National Center for Cultural Competence, Georgetown University Center for Child and Human Development

³ http://nccc.georgetown.edu/documents/nccc_Learning_checklist_P4.pdf

- H. Prepare quarterly written informational updates on Scope of Work and deliverables as well as topics of relevance regarding health equity, social determinants, and cultural and linguistic competence.
- I. Prepare a final year one (1) report to ODH by September 30, 2014 that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.
- J. Continue to correspond with the ODH Contract Manager(s) on a biweekly basis in regards to assignments and related progress for year two, by September 30, 2015.
- K. With input from the MCH Cultural and Linguistic Workgroup the Contractor will utilize the Cultural & Linguistic Tool-Kit, customized for public health use, to complete any necessary training of DFCHS staff on health equity, social determinants of health and cultural and linguistic appropriateness as well as conduct the Train-the Trainer sessions for the purpose of training, monitoring, and evaluating cultural and linguistic appropriateness.
- L. With guidance from the MCH Cultural and Linguistic Workgroup the Contractor will plan, facilitate, and assist in workgroup meetings to discuss the Cultural and Linguistic Competence Survey Analyses report, and begin development of a Sustainability Plan that will incorporate a process for ongoing training, monitoring, evaluation, and a Train-the-Trainer process to improve staff knowledge and understanding of health equities, social determinants of health and cultural linguistic appropriateness. These meetings will take place in Columbus, Ohio. The Sustainability Plan should also identify messaging; highlight mode of delivery; identify methods for implementing and gathering feedback from staff and subgrantees. Upon approval of the plan by ODH, the Contractor shall work with ODH Contract Manager(s) and workgroup on implementation of the Sustainability Plan.
- M. Continue to respond to phone and email inquiries of ODH Contract Manager(s) and attend other related meetings as warranted, (e.g.; Infant Mortality Planning, Ohio Collaborative to Prevent Infant Mortality (OCPIM) or (OEI Meetings).
- N. Provide one-on-one consultation to DFCHS regarding the Sustainability Plan, which may include, but not be limited to, technical assistance.
- O. The Offeror will provide detail and timelines including a Gantt Chart for completion of the Scope of Work, meetings, and deliverables.
- P. Prepare quarterly written informational updates on Scope of Work and deliverables as well as topics of relevance regarding health equity, social determinants, and cultural and linguistic competence.
- Q. Prepare a final year two (2) report for ODH by September 30, 2015 that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.
- R. The Contractor will plan to participate in the Ohio Equity Institute Summit in April or May in 2015.

1.4.1 QUALIFICATIONS OF THE OFFERORS

Qualified Offerors are individuals, agencies or organizations with a minimum of seven (7) years of experience developing strategic plans, tool-kits, marketing plans and conducting training sessions. The qualified Offeror must be knowledgeable in health equities, social determinants of health and cultural and linguistic competencies including disability competence. Experience must be detailed and provided in the response to this RFP. The technical proposal shall include a description of the Offeror's experience and expertise conducting similar projects. The Project Manager and Trainer(s) must be named, how many will perform the tasks, their experience, qualifications and education (degrees). The description must detail how the Offeror meets these qualifications and explain the tasks they will individually perform.

1.4.2 DELIVERABLES The Contractor selected for the Work will deliver:

- A. The Contractor shall deliver to ODH a Strategic Plan that identifies the process to improve staff knowledge and understanding of health equities, social determinants of health and cultural and linguistic appropriateness. With inclusion of learning's from the OEI.
- B. The Contractor will participate in all required meetings, assignments, progress reports, communications, and consultations for the full term of the Contract.
- C. The Contractor shall deliver to ODH a Cultural & Linguistic Tool-Kit, to be developed, piloted and implemented, for the purpose of training, monitoring, and evaluating cultural and linguistic appropriateness.
- D. The Contractor shall deliver to ODH a Sustainability Plan that will incorporate a process for ongoing monitoring, evaluation, training, and a Train-the Trainer process.
- E. The Contractor will develop a training program where the Tool-Kit will be implemented and conduct cultural and linguistic trainings for ODH DFCHS staff to include innovative cultural experiential sessions such as Culture Colleges, and Extended Lunch and Learn Sessions. The Contractor will provide on-site and web based consultation and training around health equity, social determinants of health and cultural and linguistic appropriateness as a part of the strategic plan.
- F. Conduct cultural and linguistic trainings for ODH DFCHS staff, and sub grantees Child and Family Health Services (CFHS), OEI); meetings to be facilitated by ODH. Offeror will detail how many staff will be trained over the two-year period.

