



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: August 17, 2020

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services

***Project Title/Description:**

Health Start Program. This program aims to increase the number of women receiving prenatal care. The program relies on a supportive relationship between the client and community health workers. The Pima County Health Department (PCHD) has been awarded this grant program for over 20 years.

***Purpose:**

Health Start provides community health workers to provide program information to the community throughout Pima County and enroll high-risk pregnant women and families into the program. Families continue with the program until the child turns two years of age. The Community Health Workers provide prenatal, postpartum and parenting information and screen for alcohol, tobacco and other substance use, perinatal depression, relationship issues, child growth and development, home/environment safety hazards, and refer families to other community resources as appropriate.

***Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

1) Increase prenatal care services to pregnant women; 2) Reduce the incidence of infants who at birth weigh less than 1,500 grams (3 lbs 4 oz) and who require more than seventy-two hours of neonatal intensive care; 3) Reduce the incidence of children affected by childhood diseases; 4) Increase the number of children receiving age appropriate immunizations by two years of age; and 5) Educate families on the importance of good nutritional habits to improve the overall health of their children; the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; the benefits of preventative health care; and the need for screening examinations such as hearing and vision.

***Public Benefit:**

Low birth weight babies are 40 times more likely to die in the first month of life, and are at greater risk for long-term health and developmental problems. Babies born to women with no prenatal care are 16 times more likely to die in the first month of life than babies of women who had more than 5 prenatal visits.

***Metrics Available to Measure Performance:**

1) Number of enrolled women that receive early and regular prenatal care; 2) Number of low birth weight and very low birth weight infants born to enrolled clients; 3) Gestational age of infants born to enrolled women; and 4) Immunization status of enrolled children.

***Retroactive:**

Yes. PCHD was notified of this award on July 9, 2020. It takes effect on July 1, 2020.

Emil Approved 7/29/2020 JLS

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____
 Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient?

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Commencement Date: _____ New Termination Date: _____
Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 21-05
Commencement Date: 07/01/2020 Termination Date: 06/30/2021 Amendment Number: 00
 Match Amount: \$ _____ Revenue Amount: \$ 201,860.00

***All Funding Source(s) required:** Proposition 203, State lottery funds

*Match funding from General Fund? Yes No If Yes \$ _____ % _____

*Match funding from other sources? Yes No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** N/A

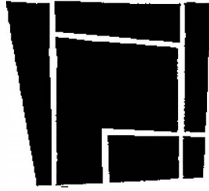
Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 02/17/20

Deputy County Administrator Signature/Date: [Signature] July 2020

County Administrator Signature/Date: [Signature] 7/29/2020
(Required for Board Agenda/Addendum Items)



ARIZONA DEPARTMENT OF HEALTH SERVICES

PLANNING & OPERATIONS

July 8, 2020

Pima County Health Department
Donald Gates, Business Operations Manager
3950 South Country Club Road, Suite #100
Tucson, AZ 85714

Re: Request for Proposal (RFP) BPM002372 Health Start Program

Dear Mr. Gates,

Pima County Health Department has been awarded a Contract, pursuant to the Arizona Department of Health Services (ADHS) Solicitation No. BPM002372 for Health Start Program. Enclosed is a copy of the Executed Offer and Acceptance.

The Contract requires that verification of Insurance be provided to ADHS prior to commencement of work to be performed by the Contractor. Therefore, a Certificate of Insurance (COI) must be submitted to ADHS within ten (10) days of receipt of this correspondence. The COI must exactly match all the requirements and language provided in the Solicitation, Special Terms and Conditions, Insurance Requirements.

The Contractor must not begin work pursuant to the enclosed award notice until an agency user issues a written notice to proceed or a Purchase Order Release is executed. Such notice may be provided by email.

We look forward to a mutually beneficial Contract. If you would like to review the procurement file associated with this Solicitation, you may do so by opening the Solicitation in APP at <https://app.az.gov/>. If you have any questions, please contact Kailee Gray at (480) 392-4154 or Kailee.Gray@azdhs.gov.

Sincerely,

Kailee Gray

Kailee Gray
Procurement Officer

Cc: Procurement File



STATE OF ARIZONA
Department of Health Services
NOTICE OF REQUEST FOR PROPOSAL (RFP)

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

SOLICITATION NUMBER:	BPM0002372, Part 1, Lot 1, Round 2		
SOLICITATION DUE DATE/TIME:	Thursday, April 16, 2020 at 3:00 P.M. Local AZ Time		
SUBMITTAL LOCATION:	<u>https://app.az.gov</u>		
DESCRIPTION:	Health Start Program		
PRE-OFFER CONFERENCE:	Monday, March 16, 2020	1:00p – 3:00p Local AZ	Meet.google.com/jkq-anpy-dfz Dial in: (US) +1 318-434-5012 PIN: 652 144#
	Date	Time	Call in information

In accordance with A.R.S. § 41-2534, competitive sealed proposals for the services specified will be received by the Arizona Department of Health Services (ADHS) online in the State of Arizona's online procurement system, <https://app.az.gov> (Arizona Procurement Portal – APP). Proposals received by the due date and time will be opened. The name of each Offeror will be publicly available. Proposals must be submitted in the State APP system on or prior to the date and time indicated. Late proposals will not be considered. It is the responsibility of the supplier/offeror to routinely check the APP website for Solicitation Amendments. Additional instructions for preparing an Offer are included in this solicitation.

With seventy-two (72) hours prior notice, persons with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility. Such requests are to be addressed to the Solicitation contact person named below.

OFFERORS ARE STRONGLY ENCOURAGED TO READ THE ENTIRE SOLICITATION CAREFULLY.

Solicitation Contact:

Kailee Gray, Procurement Officer
Arizona Department of Health Services
Email: kailee.gray@azdhs.gov
Phone: 602-542-2934



Part One (1) – Table of Contents
REQUEST FOR PROPOSAL No. BPM002372
Health Start Program

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The following table of contents applies to all attachment documents in APP for this Solicitation

SECTION	CONTENT
Pre-Solicitation Documents	Legal Notice
Part One (1)	Notice Page Table of Contents <u>Scope of Work</u> <u>Special Terms and Conditions</u> <u>Uniform Terms and Conditions</u> <u>Exhibits</u>
Part Two (2)	Special Instructions to Offerors Uniform Instructions to Offerors Attachment A: Offer and Acceptance Attachment B: Notices, Correspondence, and Payments Attachment C: Designation of Confidential, Trade Secret and Proprietary Information Attachment D: Participation if Boycott of Israel Attachment E: Budget Development Guidelines & Annual Budget Development Worksheet Attachment F: Annual Health Start Services Projection Form Attachment G: List of Other Funding Sources Attachment H: Key/Essential Personnel



Part One (1) – Scope of Work
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SCOPE OF WORK

1. Background

- 1.1 The Arizona Health Start Program was developed over twenty-five (25) years ago to address the steady increases in the rate of women receiving inadequate or no prenatal care during the 1980's. Late or no prenatal care is associated with preterm and low birth weight births, which increases the risk of infant mortality. The trend continued through 1990, when Arizona was ranked forty-fifth (45th) lowest in the nation for the number of women receiving adequate prenatal care. In 2008 and 2009, Arizona ranked thirty-fourth (34th) lowest in the nation, indicating that entry into early, consistent prenatal care is still a challenge. Many Arizona women experienced barriers that kept them from seeking prenatal care especially during the first (1st) trimester. These barriers encompassed a number of social and cultural factors, as well as geographical accessibility. Early prenatal care is very important in identifying potential risks early in the pregnancy and initiating early treatment. Health Start historically targets high need populations with efforts to improve maternal health and child health by connecting women to prenatal care providers. Two populations that face a disproportionately high disparity and impacted by maternal morbidity and mortality in Arizona are Native American and African American women. According to the Annie E. Casey 2019 Report on State Trends in Child Wellbeing, Arizona ranked thirty-fifth (35th) out of fifty (50) states in child health based on high rates of low birth weight babies, high percent of children without health insurance, high rate of child and teen deaths per 100,000 and the percent of teens who abuse alcohol or other drugs. Health Start will implement evidence-informed strategies to improve overall health through targeted education and increasing access to care especially directed at American Indian and African American women and children living in rural and urban areas throughout the state.
- 1.2 More recent research indicates that the health of a woman prior to pregnancy and throughout her life course might have a greater influence on improving birth outcomes. The life course perspective provides a newer way of viewing health as an integrated continuum and not as unrelated stages. According to the U.S. Department of Health and Human Services (DHHS) Maternal and Child Health Bureau (MCHB), the Life Course Theory (LCT) is a conceptual framework that helps explain health and disease patterns across populations and over time. LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health status for a wide range of diseases and conditions across population groups. Preconception health is a woman's health before she becomes pregnant. Preconception care aims to promote the health of women of reproductive age before conception and thereby improve pregnancy related outcomes. Inter-conception health is a woman's health between pregnancies. Preconception care includes assessing health risk factors and implementing intervention strategies to support women and families as they strive to adopt healthier behaviors. The Health Start Program will have a strong focus on the integration of the LCT in the provision of preconception and inter-conception care through home visits, educational services, screenings and assessments to women and families. Efforts to prevent the cycle of repeat teen births will be addressed through family planning and birth spacing education. The Health Start Program will promote male and family involvement in home visiting services and classes when appropriate. Father and male engagement has a positive impact on pregnancy outcomes and child development. Babies who get lots of warm and positive attention from their dads feel more secure. Father involvement is linked to positive cognitive outcomes for a child, and father involvement in pregnancy is linked to a reduction in infant mortality. Health Start will focus on strengthening fatherhood/male involvement efforts through enhanced outreach, recruitment, and engagement through classes and retention of fathers in the Health Start Program will focus on providing support to incarcerated pregnant and postpartum women and families and will follow them post-release.
- 1.3 Health Start is based on an earlier program titled "Un Comienzo Sano/A Healthy Beginning" that was created in 1984 through the Rural Health Office of the University of Arizona College of Medicine, Department of Family and Community Medicine, utilizing community health workers or "Promotoras" to address the needs of rural, minority pregnant women in Arizona. In 1992, the Arizona Health Start Program was administered by the Arizona Department of Health Services (ADHS), Bureau of Women's



