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| **HEALTH PROMOTION** |
| **PROGRAM STANDARDS AND WORKPLAN GUIDELINES** |
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| **Program Goal** |
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| The goal of Health Promotion is to provide a variety of activities to maintain or improve the physical, mental and nutritional health of older persons including the following specific activities: disease prevention, health promotion education, nutrition education, nutrition counseling, nutrition risk screening services, medication management, home security, equipment, family support, community education/advocacy, information, outreach, physical fitness, therapy and comprehensive assessment. |
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| The Area Agency on Aging (AAA) must provide services to all Community Services Areas (CSAs) in San Mateo County. The ideal candidate for the Health Promotion Program will serve multiple municipalities within the County. |
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| **Program Service Description** |
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| Title IIID (Disease Prevention and Health Promotion Services) means program activities that have been demonstrated through rigorous evaluation to be evidence-based and effective. Programs may include a variety of activities to maintain or improve the physical, mental, and nutrition health of older persons. |

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| Eligibility Specifics | | |
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| **Eligible Service Population for Title III D** means individuals 60 years of age or older, with emphasis on those in greatest economic and social need with particular attention to low income minority older individuals, older individuals with Limited English Proficiency (LEP), and older individuals residing in rural areas. [OAA § 305 (a)(2)(E), 22 CCR 7125, 7127, 7130, 7135 and 7638.7]. | | |
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| **Projected Annual Funding Available:** | | |
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| **OAA Title IIID funds for Health Promotion - $40,321** | | |
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| **Unit of service: One (1) contact** | | |
| **Suggested Minimum Objectives: the # of contacts are dependent upon proposed program** | | |

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| **Program Service Requirements** | | | | | | |
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| **Program Requirements** means Title IIID program requirements found in the | | | | | | |
|  | * Older Americans Act (OAA) 42, (USC section 3001-3058) <http://www.aoa.gov/AoA_Programs/OAA/index.aspx> | | | | | |
|  | * Older Californians Act <https://www.aging.ca.gov/AboutCDA/Older_CA_Act.aspx>; | | | | | |
|  | * Code of Federal Regulations (CFR) (45 CFR XIII, 1321 | | | | | |
|  | * Title 22, California Code of Regulations (22 CCR 7000 et seq | | | | | |
|  | * California Department of Aging (CDA) Program Memoranda | | | | | |
|  | * CDA Title III Program Manual | | | | | |
|  | * Occupational Safety and Health Administration (OSHA) requirements; | | | | | |
|  | * Current Dietary Guidelines for Americans (DGA) | | | | | |
|  | * California Retail Food Code (CRFC) <http://www.cdph.ca.gov/services/Documents/fdbRFC.pdf> | | | | | |
|  | * San Mateo County Health System policies and procedures | | | | | |
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| 1. | Title III D funding may be used only for programs and activities which have been demonstrated to be evidence-based: | | | | | |
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|  | a. | | Undergone Experimental or Quasi-Experimental Design. | | | |
|  | b. | | Level at which full translation has occurred in a community site. For purposes of the Title III-D definitions, being “fully translated in one or more community sites” means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real world community setting. | | | |
|  | c. | | Level at which dissemination products have been developed and are available to the public. | | | |
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| 2. | Health Promotion means: | | | | | |
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|  | a. | | Health risk assessments; | | | |
|  | b. | | Routine health screening which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening; | | | |
|  | c. | | Nutritional counseling and educational services for individuals and their primary caregivers; | | | |
|  | d. | | Evidence-based health promotion programs (including programs related to the prevention and mitigation of the effects of chronic disease including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition; | | | |
|  | e. | | Programs regarding physical fitness, group exercise, music therapy, art therapy and dance-movement therapy including programs for multigenerational participation that are provided by: | | | |
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|  |  | | (1) | an institution of higher education; | | |
|  |  | | (2) | a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 USC 8801); or | | |
|  |  | | (3) | a community-based organization; | | |
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|  | f. | | Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment; | | | |
|  | g. | | Screening for the prevention of depression, coordination of community mental health services, provision of educational activities and referral to psychiatric and psychological services; | | | |
|  | h. | | Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act [42 USC § 1395, et seq]; | | | |
|  | i. | | Medication management screening and education to prevent incorrect medication and adverse drug reactions; | | | |
|  | j. | | Information concerning diagnosis, prevention, treatment and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; | | | |
|  | k. | | Gerontological counseling; | | | |
|  | l. | | Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (a) through (k). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act [42 USC §§ 1395, et seq and 1396, et seq]; and | | | |
|  | m. | | The following resources provide additional information and resources for implementing evidenced-based programs: | | | |
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|  | • | | The National Council on Aging: <http://www.ncoa.org/improve-health/center-for-healthy-aging/about-evidence-based-programs.html> | | | |
|  | • | | The AoA Title III D evidence-based criteria and examples: <http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx> | | | |
|  | • | | The CDA list of resources for evidence-based programs: <http://www.aging.ca.gov/ProgramsProviders/AAA/DiseasePrevention_and_Health_Promotion/> | | | |
|  | • | | Area Plan Guidance and Requirements can be found at: <http://www.aging.ca.gov/ProgramsProviders/AAA/Planning/> . | | | |
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| 3. | Coordination and Outreach: Providers are expected to coordinate with AAS and other community-based providers to ensure consistency and continuity in the continuum of services. These efforts should be a part of the agency's outreach plan. | | | | | |