- G. The Contractor shall deliver to ODH a final year one (1) report by September 30, 2014 that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.
- H. The Contractor shall deliver to ODH a final year two (2) report by September 30, 2015, that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.

1.4.3 PROPOSAL RESPONSE

- A. The Offeror must clearly provide detail to demonstrate their understanding and experience with Title V programs administered in the community by community agencies such as Local Health Departments (ODH subgrantees).
- B. The Offeror must discuss in the response and demonstrate their knowledge of federal standards that must be implemented regarding Title V programs for health equity and CLAS. The Offeror should provide a discussion on disparities and the impact on the health of minority populations. The Offeror should outline the factors that contribute to health disparities considered to be social determinants of health.
- C. Strategic Planning Process, the Offeror should discuss methods they have used to bring large groups together to come to a consensus around a strategy the organization will adopt to accomplish a major goal. A successful method should include an outline of a specific model, such as PDSA (plan, do, study, act) Cycle, or other quality improvement model; the method should include a process for inclusion of multiple groups, explain how the process was documented, implemented, and evaluated. The Offeror must have done this a minimum of five times in the past five years. The Offeror must provide in detail how they propose to accomplish this project.
- D. Offerors must specifically state that they have previously developed a tool-kit at least two times; in the past five years and identify the customer(s) in the Work. Explain how they will develop a tool-kit for this project.
- E. Offeror must demonstrate they have conducted a minimum of ten (10) cultural and linguistic competence training sessions over the past five years and identify the customer(s).
- F. Offeror must provide details to show they have implemented a minimum of five train-the-trainer programs over the past five years and identify the customer(s).
- G. Offeror will provide a sample report that would include the requirements for the final reports, as a writing example and professionalism.

1.5 CONFIDENTIAL INFORMATION The process to procure goods and services by DAS is open to inspection by the public. DAS makes available prices (offered and accepted), terms of payment, Proposal materials, evaluation scores, product information, and other types of information DAS uses in evaluating and/or awarding the Contract, consistent with Ohio's public records law. DAS will seek to open the Proposals in a manner that avoids disclosing their contents. Additionally, DAS will seek to keep the contents of all Proposals confidential until the Contract is awarded. Further, the DAS will open for public inspection all Proposals provided to the DAS in response to this RFP after award.

1.6 REGISTRY OF OFFERORS DAS will prepare a registry of Proposals containing the name and address of each Offeror. The registry will be on the Office of Procurement Services Web site and open for public inspection after the Proposals are received.

1.7 INSTRUCTIONS
Link to Web site for Instructions is available in Section 5.1.

1.8 REQUIRED REVIEW
Offerors shall carefully review the entire RFP and all the referenced Web links. Offerors shall promptly notify DAS through the inquiry process of any ambiguity, inconsistency, or error they discover. Notifications must be received by the deadline for receipt of questions in the inquiry process.

1.9 NUMBER OF PROPOSALS TO SUBMIT Offeror must submit one (1) original, completed and signed in blue ink, and six (6) copies for a total of seven (7) Proposal packages. The Offeror must also submit a complete copy of the Proposals on a CD in Microsoft Office (Word, Excel, or Project) 2003 or higher, format and/or PDF format as appropriate.

2.0 EVALUATION OF PROPOSALS

2.1 MANDATORY REQUIREMENTS The following Table 1 contains items that are Mandatory Requirements for this RFP.

Determining the Offeror's ability to meet the Mandatory Requirements is the first step of the DAS evaluation process. The Offeror's response must be clearly labeled "Mandatory Requirements" and collectively contained in Tab 2 of the Offeror's Proposal in the "Offeror Required Information and Certification" section.

DAS will evaluate Tab 2 alone to determine whether the Proposal meets all Mandatory Requirements (accept/reject). If the information contained in Tab 2 does not clearly meet every Mandatory Requirement, the Proposal may be disqualified by DAS from further consideration.

2.2 TABLE 1 - MANDATORY PROPOSAL REQUIREMENTS

Mandatory Requirements	Accept	Reject
1. The Offeror must clearly demonstrate in Tab 2 of the Proposal that they have an understanding of the impact of health care inequities on certain populations, and describe social determinants of health. Offeror must state the benefit of having culturally and linguistically competent staff and discuss this as the ways of preventing health care inequities based on the Offeror's experience.		
2. The Offeror must clearly demonstrate in Tab 2 of the Proposal their knowledge of cultural and linguistic strategic planning by outlining a planning process, must mention a method for training staff, and must describe the components of a training tool-kit.		