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and Children's Health (BWCH) based on the earlier model. In 1994, the Arizona State Legislature passed the Arizona Children and Families Stability Act, A.R.S. § 36-697, which formalized and expanded Health Start. The legislation describes the purpose, requirements and administration of the program at the ADHS. Health Start is a community based, evidence informed home visiting program that identifies, screens and enrolls pregnant and postpartum women and families at any time during their pregnancies and assists them with obtaining early and consistent prenatal care, provides prenatal and postpartum education, women's health assessments and education, information and referral services, advocacy and emphasizes timely immunizations and developmental assessments for their children up to age two (2).

- 1.4 The Health Start Program administration is subject to the appropriation of lottery fund monies as provided through Proposition 203, the Healthy Arizona Initiative. Funding from other state and/or federal sources may at any time enhance the existing lottery funding and may require additional interventions, data collection and reporting requirements. The program shall be statewide, based in targeted communities and neighborhoods with a high incidence of inadequate prenatal and postpartum care, inadequate infant health care, inadequate women's health care, high percentages of preterm births and low birth weight births, high rates of chronic conditions and maternal morbidity and mortality. The incidence and prevalence of these conditions among groups are referred to as health disparities. Women and families marginalized because of socioeconomic status, race/ethnicity, geographic location and other factors are more likely to experience worse health. They also tend to have less access to favorable social determinants that impact health, such as healthy food, good housing, good education, employment opportunities and safe neighborhoods. It is important that women become aware of these risk factors and how these factors can affect their health and the health of their families across their life course.
- 1.5 The Health Start Program is an evidence informed program that allows for flexibility in enrollment of clients and families and the structure of home, clinic or community visits based on the needs of the woman and her family and the established goals of the program. The Health Start Program supports and requires the use of one (1) of the following research based or evidence based curricula and any reporting requirements associated with the use of the curricula to guide the content of home visits with pregnant and parenting women and their families;
 - 1.5.1 Partners for a Healthy Baby: Home Visiting Curriculum for Families, Florida State University (FSU) Center for Prevention & Early Intervention Policy; www.cpeip.fsu.edu, and
 - 1.5.2 Family Spirit; www.familyspirit@jhu.edu.
- 1.6 The Health Start Program has integrated optional birth/labor doula support services to provide short term support for enrolled Health Start clients and families in labor and during birth, who are in need of emotional and physical comfort measures. Trained Community Health Workers (CHWs) or contracted consultants that have obtained birth doula certification may offer birth support services to clients. Many women and families without local community connections or family members desire the support of a birth/labor doula.
- 1.7 In State Fiscal Year 2019 (SFY19) (July 1, 2018 – June 30, 2019), the Health Start Program provided 1,192 new enrollments 18,221 prenatal and family follow-up visits to over 2,300 clients and their families. Research published in 2010 on the Health Start Program found that Health Start participants had higher birth weight babies (above 2,500 grams) and longer gestational periods (greater than or equal to thirty-seven (37) weeks) than non-Health Start participants. <https://link.springer.com/article/10.1007/s10995-009-0556-0>. A research paper published in 2019 summarized the Evaluation protocol to assess maternal and child health outcomes in Health Start: <http://dx.doi.org/10.1136/bmjopen-2019-031780>.



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1.8 The Mission of the Health Start Program:

1.8.1 To educate, support and advocate for families at risk by promoting optimal use of community based family health care services and education services through the use of CHWs who live in and reflect the ethnic, cultural and socioeconomic characteristics of the community they serve.

1.9 The Goals of the Health Start Program are to:

1.9.1 Increase prenatal care services to pregnant women,

1.9.2 Reduce the incidence of infants who weigh less than 1,500 grams (three (3) pounds, four (4) ounces) at birth and who require more than seventy-two (72) hours of neonatal intensive care,

1.9.3 Reduce the incidence of children affected by childhood diseases,

1.9.4 Increase the number of children receiving age appropriate immunizations by two (2) years of age, and

1.9.5 Reduce the health disparities among highly vulnerable populations through increased awareness by educating families:

1.9.5.1 On the importance of good nutritional habits to improve the overall health of their children;

1.9.5.2 On the need for developmental assessments to promote the early identification of learning disabilities, physical handicaps or behavioral health needs; and

1.9.5.3 Of the benefits of preventative health care and the need for screening examinations such as hearing and vision.

2. Objective

2.1 To identify, screen and enroll pregnant women at risk of having a preterm or low birth weight birth at any time during their pregnancy and to ensure that they are linked to and initiated early and consistent prenatal care in the first trimester or as soon as possible through the provision of home based, family centered, strength based culturally appropriate education and referral services;

2.2 To identify, screen and enroll postpartum women and families with children up to age two (2) with medical and social risk factors that increase the likelihood that they or their children will experience future poor health outcomes;

2.3 To establish a network of health and social service providers in communities and neighborhoods that are accessible to all women, children and their families in an effort to link program participants to adequate prenatal care, adequate infant care, and other services that reduce illiteracy, reduce dependency on welfare, encourage employment, and encourage self-sufficiency and community involvement;

2.4 To integrate preconception, inter-conception and fourth (4th) trimester health education and health screening that will improve a women's health before, during, between pregnancies and during the fourth (4th) trimester up to one (1) year postpartum through the implementation of the life course theory and perspective, focusing on health outcomes across the span of a women's life, emphasizing folic acid supplements, proper immunizations, proper nutrition, healthy behaviors and reproductive health including birth spacing education and development of a life plan into the services provided to women, men and



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families;

- 2.5 To integrate optional birth/labor doula support services to provide support for enrolled Health Start clients and families in labor and during birth who are in need of emotional and physical comfort measures;
- 2.6 To implement a family-centered, strength based interdisciplinary approach to home-based services;
- 2.7 To integrate education and provide support for mothers who choose to breastfeed their infants for at least six (6) months postpartum and provide or arrange for Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC) support to any clients in need;
- 2.8 To integrate father and male engagement through evidence informed, strength-based strategies to increase male and family involvement in the program;
- 2.9 To implement evidence-informed strategies to improve overall health through targeted education and increasing access to care especially directed at American Indian and African American women and children living in rural and urban areas throughout the state to prevent maternal morbidity and mortality and to reduce preventable child fatalities; and
- 2.10 To integrate optional advocacy, support and health education services for enrolled Health Start pregnant and postpartum clients and families in local county jail systems and following women post-release.

3. Scope of Work

The Contractor shall:

- 3.1 Provide a home visitation program through the development of administrative, management, organizational systems and information, and referral networks to implement and manage a Health Start Program at the contracted site in targeted communities/service areas at risk for preterm and low birth weight births and high rates of infant mortality and high rates of maternal morbidity and mortality per the Health Start Policy and Procedure Manual (HSPPM) The ADHS revised HSPPM 2020 is available on the BWCH publication page at:

<https://azdhs.gov/prevention/womens-childrens-health/reports-fact-sheets/index.php#health-start-program>;
and

- 3.2 Provide monthly program documentation and quarterly reports with results of efforts related to achieving continuous quality improvement indicators developed as described in the HSPPM.