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| 4. | Contractor assures that voluntary contributions shall be allowed and may be solicited in accordance with the following requirements: [OAA § 315(b)]: | | |
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|  | a. | Means tests shall not be used by any contractor for any Title III or Title VII Services; | |
|  | b. | Services shall not be denied to any Title III or Title VII client that does not contribute toward the cost of the services received; | |
|  | c. | Methods used to solicit voluntary contributions for Title III and Title VII services shall be non-coercive; | |
|  | d. | Each service provider will: | |
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|  |  | (1) | Provide each recipient with an opportunity to voluntarily contribute to the cost of the service; |
|  |  | (2) | Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary; |
|  |  | (3) | Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution; |
|  |  | (4) | Establish appropriate procedures to safeguard and account for all contributions; |
|  |  | (5) | Donation letters may not resemble a bill or a statement [OAA § 315(b)]; |
|  |  | (6) | Individual client’s donations shall not be tracked by accounts receivable [OAA § 315(b)(4)(C)]; |
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| 5. | Any Title III and Title VII service shall not implement a Cost Sharing program unless so notified by the County; | | |
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| 6. | Proof of age, citizenship, or disability shall not be required as a condition of receiving services; | | |
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| 7. | An individual’s receipt of services under the In-Home Supportive Services Program shall not be the sole cause for denial of any services provided by the AAA or its contractors. | | |
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| 8. | Data Reporting. Monthly, quarterly and annual reports of data including units of service, client counts, demographics and other data as required by Aging and Adult Services (AAS) and/or the CDA will be expected to be completed and submitted in a timely manner on required forms. | | |
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| 9. | Program Changes. AAS shall be notified in writing and approve of (at least thirty (30) days in advance of implementation) any plan for change in the service resulting from the relocation of a facility, a route change or termination, reducing the number of service days and hours of operation or change in staff. | | |
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| 10. | Contractor agrees to offer services throughout the twelve-month contract period, unless prior written approval is received from AAS. | | |
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| 11. | Utilize appropriate verbiage in written materials (such as newsletters, menus, newspapers, websites, flyers, publications, etc.) by avoiding the use of language that implies a price or fees for service. | | |
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| 12. | Contractor shall agree to distribute any needs assessment(s) or feedback surveys provided by the County. Surveys are to be returned to the County for data collection and analysis. | | |
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| 13. | Contractor agrees to participate in the monitoring of the use of federal, State, and County funds. Onsite program monitoring will be conducted every two years for all programs except Title IIIC1 and Title IIIC2, which must be conducted every year. Onsite fiscal monitoring must be conducted every two years for all programs including Titles IIIC1 and C2. | | |
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| 14. | Program monitoring may occur more frequently if determined by AAS as beneficial to the integrity of program requirement compliance. Contractor agrees to provide requested programmatic and administrative documentation and the availability of key staff as part of the contract monitoring process. | | |
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| 15. | Ensure that all outreach materials, websites and publicity regarding the program shall attribute partial funding from the Older Americans Act and County of San Mateo. | | |

**HEALTH PROMOTION PROGRAM WORKPLAN GUIDELINES**

Please complete a Health Promotion Program Workplan in narrative form following the order and headings shown below.