If the State receives no Proposals meeting all of the mandatory requirements, the State may elect to cancel this RFP.

2.3 PROPOSAL EVALUATION CRITERIA If the Offeror provides sufficient information to DAS in its Proposal, demonstrating it meets the Mandatory Requirements; the Offeror's Proposal will be included in the next step of the evaluation process which involves the scoring of the Proposal Technical Requirements (Table 3), followed by the scoring of the Cost Proposals. In the Proposal evaluation step, DAS rates the Proposals based on the following listed criteria and the weight assigned to each criterion. The possible points allowed in this RFP are distributed as indicated in the Table 2 - Scoring Breakdown. Each Proposal passing the Mandatory Requirements will be evaluated by an evaluation committee made up of a representative(s) from DAS, Agency team members, and potentially a subject matter expert or an independent consultant.

2.4 TABLE 2 - SCORING BREAKDOWN

Criteria	Maximum Allowable Points
Proposal Technical Requirements	865 Points
Proposal Cost	215 Points
Presentation, Interview, Questions, Demonstrations (if applicable)	250 Points
Total	1330 Points

The following scale (0-5) will be used to rate each Proposal on the criteria listed in the Technical Proposal Evaluation table.

DOES NOT MEET 0 POINTS	WEAK 1 POINT	MODERATE 2 POINTS	MEETS 3 POINTS	STRONG 4 POINTS	GREATLY EXCEEDS 5 POINTS
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The Evaluation Committee will rank the Proposals by multiplying the score received in each category by its assigned weight and adding all categories together to calculate the Offeror's total technical score.

Does Not Meet (0) – Proposal does not comply substantially with requirements.

Weak (1) – Response was poor related to meeting the objectives.

Moderate (2) - Proposal meets most requirements, and any weaknesses or deviations from requirements are minor, acceptable and may be readily corrected or minimized in terms of material impact.

Meets (3) – Proposal generally meets the objectives (or expectations).

Strong (4) – Proposal exceeds objectives (or expectations) in ways that are beneficial to the State and meets objectives (or expectations) and contains at least one enhancing feature that provides some benefit to the State. Weaknesses are minor and are more than offset by the enhancing feature.

Greatly Exceeds (5) – Proposal significantly exceeds objectives (or expectations) in ways that provide tangible benefits or meets objectives (or expectations) and contains at least one enhancing feature that provides significant benefits.

2.5 TABLE 3 - TECHNICAL PROPOSAL EVALUATION

Criterion	Weight	Rating (0 to 5)	Extended Score
Offeror Profile (General Instructions – Company Profile)			
1. Company history, years of relevant experience	5		
2. Number of years in business, number of employees, financial stability	5		
3. The Offeror clearly demonstrates understanding of Title V and what the federal government has charged the State Agency responsible to complete in the Program.	5		
4. The Offeror clearly demonstrates understanding of health equity and CLAS (Culturally and Linguistically Appropriate Services) including disability culture and the National Standards.	10		
Offeror Prior Projects			
1. Similar scope and size, the Offeror will detail the projects in which they provided similar services in the past.	7		
2. Public Sector clients, the Offeror will detail the entities they provided similar services to in the past.	8		
3. The Offeror demonstrates a minimum of ten (10) cultural and linguistic competence training sessions have been conducted over the past five years.	8		
4. The Offeror demonstrates and explains how it has developed a tool-kit a minimum of two (2) times in the past five years.	8		
5. The Offeror provides the details to prove it has implemented a minimum of five (5) train-the-trainer programs over the past five years.	8		
Staffing Plan			
1. Staff Qualifications, experience with DFCHS Title V Program discussed in response.	5		
2. Formal Education; demonstrates knowledge in health equities, social determinants of health and cultural and linguistic competencies	7		
3. Experience with a minimum of seven (7) years developing strategic plans, tool-kits, marketing plans and conducting training sessions.	10		
4. Has indicated in the Proposal how they will work with OEI and CityMatCH to align with ODH efforts	5		
Scope of Work (Work Plan)			
1. Methodologies proposed	10		
2. Plan of Action proposed	10		
3. Timeline proposed	5		
4. Offeror outlines the factors that contribute to health disparities considered to be social determinant of health.	10		
5. Proposed strategic plan, includes an outline of a specific model, Offeror demonstrates they have done this a minimum of five (5) times in the past five (5) years.	10		
6. Explains how a Tool-Kit will be developed	10		
7. Explains how a Sustainability Plan will be created to meet the needs	10		
8. Explains how cultural and linguistic training will be conducted	10		
9. Offeror will provide a sample report that would include the requirements for the final reports.	7		