4. Requirements

The Contractor shall:

- 4.1 Have experience in providing similar services as described in the Scope of Work to pregnant and postpartum women and families and be able to complete all the listed tasks;
- 4.2 Provide Technical Qualifications of a Health Start Program Coordinator who shall be the primary contact person for the ADHS Health Start Program Manager in discussing work that needs to be completed.
- 4.3 Hire CHW(s) that live in or are representative of the targeted service area that are able to complete the services and meet the minimum qualifications as defined in the HSPPM;



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- 4.4 Provide a map and list of zip codes of areas to be served including, but not limited to, the projected number of prenatal and postpartum clients and children to be served;
- 4.5 Adhere to Arizona Revised Statute A.R.S.§36-697 (<http://www.azleg.gov/ArizonaRevisedStatutes.asp>) and perform all services in accordance with the HSPPM; and
- 4.6 Provide a valid Certificate of Insurance (COI) that meets the written specifications in the Special Terms and Conditions and maintained throughout the life of the Contract. The ADHS will not be able to issue a Purchase Order for the commencement of services without a current and valid COI in the Contract file.
- 4.7 Adhere to the Arizona Department of Health Services Accounting Guidelines: <https://azdhs.gov/documents/operations/financial-services/bluebook-2018.pdf>

5. Tasks

The Contractor shall:

- 5.1 Identify a Health Start Program Coordinator, at a minimum of .25 Full-Time Equivalent (FTE) (one (1) position);
 - 5.1.1 The Health Start Program Coordinator shall, at a minimum:
 - 5.1.1.1 Serve as a primary day-to-day- contact with the ADHS Program Manager;
 - 5.1.1.2 Attend, lead and prepare materials for meetings as requested;
 - 5.1.1.3 Troubleshoot and correct problems after implementation;
 - 5.1.1.4 Designate an alternate contact for when the Program Coordinator is unavailable; and
 - 5.1.1.5 Provide administrative oversight of all contracted activities,
- 5.2 Recruit, hire, train and supervise at a minimum one (1) individual .50 FTE CHW from the communities to be served and who shall identify, screen, and enroll pregnant and postpartum women and families;
- 5.3 Complete a fingerprint clearance card application or background check for all staff working under this Contract and maintain a copy in the personnel file (Exhibit 1);
- 5.4 Require that each 1.0 CHW maintains a minimum caseload of forty (40) women and families with a majority (at least twenty-one (21)) being prenatal clients and that the caseload does not drop below eighty-five (85%) or thirty-four (34) clients; Ensure that each .50 CHW maintains a minimum caseload of twenty (20) women and families with a majority (at least eleven (11)) being prenatal and that the caseload does not drop below eighty-five (85%) or seventeen (17) clients. Ensure that a written plan for outreach to recruit and maintain the minimum number of clients is developed and provided as part of the quarterly reports;
- 5.5 See that a Health Start Program Coordinator and/or at least one (1) CHW attend two (2) Health Start sponsored annual meetings and up to two (2) sponsored annual trainings if provided;
- 5.6 Ensure that CHWs or other appropriate health care workers provide education including information on enrollment in Health Start, prenatal care and the importance of taking multivitamins with folic acid education to women that have positive pregnancy tests;



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- 5.7 Ensure that CHWs or other appropriate health care workers provide preconception/inter-conception education, breastfeeding education and support, and fourth (4th) trimester education including information on healthy behaviors, recommended birth spacing and the importance of taking a multivitamin with folic acid education to women that have negative pregnancy tests;
- 5.8 Provide at least sixteen (16) hours of training to new CHWs to ensure adequate knowledge of CHW core competencies, pregnancy, prenatal care, maternal nutrition, breastfeeding, women's health including prenatal and postpartum warning signs, child health and development, infant massage, immunization requirements, preconception and inter-conception health, reproductive health, birth spacing, multivitamins, male involvement and life plans, screenings regarding alcohol, tobacco and other substance use, partner abuse, child abuse, perinatal mood and anxiety disorders, home safety assessments, child safety, injury prevention, safe sleep and car seat safety, and how to facilitate referrals to prenatal care and other resources;
- 5.9 Ensure that all new CHWs complete the CHW Core Training Manual modules and the Form for Assessing Results (FAR), home visiting shadowing and observations, and any on-line courses required within ninety (90) days of hire as described in the HSPPM;
- 5.10 Provide or arrange for Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) training by an approved trainer to all new CHWs within ninety (90) days of hire;
- 5.11 Provide or arrange for a minimum sixteen (16) hours of approved continuing education and training on an annual basis to CHWs;
- 5.12 Instruct CHWs on how to screen and enroll clients utilizing enrollment form with a health and social risk assessment, provide home/office/community visits of a minimum of thirty (30) minutes duration, conduct developmental assessments, screenings, and referrals, and optional educational classes of at least one (1) hour duration;
- 5.13 Provide at least eight (8) hours or more of supervised home visits with new hire CHWs that include at least four (4) hours of shadowing an experienced CHW and four (4) hours of observed visits overseen by an experienced CHW and/or Program Coordinator within ninety (90) days of hire;
- 5.14 Provide one (1) supervised home visit per year thereafter of each CHW, complete Health Start Home Visiting Checklist and save the checklist in the personnel file as described in HSPPM;
- 5.15 Train CHWs on accurate completion of forms, entry of forms into a database, the identification and utilization of information, and referral resources that are available within the Contractor's service area;
- 5.16 Designated Health Start Coordinators, CHWs and/or support staff will be trained on the Health Start Efforts to Outcomes (ETO) database and will be required to enter data for each month within fifteen (15) days of the end of the billing period as per the HSPPM;
- 5.17 Develop a plan to ensure the development and achievement of two (2) Continuous Quality Improvement (CQI) indicators annually as described in the HSPPM;
- 5.18 Identify and annually update a network of available health care, behavioral health and social service providers and resources to which participants could be actively referred for services as they may need;
- 5.19 Ensure that CHWs verify that participants were provided services that were recommended on the External Referral Form, through documentation on the visit or assessment forms, or in chart notes and on an External Referral form;



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- 5.20 Assist CHWs with referrals and all visit form documentation;
- 5.21 Maintain, arrange and facilitate the provision of the following professional support persons and their services:
 - 5.21.1 A Registered Nurse (RN) or other registered professional medical staff or consultant for a minimum of four (4) hours of consultation per month to assist with training of CHWs, attend monthly case management conferencing, attend home visits, and to provide reflective supervision to staff and/or guidance regarding difficult issues, and
 - 5.21.2 A Certified Independent, Licensed Certified, Licensed Masters Social Worker and/or Licensed Professional Counselor (CISW, LCSW, LMSW, LPC) staff or consultant for a minimum of four (4) hours of mental health consultation per month to assist with training of CHWs, attend monthly case management conferencing, attend home visits, and to provide reflective supervision to staff and/or guidance regarding difficult issues.
- 5.22 Ensure that any Subcontractors or consultants fulfill required duties and responsibilities as described in the HSPPM and the Contract;
- 5.23 Maintain client records that are complete and organized; kept in a secure electronic format and/or locked location at the Contractor's site as described in the HSPPM;
- 5.24 Ensure that all Health Start Program forms and visit notes are accurate and complete every month and filed in client charts and/or in a client electronic file;
- 5.25 Conduct monthly data preparation to:
 - 5.25.1 Ensure all forms, client logs, and invoices are accurate and complete;
 - 5.25.2 Ensure that the enrollment, visit forms, screening and assessment forms are entered into the Health Start ETO database system within fifteen (15) days of the end of the billing period,
 - 5.25.3 Ensure that all invoices, logs, CHW calendars, training approvals, consultant invoices, staff follow-up visit documentation checklist forms and any other forms or required invoice documentation is submitted to ADHS within fifteen (15) days of the end of the billing period,
 - 5.25.4 Ensure that all visit forms are signed and dated by clients in blue ink at the bottom of the form or electronically signed if technology is available, and
 - 5.25.5 Ensure timely response to ADHS Health Start Data Quality Specialist and/or Health Start Program Manager if there are any questions.
- 5.26 Conduct annual budget development (Attachment E) and prepare Annual Health Start Services Projection Form (Attachment F) and conduct quarterly data preparation to complete quarterly reports within thirty (30) days after the end of each quarter as described in the HSPPM; ensure timely response to Health Start Program Manager if there are any questions;
- 5.27 Ensure monthly and quarterly review of progress in meeting any CQI indicators as described in the HSPPM;
- 5.28 Ensure monthly staff follow-up visit documentation checklist is conducted and contact at a minimum two (2) clients visited by each CHW that month, to ask the client questions about the visit to ensure that visits



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occurred and that the client was satisfied with the services. A copy of the staff follow-up visit documentation check list form completed each month shall be available for review at Contractor site visits;

- 5.29 Ensure that CHWs maintain a daily/monthly online calendar of scheduled home visits, classes and any other activities related to Health Start. Copies of all monthly staff calendars for each month shall be available for review at Contractor site visits;
- 5.30 Maintain regular communication and work closely with ADHS on the subjects of:
 - 5.30.1 Program Development,
 - 5.30.2 Implementation,
 - 5.30.3 Notification regarding any changes to personnel and daily operations as issues arise,
 - 5.30.4 Share information with ADHS and other Health Start Contractor's through conference calls, annual meetings, webinars and other sources regarding resources, forms, reports, challenges and barriers,
 - 5.30.5 Be responsive to ADHS request for clarification, missing data or other requested information, and
 - 5.30.6 Collaborate with other community-based agencies, health departments or other providers that may be providing similar home visiting programs in the targeted service area.
- 5.31 Ensure that the CHWs shall:
 - 5.31.1 Identify and implement community-based outreach strategies to:
 - 5.31.1.1 Identify;
 - 5.31.1.2 Screen; and
 - 5.31.1.3 Enroll pregnant or postpartum women and families:
 - 5.31.1.3.1 With children under age two (2),
 - 5.31.1.3.2 Who reside in the Contractor's targeted service area, and
 - 5.31.1.3.3 Who meet the medical and social risk eligibility criteria as described in the HSPPM;
 - 5.31.2 Conduct pregnancy testing (CHW or other designated health care worker) of potential clients as necessary and as an option:
 - 5.31.2.1 If pregnancy tests result is positive, provide education and provide enrollment into the Health Start Program for a minimum of thirty (30) minutes and referrals, as needed, per HSPPM; and
 - 5.31.2.2 If pregnancy test result is negative, provide appropriate preconception/and inter-conception education for a minimum of thirty (30) minutes and referrals, as needed, per HSPPM,