**I. PROGRAM SERVICE DESCRIPTION**

1. Agency Background and Experience:
2. State the mission of your agency or organization and describe all current programs you provide.
3. Describe your clientele and geographic area served.
4. Indicate how long the programs have been operating and how they are funded.
5. Indicate if any of these programs are currently operating under contract with San Mateo County.
6. Service to Targeted Populations and Linguistic Access:
7. Describe your ability to serve individuals within the target populations described in the General Information section.
8. How many full time employees (FTEs) do you plan to assign to this project, if you are selected?
9. Identify languages in which clients will be able to access your services.
10. Indicate staff capacity to meet the needs of the diverse racial/ethnic groups within your community.
11. Proposed Service/Ability to Meet Program Requirements:
12. Summarize your proposed service model providing detail about how it will function and meet the requirements of the program.
13. Identify which evidenced-based program(s) you are proposing to offer.
14. List any items that you cannot provide and how you will meet the requirements.
15. Provide information on any other pertinent services, if any, that you will offer that will reduce costs for the County.
16. Facility Site:
17. Describe the location and size of the facility, equipment available and accessibility of the building.
18. Describe the safeguards which will be used to ensure the participants' safety related to exits, outdoor space, storage areas, glass patio doors, stairs or steps, passenger loading zones, kitchen and bathroom safety.
19. Describe emergency evacuation plans.
20. List name and address of each location, capacity at each, days and hours of operation and anticipated daily attendance.
21. Coordination:
22. Identify and detail how you will work with other agencies providing similar services or serving the same population
23. Describe your procedure for documenting referrals to and/or utilization of other community-based services that support participants and their families.
24. Customer Service:
25. How will your services meet the needs of County customers and/or the public?
26. In the event of a routine problem, who is to be contacted within your organization?
27. In the event of the identification of a problem by the County, its clients/patients, and /or other applicable constituents, describe how you will address such problems and the timeframe for addressing them.
28. Outreach:
29. Describe your outreach plan, particularly to clients who may be monolingual isolated, and/or unaware of your services. Include how you plan to work with key agencies/organizations that could refer clients to your program.

**II**. **PROGRAM MANAGEMENT AND PLANNING**

1. Staffing/Volunteers:
2. Provide an organization chart for your agency.
3. Detail your staffing plan and include job descriptions and licenses (if applicable) for key personnel and volunteers.
4. Describe your use of trained volunteers.
5. Indicate the responsible person(s) for managing the day-to-day operations including the completion of the Client Intake forms, daily service delivery aspects of the program and the weekly and monthly program reporting requirements.
6. Describe how you will meet the staffing requirements when there are vacancies, illnesses or other personnel difficulties.
7. If applicable, list the professional qualifications for each individual that would be assigned to provide services requested by this RFP, including date and educational institutions of any applicable degrees, additional applicable training, and any professional certifications and/or licensing. In lieu of listing this information, you may submit a resume or curriculum vitae (CV) for each such individual if the resume/CV includes all the requested information.
8. Data Reporting:

1) Describe how your agency will capture and report required program data.

1. Describe how your agency protects client level data (e.g. encryption, etc.)
2. Describe how your agency will meet the due date for program reports, (10th of the month following the month of service).
3. Training:
4. Describe staff training on-site and at other locations that address issues of concern to program participants (e.g. emergency preparedness and/or food safety and sanitation).
5. Include who will conduct trainings, how often they will occur, proposed topics and frequency of staff training or continuing education opportunities.