Total Technical Score: _____

- 2.6 PRESENTATIONS AND INTERVIEWS DAS may require top Offerors to be interviewed. Such interviews will provide an Offeror with an opportunity to present its Proposal and to ensure a mutual understanding of the Proposal's content. This will also allow DAS and the Agency an opportunity to test or probe the professionalism, qualifications, skills, and work knowledge of the proposed candidates. The interviews will be scheduled at the convenience and discretion of DAS and the Agency. DAS or the Agency may record any presentations and interviews. The one (1) to three (3) highest scoring Offerors; but no more than the top three (3) may be required to participate. Interviews will be scheduled and held in Columbus, Ohio at the vendor's expense.

Presentations, Interviews, Demonstrations (if applicable)	Weight	Rating (0 to 5)	Extended Score
1. Oral Presentation, Interview	50		

Total Presentation Score: _____

In this RFP, DAS asks for responses and submissions from Offerors, most of which represent components of the above criteria. While each criterion represents only a part of the total basis for a decision to award the Contract to an Offeror, a failure by an Offeror to make a required submission or meet a mandatory requirement will normally result in a rejection of that Offeror's Proposal. The value assigned above to each criterion is only a value used to determine which Proposal is the most advantageous to the State in relation to the other Proposals that DAS received.

Once the technical merits of a Proposal are evaluated, the costs of that Proposal will be considered. It is within DAS' discretion to wait to factor in a Proposal's cost until after the conclusion of any interviews, presentations, demonstrations or discussions. Also, before evaluating the technical merits of the Proposals, DAS may do an initial review of costs to determine if any Proposals should be rejected because of excessive cost. DAS may reconsider the excessiveness of any Proposal's cost at any time in the evaluation process.

- 2.7 COST PROPOSAL POINTS DAS will use the information Offeror gives on the Cost Summary Form to calculate Cost Proposal Points. DAS will calculate the Offeror's Cost Proposal points after the Offeror's total technical points are determined, using the following method:

Cost points = (lowest Offeror's cost/Offeror's cost) x Maximum Allowable Cost Points as indicated in the "Scoring Breakdown" table. The value is provided in the Scoring Breakdown table. "Cost" = Total Not to Exceed Cost identified in the Cost Summary section of Offeror's Proposal. In this method, the lowest cost proposed will receive the maximum allowable points.

The number of points assigned to the cost evaluation will be prorated, with the lowest accepted Cost Proposal given the maximum number of points possible for this criterion. Other acceptable Cost Proposals will be scored as the ratio of the lowest Cost Proposal to the Proposal being scored, multiplied by the maximum number of points possible for this criterion.

An example for calculating cost points, where Maximum Allowable Cost Points Value = 60 points, is the scenario where Offeror X has proposed a cost of \$100.00. Offeror Y has proposed a cost of \$110.00 and Offeror Z has proposed a cost of \$120.00. Offeror X, having the lowest cost, would get the maximum 60 cost points. Offeror Y's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$110.00 (Offeror Y's cost) equals 0.909 times 60 maximum points, or a total of 54.5 points. Offeror Z's cost points would be calculated as \$100.00 (Offeror X's cost) divided by \$120.00 (Offeror Z's cost) equals 0.833 times 60 maximum points, or a total of 50 points.

Cost Score: _____

- 2.8 FINAL STAGES OF EVALUATION The Offeror with the highest point total from all phases of the evaluation (Technical Points + Cost Points) will be recommended for the next phase of the evaluation.

Technical Score: _____ + Cost Score: _____ = Total Score: _____

If DAS finds that one or more Proposals should be given further consideration, DAS may select one or more of the highest-ranking Proposals to move to the next phase. DAS may alternatively choose to bypass any or all subsequent phases and make an award based solely on the Proposal evaluation phase.