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- 5.31.3 Complete Intent to Participate and Client Enrollment forms per HSPPM if a pregnant or postpartum woman or family agrees to participate in the Health Start Program,
- 5.31.4 Schedule and conduct prenatal visits for a minimum of thirty (30) minutes per visit per client and as described in the HSPPM,
- 5.31.5 Schedule and conduct either through CHW staff or consultant, a birth doula support prenatal visit as a visit option, for a minimum of four (4) hours, not exceeding twenty-four (24) hours per birth per client per Contract year per HSPPM,
- 5.31.6 Schedule and conduct either through CHW staff or consultant, education and support for mothers who choose to breastfeed their infants for at least six (6) months postpartum and provide at a minimum Certified Lactation Counselor or International Board Certified Lactation Consultant support to any clients in need,
- 5.31.7 Schedule and conduct family follow-up mom/caregiver visits, family follow-up child visits and multiple child visits for a minimum of thirty (30) minutes per visit per client as described in the HSPPM,
- 5.31.8 Schedule and conduct as an education option, health education classes and provide as needed supporting materials for a minimum of one (1) hour per class for a minimum of four (4) Health Start enrolled clients as described in HSPPM,
- 5.31.9 Schedule and conduct as an education option, community professional education and outreach, classes or workshops for a minimum of one (1) hour per class/workshop for a minimum of four (4) attendees as described in HSPPM,
- 5.31.10 Provide each enrolled client the Arizona Family Resource Guide at enrollment,
- 5.31.11 Conduct alcohol, tobacco and other drug use screening, and brief intervention education if necessary, of all enrolled prenatal clients at enrollment or next visit per HSPPM,
- 5.31.12 Conduct perinatal mood and anxiety disorder screening using the Edinburgh Postnatal Depression Scale screening tool within two (2) months after birth of index child or at any time there is a concern per HSPPM,
- 5.31.13 Conduct relationship assessment tool/partner abuse screening at three (3) months to – six (6) months after enrollment and other health/behavioral health screenings as necessary of all enrolled prenatal and postpartum clients per HSPPM,
- 5.31.14 Administer the ASQ®-3 at the four (4), eight (8), twelve (12), eighteen (18) and twenty-four (24) month intervals and the ASQ®:SE-2, at twelve (12) and twenty-four (24) months. And other intervals as needed for all children per HSPPM,
- 5.31.15 Provide health education services, support, advocacy and referrals to enrolled women and their families during each visit as described in the HSPPM,
- 5.31.16 Assist enrolled clients in securing an established source of prenatal care and/or primary care and assist the family with establishing a medical home for all family members in the service area or nearest location. And ensure enrolled clients attend a four to six (4-6) week postpartum medical visit,
- 5.31.17 Provide referrals using External Referral Form, and document outcome of the referrals on visit



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forms or assessment forms, in chart notes and on the External Referral Form as described in the HSPPM,

- 5.31.18 Provide and administer the Healthy @ Home Assessment in the enrolled client's place of residence within five (5) months after the birth of the index child; or within five (5) months of enrollment of all clients as required in the HSPPM,
- 5.31.19 Provide *Never Shake a Baby* education or other recommended child abuse prevention education and commitment forms to all prenatal clients within one (1) month of delivery, or postpartum clients within two (2) months after child is born as described in the HSPPM; collect completed forms and keep on file for site review,
- 5.31.20 Provide child safety education including injury prevention, safe sleep, car seat safety, car seat installation instruction and home safety to enrolled women and their families; collect completed forms and keep on file for site review,
- 5.31.21 Provide and administer the Arizona Survey on Children's Health on all enrolled children between the ages of eleven (11) and thirteen (13) months of age,
- 5.31.22 Provide and administer the Parent Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) Assessment Tool for each child at ten (10) – fourteen (14) months and at twenty-two (22) – twenty-four (24) months of age,
- 5.31.23 Ensure that the social determinants of health are addressed per the HSPPM and that preconception and inter-conception screening, education, referrals and support are provided, and
- 5.31.24 Provide a satisfaction survey to clients a minimum of four (4) weeks after the prenatal period, and after two (2) years of family follow-up services, or at disenrollment from the program; collect completed surveys and keep on file for site review.

6. State Provided Items

ADHS will provide:

- 6.1 Technical assistance and guidance to the Contractor's staff that are implementing the Health Start Program;
- 6.2 Monitoring of the operation of the program, and ongoing compliance with Contract provisions and the HSPPM, through site visits, review of submitted forms and other mechanisms;
- 6.3 Forms, guides, screening forms, and any other forms that may be necessary to implement the program;
- 6.4 Summary information from the Health Start forms and other information if available;
- 6.5 Healthy @ Home Assessment forms (English and Spanish versions);
- 6.6 ASQ®-3 and ASQ®:SE-2 (English and Spanish versions);
- 6.7 Arizona Survey on Children's Health and Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) forms;
- 6.8 Arizona Family Resource Guide (English and Spanish versions);



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- 6.9 Health Start Community Health Worker Core Curriculum and home visiting curriculum and resources as available; and
- 6.10 The ADHS revised HSPPM 2020 is available on the BWCH publication page at:
<https://azdhs.gov/prevention/womens-childrens-health/reports-fact-sheets/index.php#health-start-program>

7. Deliverables

The Contractor shall submit to ADHS:

- 7.1 Complete and accurate original hard copies of the Health Start Monthly Billing Invoice (Exhibit 2) signed in blue ink as described in the HSPPM within fifteen (15) days after the end of each service month:
- 7.1.1 Attached detail log of client visits, classes, screenings, assessments, pregnancy test forms, and other services organized by type and in alphabetical order;
 - 7.1.2 Attached copies of approvals for staff training, certificates of attendance and completion of staff training and materials and any other forms, or documents as requested;
 - 7.1.3 Health Start Coordinator and/or CHW community professional training and/or workshops provided to community professionals approvals and lists of attendees; and
 - 7.1.4 Attached copies of all subcontractor and/or consultant invoices;
- 7.2 Health Start Quarterly Report within thirty (30) days of the end of September, December, March and June of each year. Report shall address the following as described in the HSPPM:
- 7.2.1 Any improvements made in social determinants of health in communities served;
 - 7.2.2 The prenatal, postpartum and dual caseload of each CHW staff;
 - 7.2.3 Progress made in achieving any continuous quality improvement indicators; and
 - 7.2.4 Fourth (4th) Quarter Report within thirty (30) days after the beginning of the fiscal year starting July 1st shall contain:
 - 7.2.4.1 A description of the Contractor's summary of prior year's activities,
 - 7.2.4.2 Future year's projected number of prenatal and postpartum clients to be enrolled,
 - 7.2.4.3 Current and projected caseload by type of client served for each CHW,
 - 7.2.4.4 Projected number and type of FTE's for program,
 - 7.2.4.5 Projected number of visits by type,
 - 7.2.4.6 Number of classes by topic, and
 - 7.2.4.7 The plan to address any continuous quality improvement indicators as described in the HSPPM.



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- 7.3 Annual Health Start Services Projection Form (Attachment F) must be completed as part of Contract requirements and an Annual Budget Development Worksheet (Attachment E) and submitted annually on or before March of each year and for the following fiscal year;
- 7.4 Monthly Health Start Billing Invoice with attached copies of program documentation including all forms required, client logs and other documentation within fifteen (15) days after the end of the service month;
- 7.5 Health Start Form for Assessment Results (FAR) Core Training Scoring Sheets and Home Visiting Checklists for all newly hired CHW staff within ninety (90) days after employment as described in the HSPPM;
- 7.6 Copies of any proposed or executed consultant subcontracts or other agreements to provide any of the services described in the Scope of Work; and
- 7.7 A copy of the Fingerprint Clearance Card or Criminal History (Exhibit 1) for new employees within ninety (90) days of employment.

8. Approvals

The following items require review and approval by ADHS:

- 8.1 Any marketing or educational materials, curricula, and promotional items, media or forms including, but not limited to, program brochures, posters, training flyers, publications, or journal articles developed or purchased using funds awarded under this Contract:
 - 8.1.1 A draft of the material shall be submitted to ADHS Health Start Program Manager for approval prior to printing;
 - 8.1.2 A copy shall be provided to ADHS Health Start Program Manager for each item created; and
 - 8.1.3 All marketing or educational materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health as made available through the Arizona Department of Health Services and logo."
- 8.2 Monthly Contractor's Expenditure Report (invoice/CER) shall be approved by ADHS prior to payment;
- 8.3 Health Start Continuous Quality Improvement Indicators and Quarterly Reports;
- 8.4 Health Start Program Coordinator and/or CHW attendance at trainings not sponsored by ADHS Health Start Program prior to Health Start Program Coordinator and/or CHW attendance, and billing ADHS for the approved training per HSPPM;
- 8.5 Health Start Program Coordinator and/or CHW provided community professional training and/or workshops to community professionals prior to Health Start Program Coordinator and/or CHW conducting a training or workshop, and billing ADHS for the approved contractor provided training per HSPPM;
- 8.6 Use of any other curriculum for CHW training or for visit topic content that is not referred to in this Contract; and
- 8.7 Contractor visits to client, their families or caregivers temporarily residing in alternative living situations including, but not limited to, rehabilitation centers, jails, inpatient treatment centers or homeless shelters, and when primary caregiver is out of the home for extended periods of time, shall require approval in advance by ADHS.