D. Contingency Plans:

1) Describe your contingency plans in the event that the full amount you are requesting from AAS is not received.

2) Describe potential sources of funding, short-term and long-term, for the program and any fund raising capabilities.

E. Emergency Preparedness Plans: Describe your Emergency Operations Plan.

F. Program Evaluation/Consumer Satisfaction:

1) Describe your method(s) for evaluating your program’s performance including the distribution of customer feedback surveys which will be provided by County and returned to the County for data collection and analysis.

2) Describe how you will collect information from your clients about their perception of your program and its effectiveness.

3) Describe your Quality Improvement Plan.

1. Cultural Competence:

Describe how your agency/program will ensure cultural competence. This may include culturally relevant program features, staffing objectives that reflect cultural and linguistic diversity and education materials that value the cultural diversity of San Mateo County.

H. Collaborative Service Planning:

1) Describe your involvement in the planning and development of a community-wide system of services.

2) Give an example of a program in which you collaborated with other agencies to enhance the service-delivery system for seniors and people with disabilities.

3) Identify any County committees or coalitions in which you have been involved.

1. Contributions/Project Income**:**
2. Define your agency's project income policies and procedures on setting the suggested client contribution level and guest meal cost; protecting the voluntary, anonymous contributions of your clients; handling the daily income from clients and guests; and contingency plans for securing additional revenue if proposed income level is not achieved.
3. Describe how you would use any income in excess of budgeted amount.
4. State the current average per meal contribution for this program if you are currently a congregate provider.
5. Claims, Licensure, Non-Discrimination, and Health Insurance Portability and Accountability Act (HIPAA) Violations Against Your Organization:

List any current licensure, HIPAA, non-discrimination claims against you/your organization and those having occurred in the past five years, especially any resulting in claims or legal judgments against you.

1. References:

List at least three business references for which you have recently provided similar services. Include contact names, titles, phone numbers and e-mail addresses for all references provided.

**III. FISCAL – Refer to the Fiscal /Budget Standards**

1. Fiscal Staff:
2. Define the fiscal staffing positions that will be responsible for this program. Include job description(s).
3. Describe your record-keeping and fiscal management systems in detail.

B. Budget forms: Complete and submit all budget forms located in the Enclosures section VI of the Request for Proposals.

C. Financial Statement:

1) Attach an audited financial statement completed within the last twelve months.

2) If an audited financial statement is not available, include alternative audit procedures you will use.

1. Cost Analysis and Budget for Primary Services:
2. Provide a detailed explanation for all costs associated with your providing the requested services if you are selected.
3. Provide a completed budget for your proposed program. Instructions and budget form is found in Enclosures Section VI.

# E. Match:

# The Health Promotion Program does not have a match requirement.

**IV. STATEMENT OF COMPLIANCE WITH COUNTY CONTRACTUAL REQUIREMENTS**

A sample of the County’s standard contract (Including Exhibits A and B) is attached to this RFP. Each proposal must include a statement of the proposer’s commitment and ability to comply with each of the terms of the County’s standard contract, including but not limited to the following:

1. The County non-discrimination policy
2. The County equal employment opportunity requirements
3. County requirements regarding employee benefits
4. The County jury service pay ordinance
5. The hold harmless provision
6. County insurance requirement
7. The County Living Wage Ordinance
8. All other provisions of the standard contract.

In addition, the proposer should include a statement that it will agree to have any disputes regarding the contract venued in San Mateo County or Northern District of California.

The proposal must state any objections to any terms in the County’s contract template and provide an explanation for the inability to comply with the required term(s). If no objections are stated, the County will assume the proposer is prepared to sign the County standard contract template as-is.

**NOTE**: The sample Standard Contract Template enclosed with this RFP is a template and does not constitute the final agreement to be prepared for the selected service provider. Do not insert any information or attempt to complete the enclosed sample contract template. Once a provider is selected, the County will work with the selected provider to draft a provider-specific contract using the template. However, each proposal should address the general terms of the standard contract as requested within this RFP.