- 2.9 REJECTION OF PROPOSALS DAS may reject any Proposal that is not in the required format, does not address all the requirements of this RFP, or that DAS believes is excessive in price or otherwise not in the interest of the State to consider or to accept. In addition, DAS may cancel this RFP, reject all the Proposals, and seek to do the Work through a new RFP or by other means.



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3.0 COST SUMMARY

3.1 SUBMISSION The Cost Summary shall be submitted with the Proposal (under separate cover labeled as the Cost Proposal). All prices, costs, and conditions outlined in the Proposal shall remain fixed and valid for acceptance for 120 days, starting on the due date for Proposals. No price change shall be effective without prior written consent from DAS, Office of Procurement Services.

The Offeror's total cost for the entire Work must be represented as the firm, fixed price, for a not-to-exceed total, of \$180,000.00 total for two years. All costs for furnishing the services must be included in the Cost Proposal.

3.2 THE OFFEROR'S FEE STRUCTURE The Contractor will be paid as proposed on the Cost Summary after the Agency approves the receipt of product(s)/services and continued completion of all deliverables. All costs must be in U.S. Dollars.

3.3 REIMBURSABLE EXPENSES None; there will be no additional reimbursement for travel or other related expenses. The State will not be responsible for any costs not identified.

3.4 BILL TO ADDRESS

Ohio Department of Health
PO Box 118
Columbus, OH 43215

3.5 COST SUMMARY (CONT'D)

PLANNING FOR AND IMPLEMENTING CULTURAL AND LINGUISTIC COMPETENCE IN STATE TITLE V PROGRAMS
CSP905214
UNSPSC CATEGORY CODE: 86000000
BUDGET: \$180,000.00 total for the Project over a two-year period.
OFFEROR:

Description	Year One Cost	Year Two Cost
The Contractor shall deliver to ODH a Strategic plan that identifies the process to improve staff knowledge and understanding of health equities, social determinants of health and cultural and linguistic appropriateness. With inclusion of learning's from the OEI.	\$	\$
The Contractor shall correspond with the ODH Contract Manager(s) on a biweekly basis in regards to assignments and related progress. The Contractor will participate in all required meetings, assignments, progress reports, communications, and consultations for the full term of the Contract.	\$	\$
The Contractor will plan, facilitate, and assist in workgroup meetings to discuss the Cultural and Linguistic Survey Assessment (CLSA) report and begin development of a Strategic Plan that identifies the process to improve staff knowledge and understanding of health equities, social determinants of health and cultural and linguistic appropriateness.	\$	\$
The Contractor shall deliver to ODH a Cultural & Linguistic Tool-Kit, to be developed, piloted and implemented, for the purpose of training, monitoring, and evaluating cultural and linguistic appropriateness.	\$	\$
The Contractor shall deliver to ODH a Sustainability Plan after the program is up and running that will incorporate a process for ongoing monitoring, evaluation, training, and a Train-the Trainer process.	\$	\$
The Contractor will develop a training program where the Tool-Kit will be implemented and conduct cultural and linguistic trainings for ODH DFCHS staff to include innovative cultural experiential sessions such as Culture Colleges, and Extended Lunch and Learn Sessions. The Contractor will provide on-site and web based consultation and training around health equity, social determinants of health and cultural and linguistic appropriateness.	\$	\$
Conduct cultural and linguistic trainings for ODH DFCHS staff, and sub-grantees. Offeror will provide detail including frequency and number of staff to receive training per year and over the two-year period.	\$	\$
Prepare and distribute quarterly informational updates on the Scope of Work and deliverables as well as topics of relevance.	\$	\$
The Contractor shall deliver to ODH a final year one (1) report by September 30, 2014) that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.	\$	
The Contractor shall deliver to ODH a final year two (2) report by September 30, 2015) that includes all work accomplished, summarized findings, details of the consultations provided, and future recommendations for action and training.		\$
GRAND TOTAL PER YEAR	\$	\$

All costs must be in U.S. Dollars.
All costs for furnishing the services must be included in the Cost Proposal.

All Offerors who seek to be considered for a contract award must submit the above information in the format specified. The Original Cost Summary must be included in a separate, sealed envelope/package labeled on the exterior as "Cost Proposal" with the RFP Number and due date.

4.0 AWARD OF THE CONTRACT

- 4.1 CONTRACT AWARD DAS intends to award the Contract based on the schedule in the RFP, if DAS decides the Work is in the best interests of the State and has not changed the award date.