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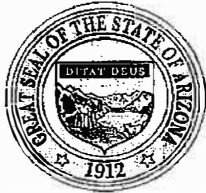
9. Notices, Correspondence, Reports and Invoices

9.1 Notices, Correspondence, and Reports from the Contractor to ADHS shall be sent to:

Health Start Program Manager
Arizona Department of Health Services
150 North 18th Avenue, Suite #320
Phoenix, AZ 85007
Tel: (602) 542-1860 | Fax: (602) 542-2589

9.2 Invoices shall be sent to:

invoices@azdhs.gov



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SPECIAL TERMS AND CONDITIONS

1. Purpose

Pursuant to provisions of the Arizona Procurement Code, A.R.S. 41-2501 Et Seq., the State of Arizona, ADHS intend to establish a Contract for the materials or services as listed herein.

2. Term of Contract (1 Year)

The term of any resultant Contract shall commence upon signature or upon final signature for award, whichever is later, and shall continue for a period of one (1) year thereafter, unless terminated, canceled, or extended as otherwise provided herein.

3. Contract Extensions 5 Year Maximum

The Contract term begins upon award and shall continue for a period of one (1) year subject to additional successive periods of twelve (12) months per extension with a maximum aggregate including all extensions not to exceed five (5) years.

4. Contract Type

Fixed Price

5. Licenses

The Contractor shall maintain in current status, all federal, state and local licenses and permits required for the operation of the business conducted by the Contractor.

6. Key Personnel

It is essential that the Contractor provide adequate experienced personnel, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor must agree to assign specific individuals to the key positions.

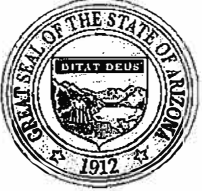
6.1 The Contractor agrees that, once assigned to work under this Contract, key personnel shall not be removed or replaced without written notice to the State. Such notice shall be given thirty (30) days prior to the reassignment or personnel's last day assigned to the Contract.

6.2 If key personnel are not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications.

6.3 The State Agency reserves the right to review resumes and participate in interviews for the hiring of any staff assigned to this Contract. Further, the State Agency reserves the right to deny or refuse any offered replacement personnel by the Planning Contractor.

7. Point of Contact

7.1 It is essential that the Contractor provide a Point of Contact, capable of and devoted to the successful accomplishment of work to be performed under this Contract. The Contractor must agree to assign a specific individual to serve as a primary day-to-day contact.



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- 7.2 The Contractor agrees that, once assigned to work under this Contract, the Point of Contact shall not be removed or replaced without written notice to the State.
- 7.3 If the Point of Contact is not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or is expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the State, and shall, subject to the concurrence of the State, replace such personnel with personnel of substantially equal ability and qualifications.

8. Most-Favored Customer

Throughout the life of the Contract, the Contractor shall always offer the State the Most-Favored Customer or Highest Tier Customer price discount rate on contracted product(s) concurrent with a published price discount rate made to other Customers (both Private and Public sectors). The Contractor shall extend to the State that most-favored customer or Highest Tier Customer price discount on all new product lines during the life of the contract.

9. Non-Exclusive Contract

Any contract resulting from this solicitation shall be awarded with the understanding and agreement that it is for the sole convenience of the State of Arizona. The State reserves the right to obtain like goods or services from another source when necessary, or when determined to be in the best interest of the State.

10. Volume of Work

The ADHS does not guarantee a specific amount of work either for the life of the Contract or on an annual basis.

11. Information Disclosure

The Contractor shall establish and maintain procedures and controls that are acceptable to the State for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Contract shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Contract. Persons requesting such information should be referred to the State. The Contractor also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of the Contractor as needed for the performance of duties under the Contract, unless otherwise agreed to in writing by the State.

12. Employees of the Contractor

All employees of the Contractor employed in the performance of work under the Contract shall be considered employees of the Contractor at all times, and not employees of the ADHS or the State. The Contractor shall comply with the Social Security Act, Workman's Compensation laws and Unemployment laws of the State of Arizona and all State, local and Federal legislation relevant to the Contractor's business.

13. Order Process

The award of a contract shall be in accordance with the Arizona Procurement Code. Any attempt to represent any material and/or service not specifically awarded as being under contract with ADHS is a violation of the Contract and the Arizona Procurement Code. Any such action is subject to the legal and contractual remedies available to the state inclusive of, but not limited to, Contract cancellation, suspension, and/or debarment of the Contractor.



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14. Contractor Performance Reports

Program management shall document Contractor performance, both exemplary and needing improvements where corrective action is needed or desired. Copies of corrective action reports will be forwarded to the ADHS Procurement Office for review and any necessary follow-up. The Procurement Office may contact the Contractor upon receipt of the report and may request corrective action. The Procurement Office shall discuss the Contractor's suggested corrective action plan with the Program for approval of the plan prior to sending it to the Contractor.

15. Payment Procedures

- 15.1 ADHS accounting will not make payments to any Entity, Group or individual other than the Contractor with the Federal Employer Identification (FEI) Number identified in the Contract. Contractor invoices requesting payment to any Entity, Group or individual other than the contractually specified Contractor shall be returned to the Contractor for correction.
- 15.2 The Contractor shall review and insure that the invoices for services provided show the correct Contractor name prior to sending them to the ADHS Accounting Office for payment.
- 15.3 If the Contractor Name and FEI Number change, the Contractor must complete an "Assignment and Agreement" form transferring contract rights and responsibilities to the new Contractor. ADHS must indicate consent on the form. A written Contract Amendment must be signed by both parties and a new W-9 form must be submitted by the new Contractor and entered into the system prior to any payments being made to the new Contractor.

16. Financial Management

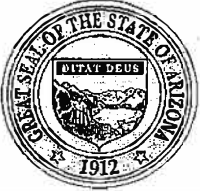
- 16.1 For all contracts, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Contractor in the management of contract funds and by the ADHS when performing a contract audit. Funds collected by the Contractor in the form of fees, donations, and/or charges for the delivery of these contract services shall be accounted for in a separate fund.
- 16.2 State Funding. Contractors receiving state funds under this Contract shall comply with the certified Compliance provisions of A.R.S. § 35-181.03.
- 16.3 Federal Funding. Contractors receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

17. Inspection and Acceptance

- 17.1 All services, data, and required reports are subject to final inspection, review, evaluation, and acceptance by the ADHS. The ADHS may withhold payment for services that are deemed to not meet contract standards.

18. Authorization for Services

- 18.1 Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for



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services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this Contract.

19. Indemnification Clause

- 19.1 To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of, or recovered under, the Workers' Compensation Law or arising out of the failure of such Contractor to conform to any federal, state, or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by Contractor from and against any and all claims. It is agreed that Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents, and employees for losses arising from the work performed by the Contractor for the State of Arizona.
- 19.2 This indemnity shall not apply if the contractor or sub-contractor(s) is/are an agency, board, commission or university of the State of Arizona.

20. Insurance Requirements

- 20.1 Contractor and subcontractors shall procure and maintain, until all of their obligations have been discharged, including any warranty periods under this Contract, insurance against claims for injury to persons or damage to property arising from, or in connection with, the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.
- 20.2 The Insurance Requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that arise out of the performance of the work under this Contract by the Contractor, its agents, representatives, employees or subcontractors, and the Contractor is free to purchase additional insurance.
- 20.3 Minimum Scope and Limits of Insurance

Contractor shall provide coverage with limits of liability not less than those stated below.

20.3.1 Commercial General Liability (CGL) – Occurrence Form

Policy shall include bodily injury, property damage, and broad form contractual liability coverage.