DAS expects the Contractor to commence the Work upon receipt of a state issued purchase order. If DAS awards a Contract pursuant to this RFP and the Contractor is unable or unwilling to commence the Work, DAS reserves the right to cancel the Contract and return to the original RFP process and evaluate any remaining Offeror's Proposals reasonably susceptible of being selected for award of the Contract. The evaluation process will resume with the next highest ranking, viable Proposal.

- 4.2 CONTRACT If this RFP results in a Contract award, the Contract will consist of this RFP including the Terms and Conditions, all forms, written addenda to this RFP, the Contractor's accepted Proposal and written authorized addenda to the Contractor's Proposal. It will also include any materials incorporated by reference in the above documents and any purchase orders and amendments issued under the Contract. The general terms and conditions for the Contract are contained in the following link:

<https://procure.ohio.gov/Zip/RFP%20Instructions/5.3%20Terms%20and%20Conditions.pdf>.

If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. The one-page Contract Signature Page, Form 5.2.2
2. The RFP, as amended, including the Terms and Conditions;
3. The documents and materials incorporated by reference in the RFP;
4. The Executive Order. EO2011-12K incorporated by reference in the RFP;
5. The Contractor's Proposal, as amended, clarified, and accepted by the State; and
6. The documents and materials incorporated by reference in the Contractor's Proposal.

Notwithstanding the order listed above, amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent amendment will take precedence over anything else that is part of the Contract.

5.0 LINKS

To be applicable to all Proposals and subsequent award(s), including sections named below:

5.1 Instructions

- 5.1.1 Proposal Instructions
- 5.1.2 Evaluation of Proposals
- 5.1.3 Proposal Format & Documentation Required

5.2 Forms

- 5.2.1 Offeror Required Information
- 5.2.2 Contract Signature Page
- 5.2.3 Offeror Profile
- 5.2.4 Offeror Prior Projects
- 5.2.5 Offeror's Candidate References
- 5.2.6 Offeror's Candidate Education, Training, Experience
- 5.2.7 Offeror Performance Form
- 5.2.8 Contractor/Subcontractor Affirmation and Disclosure

5.3 Terms and Conditions

- 5.3.1 Performance and Payment
- 5.3.2 Work and Contract Administration
- 5.3.3 Ownership & Handling of Intellectual Property & Confidential Information
- 5.3.4 Representations, Warranties and Liabilities
- 5.3.5 Acceptance and Maintenance
- 5.3.6 Construction
- 5.3.7 Law & Courts

5.4 Additional Resources

EOD Reporting	http://eodreporting.oit.ohio.gov/searchEODReporting.aspx
Office of Budget and Management	http://obm.ohio.gov/LandingPages/Vendor/default.aspx
Office of Procurement Services	http://procure.ohio.gov/proc/index.asp
Ohio Shared Services	http://www.ohiosharedservices.ohio.gov/Home.aspx
Ohio Business Gateway	http://business.ohio.gov/
Ohio Secretary of State	http://www.sos.state.oh.us/SOS/Businesses.aspx

All links are subject to change in accordance with state of Ohio laws, Ohio Revised Code, Ohio Administrative Code, Executive Orders or any other updates issued by the state of Ohio, Department of Administrative Services, and the Office of Procurement Services. It is the Offeror's responsibility to read and be aware of any changes, corrections, updates or deletions to any information included in the link(s) above.



6.0 Guide for Proposal Submission.

This guide outlines steps for submission of a Proposal in response to the advertised Request for Proposal. This guide does not contain the complete instructions for preparing and submitting a Proposal and anything stated herein shall not be considered a term or condition of the Contract. The complete instructions can be found in section 5.1.1, Proposal Instructions.

- 6.1 _____ Read the entire document, including all Web site links. Note critical items such as: Mandatory Requirements; goods or services required, submittal date and time; number of copies to submit; contract requirements; reporting requirements; minimum qualifications; read and understand the terms and conditions.
- 6.2 _____ Take advantage of the “question and answer” period specified in the schedule of events. Questions must be submitted on-line in the Inquiry Process as explained in the Instructions. See section 5.1.1, Proposal Instructions.
- 6.3 _____ Follow the format required in the RFP Instructions when preparing the response in chronological order. Provide point-by-point responses to all sections in a clear and concise manner. See section 5.1.3, Proposal Format & Documentation Required.
- 6.4 _____ Use the forms provided; i.e. Signed RFP Cover Page, Offeror Required Information, Contract Signature Page, Offeror Profile and Prior Projects, Key Personnel forms, Disclosure Form, and Cost Summary Form, See section 5.2, Forms.
- 6.5 _____ Provide complete answers/descriptions. Do not assume the State or any evaluation committee member will know what the Offeror’s capabilities are or what items/services the Offeror can provide, even if previously contracted with the State. The Proposals are evaluated based solely on the information and materials provided in the Offeror’s response.
- 6.6 _____ Check the State’s Web site for RFP addenda. It is the responsibility of the Offeror to be aware of additional information posted on the Web.
- 6.7 _____ The following documents may be submitted with the Proposal or within five (5) business days of request from the Office of Procurement Services: Secretary of State Certification, Affirmative Action, proof of insurance. No award will be made without this documentation. Offeror’s Proposal may be eliminated from further consideration upon failure to submit within the specified time frame
- 6.8 _____ If not a current vendor of the state of Ohio, the Offeror will download both the W-9 and Vendor Information Form and submit to Ohio Shared Services (OSS) at vendor@ohio.gov. See section 5.4, Additional Resources.
- 6.9 _____ Review and read the RFP Document again to make sure that you have addressed all requirements. Read and understand Supplements, if applicable. Offeror’s original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and used to score the response.
- 6.10 _____ Offeror’s response must be submitted on time. Late Proposals are never accepted. Make sure the response is labeled on the exterior of the envelope/package with the RFP# and due date, and whether the packet is for the Technical Proposal or the Cost Proposal. Do not place the Cost Proposal in the Technical Proposal.

SUPPLEMENT ONE

ABOUT THE OHIO EQUITY INSTITUTE



Ohio Institute for Equity in Birth Outcomes

About the Ohio Equity Institute

The Ohio Department of Health (ODH) and CityMatCH are partnering with nine (9) Ohio communities to improve overall birth outcomes and reduce the racial and ethnic disparities in infant mortality. Ohio ranks near the bottom of U.S. state rates in overall infant mortality and Black infant mortality. This is unacceptable.

CityMatCH is a national membership organization that supports urban MCH efforts at the local level and whose mission is “to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families and communities”. Based on the model and the work being done in the existing Institute for Equity in Birth Outcomes - a W. K. Kellogg-funded CityMatCH initiative – 9 participating communities across the state will make up the Ohio Institute for Equity in Birth Outcomes (Ohio Equity Institute).

The Ohio Equity Institute is an initiative designed by CityMatCH to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The Institute is a data-driven, high-visibility movement by 9 urban Ohio communities. During a three-year span, these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects.

This effort marks the first time that CityMatCH has planned to reduce the disparities in birth outcomes in so many cities in a single state at the same time. This effort has real potential to become a template for other states to spur our national collective success in making measureable reductions in birth outcome inequities. The nation is watching.

Ohio Equity Institute Cohort

Butler County ♦ Canton – Stark County ♦ Cincinnati ♦ Columbus ♦ Cuyahoga County
– Cleveland ♦

Mahoning County – Youngstown ♦ Montgomery County – Dayton ♦ Summit County ♦ Toledo -
Lucas County

The Strategy

Our challenge is to assess local capacity, examine local data, design and implement an equity project, and demonstrate the evidence base for local interventions that reduce inequities in birth outcomes. Ohio Equity Institute teams will work together and with experts in the fields of public health, epidemiology, birth outcomes, health inequities, and evaluation to accomplish the following two main tasks:

1. Complete the Equity Institute Curriculum with its 5 Major Topics

- Race, Racism, and Inequities in Birth Outcomes in the U.S.
- Epidemiology of Birth Outcomes and Racial Disparities
- Evidence-Based Interventions for Vulnerable Populations
- Leadership
- Evaluation

2. Consider, Design and Implement a Local Equity Project

Through the combination of strategies shown to improve birth outcome disparities (ex. 17P, birth spacing, safe sleep, etc.), and data-driven decisions specific to the target populations in each community, teams will engage in two local equity projects aimed at reducing the disparity in birth outcomes. One project will employ upstream strategies, and one project will employ downstream strategies. Teams will receive technical assistance as they consider their capacity, and design and implement their project.

Through face-to-face Equity Institute Trainings, monthly calls and webinars, online curriculum components, mentoring relationships with experts, and topical technical assistance, Ohio Equity Institute teams will arrive at a final summit where they will share their process and results and add to the equity evidence base.