20.3.1.1 General Aggregate \$2,000,000

20.3.1.1.1 Products – Completed Operations Aggregate \$1,000,000



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| 20.3.1.1.2 | Personal and Advertising Injury | \$1,000,000 |
| 20.3.1.1.3 | Damage to Rented Premises | \$ 50,000 |
| 20.3.1.1.4 | Each Occurrence | \$1,000,000 |
| 20.3.1.2 | The policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, agents, and employees as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor. | |
| 20.3.1.3 | Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor. | |
| 20.3.2 | Business Automobile Liability | |
| 20.3.2.1 | Bodily injury and Property Damage for any owned, hired, and/or non-owned automobiles used in the performance of this contract. | |
| 20.3.2.1.1 | To Combined Single Limit (CSL) | \$1,000,000 |
| 20.3.2.2 | Policy shall be endorsed, as required by this written agreement, to include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insureds with respect to liability arising out of the activities performed by, or on behalf of, the Contractor involving automobiles owned, hired and/or non-owned by the Contractor. | |
| 20.3.2.3 | Policy shall contain a waiver of subrogation endorsement as required by this written agreement in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees for losses arising from work performed by or on behalf of the Contractor. | |
| 20.3.3 | Workers; Compensation and Employers' Liability | |
| 20.3.3.1 | Workers Compensation | Statutory |
| 20.3.3.2 | Employers' Liability | |
| 20.3.3.2.1 | Each accident | \$1,000,000 |
| 20.3.3.2.2 | Disease – Each employee | \$1,000,000 |
| 20.3.3.2.3 | Disease – Policy Limit | \$1,000,000 |
| 20.3.3.3 | Policy shall contain a waiver of subrogation endorsement, as required by this written agreement, in favor of the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees for losses arising from work performed by or on behalf of the Contractor. | |
| 20.3.3.4 | This requirement shall not apply to each Contractor or subcontractor that is exempt | |



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under A.R.S. § 23.901 and when such Contractor or subcontractor executes the appropriate waiver form (Sole Proprietor or Independent Contractor).

20.3.4 Professional Liability (Errors and Omissions Liability)

20.3.4.1 Each Claim \$2,000,000

20.3.4.2 Annual Aggregate \$2,000,000

20.3.5 In the event that the Professional Liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract and, either continuous coverage will be maintained, or an extended discovery period will be exercised, for a period of two (2) years beginning at the time work under this Contract is completed.

20.3.6 The policy shall cover professional misconduct or negligent acts for those positions defined in the Scope of Work of this contract.

20.4 Additional Insurance Requirements

The policies shall include, or be endorsed to include, as required by this written agreement, the following provisions:

20.4.1 The Contractor's policies as applicable, shall stipulate that the insurance afforded the Contractor shall be primary and that any insurance carried by the Department, its agents, officials, employees or the State of Arizona shall be excess and not contributory insurance, as provided by A.R.S. § 41-621 (E).

20.4.2 Insurance provided by the Contractor shall not limit the Contractor's liability assumed under the indemnification provisions of this Contract.

20.5 Notice of Cancellation

Applicable to all insurance policies required within the Insurance Requirements of this Contract, Contractor's insurance shall not be permitted to expire, be suspended, be canceled, or be materially changed for any reason without thirty (30) days prior written notice to the State of Arizona. Within two (2) business days of receipt, Contractor must provide notice to the State of Arizona if they receive notice of a policy that has been or will be suspended, canceled, materially changed for any reason, has expired, or will be expiring. Such notice shall be sent directly to the Department and shall be mailed, emailed, or hand delivered to Arizona Department of Health Services, 150 N 18th Ave, Suite 260, Phoenix, AZ 85007.

20.6 Acceptability of Insurers

Contractor's insurance shall be placed with companies licensed in the State of Arizona or hold approved non-admitted status on the Arizona Department of Insurance List of Qualified Unauthorized Insurers. Insurers shall have an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

20.7 Verification of Coverage

Contractor shall furnish the State of Arizona with certificates of insurance (COI) (valid ACORD form or



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equivalent approved by the State of Arizona) evidencing that Contractor has the insurance as required by this Contract. An authorized representative of the insurer shall sign the certificates.

20.7.1 All such certificates of insurance and policy endorsements must be received by the State before work commences. The State's receipt of any certificates of insurance or policy endorsements that do not comply with this written agreement shall not waive or otherwise affect the requirements of this agreement.

20.7.2 Each insurance policy required by this Contract must be in effect at, or prior to, commencement of work under this Contract. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

20.7.3 All certificates required by this Contract shall be sent directly to the Department. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete copies of all insurance policies required by this Contract at any time.

20.8 Subcontractors

Contractor's certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall be responsible for ensuring and/or verifying that all subcontractors have valid and collectable insurance as evidenced by the certificates of insurance and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum Insurance Requirements identified above. The Department reserves the right to require, at any time throughout the life of this contract, proof from the Contractor that its subcontractors have the required coverage.

20.9 Approval and Modifications

The Contracting Agency, in consultation with State Risk, reserves the right to review or make modifications to the insurance limits, required coverages, or endorsements throughout the life of this contract, as deemed necessary. Such action will not require a formal Contract amendment but may be made by administrative action.

20.10 Exceptions

In the event the Contractor or subcontractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a certificate of self-insurance. If the Contractor or subcontractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

21. Health Insurance Portability and Accountability Act of 1996

21.1 If applicable, the Contractor warrants that it is familiar with the requirements of HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of 2009, and accompanying regulations and will comply with all applicable HIPAA requirements in the course of this Contract. Contractor warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the Contract so that both ADHS and Contractor will be in compliance with HIPAA, including cooperation and coordination with the Arizona Department of Administration-Arizona Strategic Enterprise Technology (ADOA-ASET) Office, the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator and other compliance officials required by HIPAA and its regulations. Contractor will sign any documents that are reasonably necessary to keep ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.



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- 21.2 If applicable, and requested by the ADHS Procurement Office, Contractor agrees to sign a "Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Contractor agrees to attend or participate in HIPAA training offered by ADHS or to provide written verification that the Contractor has attended or participated in job related HIPAA training that is: (1) intended to make the Contractor proficient in HIPAA for purposes of performing the services required and (2) presented by a HIPAA Privacy Officer or other person or program knowledgeable and experienced in HIPAA and who has been approved by the ADOA-ASET Arizona State Chief Information Security Officer and HIPAA Coordinator.

22. Pandemic Contractual Performance

- 22.1 The State shall require a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. The State may require a copy of the plan at any time prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:
- 22.1.1 Key succession and performance planning if there is a sudden significant decrease in Contractor's workforce;
 - 22.1.2 Alternative methods to ensure there are products in the supply chain; and
 - 22.1.3 An up to date list of company contacts and organizational chart.
- 22.2 In the event of a pandemic, as declared by the Governor of Arizona, U.S. Government, or the World Health Organization, which makes performance of any term under this Contract impossible or impracticable, the State shall have the following rights:
- 22.2.1 After the official declaration of a pandemic, the State may temporarily void the Contract(s) in whole or specific sections, if the Contractor cannot perform to the standards agreed upon in the initial terms;
 - 22.2.2 The State shall not incur any liability if a pandemic is declared and emergency procurements are authorized by the Director as per A.R.S. 41-2537 of the Arizona Procurement Code; and
 - 22.2.3 Once the pandemic is officially declared over and/or the Contractor can demonstrate the ability to perform, the State, at its sole discretion, may reinstate the temporarily voided Contract(s).
- 22.3 The State, at any time, may request to see a copy of the written plan from the Contractor. The Contractor shall produce the written plan within seventy-two (72) hours of the request.

23. Data Universal Numbering System (DUNS)

Pursuant to 2 CFR 25.100 *et seq.*, no entity (defined as a Governmental organization, which is a State, local government, or Indian tribe; foreign public entity; domestic or foreign nonprofit organization; domestic or foreign for-profit organization; or Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity) may receive a subaward from ADHS unless the entity provides its Data Universal Numbering System (DUNS) Number to ADHS.



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24. New Services

The State, at its sole discretion may allow new services identified by the Contractor or ADHS to be incorporated. The request may be submitted at any time during the Contract period. The requested services shall align with the current Scope of Work, Requirements, Deliverables, and Price List.

25. The Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L.109-282, as amended by section 6202(A) of P.L. 110-252), Found at <https://www.frs.gov/>

If applicable, the Contractor/Grantee shall submit to ADHS via email the Grant Reporting Certification Form. This form and the instructions can be downloaded from the ADHS Procurement website at <http://www.azdhs.gov/operations/financial-services/procurement/index.php#ffata> and must be returned to the ADHS by the 15th of the month following that in which the award was received. The form shall be completed electronically, and submitted using the steps outlined in the Grant Reporting Certification Form instructions to the following email address: ADHS_Grant@azdhs.gov. All required fields must be filled including Top Employee Compensation, if applicable. Completing the Grant Reporting Certification Form is required for compliance with the Office of Management and Budget (OMB), found at <http://www.whitehouse.gov/omb/>. Failure to timely submit the Grant Reporting Certification Form could result in the loss of funds. This requirement applies to all subcontractors/sub-awardees utilized by the Contractor/Grantee for amounts exceeding \$30,000.00 during the term of the Award.

26. Transition Activities

- 26.1 The Contractor shall support the transfer of the Evaluation Reports at the conclusion of its Contract;
- 26.2 Upon termination of this Contract, if ADHS anticipates a continued need for the Contract Services specified herein and a contract is awarded to a new Contractor, there shall be a transition of services period of not less than thirty (30) days. During this period, the existing Contractor shall work closely with the new Contractor, or Contractors, personnel and/or staff to ensure a smooth and complete transfer of duties and responsibilities;
- 26.3 An authorized representative from ADHS shall coordinate all transition activities. A transition plan will be developed in conjunction with the outgoing Contractor to assist the new Contractor, or Contractors, personnel and/or staff to implement the transfer of duties;
- 26.4 ADHS reserves the right to determine which projects nearing completion will remain with the current Contractor of record.
- 26.5 The Contractor shall return all ADHS equipment, reports, and any other documentation developed during the term of the Contract that ADHS deems necessary to maintain ongoing operations.