Ohio Institute for Equity in Birth Outcomes Value Propositions

1. Clear Compelling Data to Garner Support and Drive Practice

CityMatCH is a data-centric organization and believes data should drive public health practice. CityMatCH staff is partnering with Ohio data experts to develop a brief that will highlight local data across all 9 participating communities in the Ohio Equity Institute.

2. Maternal and Child Health Systems Review, Improvements and Additions

CityMatCH will assist each participating community in a review of their current MCH systems. This top-to-bottom review will be aimed at improving and augmenting capacity to make our shared goal of measurable reductions in birth outcome inequities possible in every participating community. CityMatCH will provide this assistance directly or through national experts.

3. “Downstream” Project Planning, Implementation, and Evaluation Support

Once MCH systems are fine-tuned, CityMatCH will provide a data-driven review of available strategies for reducing birth outcome inequities. CityMatCH staff has subdivided these strategies into two tiers based on the evidence of effectiveness. Detailed calculations regarding poor outcomes averted and cost savings will be provided for each strategy. Technical assistance will help each community create a logic model, implementation plan, and evaluation protocols. CityMatCH has retained the University of Kansas’ Work Group for Community Health and Development—creators of the Community Toolbox—to provide expert evaluation support.

4. “Upstream” Project Planning and Implementation Support

Birth outcome inequities exist due to unfair differences in the social determinants of health. Until we see equity in housing, education, economics, health care, vocation, transportation and so on, health disparities will persist. These “upstream” issues tend to take longer, require broader coalitions, and have impacts that are difficult to quantify. Yet, they remain the ultimate solution. CityMatCH will assist each community in the planning and implementation of one major “upstream” initiative.

SUPPLEMENT ONE (CONT'D)

ABOUT THE OHIO EQUITY INSTITUTE

5. National Dissemination

CityMatCH plans to work with each community to create “Project Launch Reports”. These reports will be published by CityMatCH as soon as each community is ready to implement their “downstream” project, and will highlight local data, detail the project itself, and outline the expected outcomes. These reports will then be disseminated nationally to our partners and handed out at conferences where CityMatCH is invited to speak. Additionally, at the close of the three-year initiative, we will host an Ohio Equity Summit that will feature the teams’ projects and outcomes along with other nationally known speakers. The national Maternal and Child Health community will be invited, and Ohio’s successes will be put on display.

For more information on OEI and City MatCH please contact: rebecca.ramsey@unmc.edu

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SUPPLEMENT TWO
ABOUT THE OHIO DISABILITY AND HEALTH PROGRAM



Ohio Disability and Health Program (ODHP)



The **Ohio Disability and Health Program (ODHP)** is a Centers for Disease Control and Prevention (CDC) three-year (2012-2015) funded program with goals to promote health, improve emergency preparedness, and increase access to health care for Ohioans with disabilities. The ODHP is a partnership between the Nisonger Center at The Ohio State University, the Ohio Department of Health, the University of Cincinnati University Center for Excellence in Developmental Disabilities (UC UCEDD), and the Ohio Colleges of Medicine Government Resource Center. ODHP also collaborates with the disability community through the Disability Community Planning Group (DCPG), which consists of organizations, agencies, and individuals across the state. The DCPG was formed to serve as an advisory panel to guide and assist in program activities. Ohio is one of 18 states that received funding for this statewide capacity building project to improve the health of people with disabilities.

ODHP uses the World Health Organization's International Classification of Functioning concept of disability. Disability is defined as a functional limitation in activities of daily living or related to a health condition and associated with significant impairment, activity limitation, and participation restrictions. Impairments may involve hearing, vision, movement, thinking, remembering, learning, communicating, mental health, or social relationships. These impairments may occur at any point in time across the lifespan.

ODHP serves as a resource to Ohio, related to disability and health for businesses, families, service providers, organizations, and people with disabilities to promote health, quality of life, and community inclusion. Our large network of disability organization, individuals and state agency partners across the state can serve a resource. We can provide expertise on reaching/serving with people with disabilities, utilizing our network to educate, inform, and recruit from the disability community, provide any helpful data/resources regarding disabilities, and help make relevant connections (e.g. ASL services).

To explore the many valuable resources that ODHP has to offer, please visit our program website:
<http://nisonger.osu.edu/odhp>