27. Contracting; Procurement; Investment; Prohibitions

- 27.1 A public entity may not enter into a contract with a company to acquire or dispose of services, supplies, information technology or construction unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of Israel.
- 27.2 A public entity may not adopt a procurement, investment or other policy that has the effect of inducing or requiring a person or company to boycott Israel.



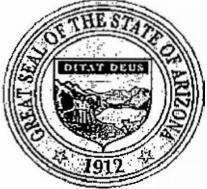
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28. Fingerprinting and Criminal History Disclosure

The provisions of A.R.S. § 46-141 are hereby incorporated as provisions of this Contract as they pertain to any new personnel not already covered by this requirement.

- 28.1 Personnel who are employed by any provider, whether paid or not, and who are required or allowed to provide services directly to juveniles shall certify on forms provided by the Department of Public Safety and notarized whether they have ever committed any act of sexual abuse of a child, including sexual exploitation and commercial sexual exploitation, or any act of child abuse.
- 28.2 This Contract may be canceled or terminated if the fingerprint check or the certified form of any person who is employed by a provider, whether paid or not, and who is required or allowed to provide services directly to juveniles, discloses that a person has committed or is awaiting trial on any of the following criminal offenses in this state or similar offenses in another state or jurisdiction:
- 28.2.1 Sexual abuse of a minor; sexual abuse of a vulnerable adult; incest; first or second-degree murder; sexual assault; sexual exploitation of a minor; sexual exploitation of a vulnerable adult; commercial sexual exploitation of a minor; commercial sexual exploitation of a vulnerable adult; child prostitution as prescribed in section 13-3212; child abuse; abuse of a vulnerable adult; sexual conduct with a minor; molestation of a child; molestation of a vulnerable adult; a dangerous crime against children as defined in section 13-604.01; exploitation of minors involving drug offenses; taking a child for the purposes of prostitution as prescribed in section 13-3206; and neglect or abuse of a vulnerable adult.
- 28.3 The Contractor shall assume the costs of fingerprint checks and may charge these costs to its fingerprinted personnel.



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UNIFORM TERMS AND CONDITIONS

1. Definition of Terms

As used in this Solicitation and any resulting Contract, the terms listed below are defined as follows:

- 1.1 "*Attachment*" means any item the Solicitation requires the Offeror to submit as part of the Offer.
- 1.2 "*Contract*" means the combination of the Solicitation, including the Uniform and Special Instructions to Offerors, the Uniform and Special Terms and Conditions, and the Specifications and Statement or Scope of Work; the Offer and any Best and Final Offers; and any Solicitation Amendments or Contract Amendments.
- 1.3 "*Contract Amendment*" means a written document signed by the Procurement Officer that is issued for the purpose of making changes in the Contract.
- 1.4 "*Contractor*" means any person who has a Contract with the State.
- 1.5 "*Days*" means calendar days unless otherwise specified.
- 1.6 "*Exhibit*" means any item labeled as an Exhibit in the Solicitation or placed in the Exhibits section of the Solicitation.
- 1.7 "*Gratuity*" means a payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value is received.
- 1.8 "*Materials*" means all property, including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property or leasing space.
- 1.9 "*Procurement Officer*" means the person, or his or her designee, duly authorized by the State to enter into and administer Contracts and make written determinations with respect to the Contract.
- 1.10 "*Services*" means the furnishing of labor, time or effort by a contractor or subcontractor which does not involve the delivery of a specific end product other than required reports and performance, but does not include employment agreements or collective bargaining agreements.
- 1.11 "*Subcontract*" means any Contract, express or implied, between the Contractor and another party or between a subcontractor and another party delegating or assigning, in whole or in part, the making or furnishing of any material or any service required for the performance of the Contract.
- 1.12 "*State*" means the State of Arizona and Department or Agency of the State that executes the Contract.
- 1.13 "*State Fiscal Year*" means the period beginning with July 1 and ending June 30.

2. Contract Interpretation

- 2.1 Arizona Law. The Arizona law applies to this Contract including, where applicable, the Uniform Commercial Code as adopted by the State of Arizona and the Arizona Procurement Code, Arizona Revised Statutes (A.R.S.) Title 41, Chapter 23, and its implementing rules, Arizona Administrative Code (A.A.C.) Title 2, Chapter 7.2.2.



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- 2.2 Implied Contract Terms. Each provision of law and any terms required by law to be in this Contract are a part of this Contract as if fully stated in it.
- 2.3 Contract Order of Precedence. In the event of a conflict in the provisions of the Contract, as accepted by the State and as they may be amended, the following shall prevail in the order set forth below:
- 2.3.1 Special Terms and Conditions;
 - 2.3.2 Uniform Terms and Conditions;
 - 2.3.3 Statement or Scope of Work;
 - 2.3.4 Specifications;
 - 2.3.5 Attachments;
 - 2.3.6 Exhibits;
 - 2.3.7 Documents referenced or included in the Solicitation.
- 2.4 Relationship of Parties. The Contractor under this Contract is an independent Contractor. Neither party to this Contract shall be deemed to be the employee or agent of the other party to the Contract.
- 2.5 Severability. The provisions of this Contract are severable. Any term or condition deemed illegal or invalid shall not affect any other term or condition of the Contract.
- 2.6 No Parole Evidence. This Contract is intended by the parties as a final and complete expression of their agreement. No course of prior dealings between the parties and no usage of the trade shall supplement or explain any terms used in this document and no other understanding either oral or in writing shall be binding.
- 2.7 No Waiver. Either party's failure to insist on strict performance of any term or condition of the Contract shall not be deemed a waiver of that term or condition even if the party accepting or acquiescing in the nonconforming performance knows of the nature of the performance and fails to object to it.

3. Contract Administration and Operation

- 3.1 Records. Under A.R.S. § 35-214 and § 35-215, the Contractor shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Contractor shall produce a legible copy of any or all such records.
- 3.2 Non-Discrimination. The Contractor shall comply with State Executive Order No. 2009-09 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.
- 3.3 Audit. Pursuant to ARS § 35-214, at any time during the term of this Contract and five (5) years thereafter, the Contractor's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Contract or Subcontract.
- 3.4 Facilities Inspection and Materials Testing. The Contractor agrees to permit access to its facilities, subcontractor facilities and the Contractor's processes or services, at reasonable times for inspection of



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- the facilities or materials covered under this Contract. The State shall also have the right to test, at its own cost, the materials to be supplied under this Contract. Neither inspection of the Contractor's facilities nor materials testing shall constitute final acceptance of the materials or services. If the State determines non-compliance of the materials, the Contractor shall be responsible for the payment of all costs incurred by the State for testing and inspection.
- 3.5 Notices. Notices to the Contractor required by this Contract shall be made by the State to the person indicated on the Offer and Acceptance form submitted by the Contractor unless otherwise stated in the Contract. Notices to the State required by the Contract shall be made by the Contractor to the Solicitation Contact Person indicated on the Solicitation cover sheet, unless otherwise stated in the Contract. An authorized Procurement Officer and an authorized Contractor representative may change their respective person to whom notice shall be given by written notice to the other and an amendment to the Contract shall not be necessary.
- 3.6 Advertising, Publishing and Promotion of Contract. The Contractor shall not use, advertise or promote information for commercial benefit concerning this Contract without the prior written approval of the Procurement Officer.
- 3.7 Property of the State. Any materials, including reports, computer programs and other deliverables, created under this Contract are the sole property of the State. The Contractor is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The Contractor shall not use or release these materials without the prior written consent of the State.
- 3.8 Ownership of Intellectual Property. Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark, and/or trade secrets created or conceived pursuant to or as a result of this contract and any related subcontract ("Intellectual Property"), shall be work made for hire and the State shall be considered the creator of such Intellectual Property. The agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. Contractor shall notify the State, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s). Contractor, on behalf of itself and any subcontractor(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative actions that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by contractor or its subcontractor(s) to any entity not the State without the express written authorization of the agency, department, division, board or commission of the State of Arizona requesting the issuance of this contract.
- 3.9 Federal Immigration and Nationality Act. The contractor shall comply with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the contractor shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State determine that the contractor and/or any subcontractors be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspension of work, termination of the contract for default and suspension and/or debarment of the contractor.
- 3.10 E-Verify Requirements. In accordance with A.R.S. § 41-4401, Contractor warrants compliance with all Federal immigration laws and regulations relating to employees and warrants its compliance with Section A.R.S. § 23-214, Subsection A.
- 3.11 Offshore Performance of Work Prohibited. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data



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or personal client data shall be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this paragraph does not apply to indirect or 'overhead' services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

4. Costs and Payments

4.1 Payments. Payments shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days. Upon receipt and acceptance of goods or services, the Contractor shall submit a complete and accurate invoice for payment from the State within thirty (30) days.

4.2 Delivery. Unless stated otherwise in the Contract, all prices shall be F.O.B. Destination and shall include all freight delivery and unloading at the destination.

4.3 Applicable Taxes.

4.3.1 Payment of Taxes. The Contractor shall be responsible for paying all applicable taxes.

4.3.2 State and Local Transaction Privilege Taxes. The State of Arizona is subject to all applicable state and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect such taxes from the buyer does not relieve the seller from its obligation to remit taxes.

4.3.3 Tax Indemnification. Contractor and all subcontractors shall pay all Federal, state and local taxes applicable to its operation and any persons employed by the Contractor. Contractor shall, and require all subcontractors to hold the State harmless from any responsibility for taxes, damages and interest, if applicable, contributions required under Federal, and/or state and local laws and regulations and any other costs including transaction privilege taxes, unemployment compensation insurance, Social Security and Worker's Compensation.

4.3.4 IRS W9 Form. In order to receive payment the Contractor shall have a current I.R.S. W9 Form on file with the State of Arizona, unless not required by law.

4.4 Availability of Funds for the Next State fiscal year. Funds may not presently be available for performance under this Contract beyond the current state fiscal year. No legal liability on the part of the State for any payment may arise under this Contract beyond the current state fiscal year until funds are made available for performance of this Contract.

4.5 Availability of Funds for the current State fiscal year. Should the State Legislature enter back into session and reduce the appropriations or for any reason and these goods or services are not funded, the State may take any of the following actions:

4.5.1 Accept a decrease in price offered by the contractor;

4.5.2 Cancel the Contract; or

4.5.3 Cancel the contract and re-solicit the requirements.

5. Contract Changes

5.1 Amendments. This Contract is issued under the authority of the Procurement Officer who signed this Contract. The Contract may be modified only through a Contract Amendment within the scope of the Contract. Changes to the Contract, including the addition of work or materials, the revision of payment



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terms, or the substitution of work or materials, directed by a person who is not specifically authorized by the procurement officer in writing or made unilaterally by the Contractor are violations of the Contract and of applicable law. Such changes, including unauthorized written Contract Amendments shall be void and without effect, and the Contractor shall not be entitled to any claim under this Contract based on those changes.

5.2 Subcontracts. The Contractor shall not enter into any Subcontract under this Contract for the performance of this contract without the advance written approval of the Procurement Officer. The Contractor shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Contract.

5.3 Assignment and Delegation. The Contractor shall not assign any right nor delegate any duty under this Contract without the prior written approval of the Procurement Officer. The State shall not unreasonably withhold approval.

6. Risk and Liability

6.1 Risk of Loss: The Contractor shall bear all loss of conforming material covered under this Contract until received by authorized personnel at the location designated in the purchase order or Contract. Mere receipt does not constitute final acceptance. The risk of loss for nonconforming materials shall remain with the Contractor regardless of receipt.

6.2 Indemnification

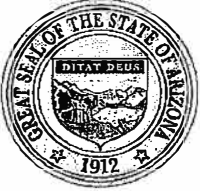
6.2.1 Contractor/Vendor Indemnification (Not Public Agency) The parties to this contract agree that the State of Arizona, its departments, agencies, boards and commissions shall be indemnified and held harmless by the contractor for the vicarious liability of the State as a result of entering into this contract. However, the parties further agree that the State of Arizona, its departments, agencies, boards and commissions shall be responsible for its own negligence. Each party to this contract is responsible for its own negligence.

6.2.2 Public Agency Language Only Each party (as 'indemnitor') agrees to indemnify, defend, and hold harmless the other party (as 'indemnitee') from and against any and all claims, losses, liability, costs, or expenses (including reasonable attorney's fees) (hereinafter collectively referred to as 'claims') arising out of bodily injury of any person (including death) or property damage but only to the extent that such claims which result in vicarious/derivative liability to the indemnitee, are caused by the act, omission, negligence, misconduct, or other fault of the indemnitor, its officers, officials, agents, employees, or volunteers."

6.3 Indemnification - Patent and Copyright. The Contractor shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of Contract performance or use by the State of materials furnished or work performed under this Contract. The State shall reasonably notify the Contractor of any claim for which it may be liable under this paragraph. If the contractor is insured pursuant to A.R.S. § 41-621 and § 35-154, this section shall not apply.

6.4 Force Majeure.

6.4.1 Except for payment of sums due, neither party shall be liable to the other nor deemed in default under this Contract if and to the extent that such party's performance of this Contract is prevented by reason of force majeure. The term "force majeure" means an occurrence that is beyond the control of the party affected and occurs without its fault or negligence. Without limiting the foregoing, force majeure includes acts of God; acts of the public enemy; war; riots; strikes;



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mobilization; labor disputes; civil disorders; fire; flood; lockouts; injunctions- intervention-acts; or failures or refusals to act by government authority; and other similar occurrences beyond the control of the party declaring force majeure which such party is unable to prevent by exercising reasonable diligence.

6.4.2 Force Majeure shall not include the following occurrences:

6.4.2.1 Late delivery of equipment or materials caused by congestion at a manufacturer's plant or elsewhere, or an oversold condition of the market;

6.4.2.2 Late performance by a subcontractor unless the delay arises out of a force majeure occurrence in accordance with this force majeure term and condition; or

6.4.2.3 Inability of either the Contractor or any subcontractor to acquire or maintain any required insurance, bonds, licenses or permits.

6.4.3 If either party is delayed at any time in the progress of the work by force majeure, the delayed party shall notify the other party in writing of such delay, as soon as is practicable and no later than the following working day, of the commencement thereof and shall specify the causes of such delay in such notice. Such notice shall be delivered or mailed certified-return receipt and shall make a specific reference to this article, thereby invoking its provisions. The delayed party shall cause such delay to cease as soon as practicable and shall notify the other party in writing when it has done so. The time of completion shall be extended by Contract Amendment for a period of time equal to the time that results or effects of such delay prevent the delayed party from performing in accordance with this Contract.

6.4.4 Any delay or failure in performance by either party hereto shall not constitute default hereunder or give rise to any claim for damages or loss of anticipated profits if, and to the extent that such delay or failure is caused by force majeure.

6.5 Third Party Antitrust Violations. The Contractor assigns to the State any claim for overcharges resulting from antitrust violations to the extent that those violations concern materials or services supplied by third parties to the Contractor, toward fulfillment of this Contract.

7. Warranties

7.1 Liens. The Contractor warrants that the materials supplied under this Contract are free of liens and shall remain free of liens.

7.2 Quality. Unless otherwise modified elsewhere in these terms and conditions, the Contractor warrants that, for one year after acceptance by the State of the materials, they shall be:

7.2.1 Of a quality to pass without objection in the trade under the Contract description;

7.2.2 Fit for the intended purposes for which the materials are used;

7.2.3 Within the variations permitted by the Contract and are of even kind, quantity, and quality within each unit and among all units;

7.2.4 Adequately contained, packaged and marked as the Contract may require; and

7.2.5 Conform to the written promises or affirmations of fact made by the Contractor.



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- 7.3 Fitness. The Contractor warrants that any material supplied to the State shall fully conform to all requirements of the Contract and all representations of the Contractor, and shall be fit for all purposes and uses required by the Contract.
- 7.4 Inspection/Testing. The warranties set forth in subparagraphs 7.1 through 7.3 of this paragraph are not affected by inspection or testing of or payment for the materials by the State.
- 7.5 Compliance With Applicable Laws. The materials and services supplied under this Contract shall comply with all applicable Federal, state and local laws, and the Contractor shall maintain all applicable license and permit requirements.
- 7.6 Survival of Rights and Obligations after Contract Expiration or Termination.
- 7.6.1 Contractor's Representations and Warranties. All representations and warranties made by the Contractor under this Contract shall survive the expiration or termination hereof. In addition, the parties hereto acknowledge that pursuant to A.R.S. § 12-510, except as provided in A.R.S. § 12-529, the State is not subject to or barred by any limitations of actions prescribed in A.R.S., Title 12, Chapter 5.
- 7.6.2 Purchase Orders. The Contractor shall, in accordance with all terms and conditions of the Contract, fully perform and shall be obligated to comply with all purchase orders received by the Contractor prior to the expiration or termination hereof, unless otherwise directed in writing by the Procurement Officer, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Contract.

8. State's Contractual Remedies

- 8.1 Right to Assurance. If the State in good faith has reason to believe that the Contractor does not intend to, or is unable to perform or continue performing under this Contract, the Procurement Officer may demand in writing that the Contractor give a written assurance of intent to perform. Failure by the Contractor to provide written assurance within the number of Days specified in the demand may, at the State's option, be the basis for terminating the Contract under the Uniform Terms and Conditions or other rights and remedies available by law or provided by the contract.
- 8.2. Stop Work Order.
- 8.2.1. The State may, at any time, by written order to the Contractor, require the Contractor to stop all or any part, of the work called for by this Contract for period(s) of days indicated by the State after the order is delivered to the Contractor. The order shall be specifically identified as a stop work order issued under this clause. Upon receipt of the order, the Contractor shall immediately comply with its terms and take all reasonable steps to minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage.
- 8.2.2. If a stop work order issued under this clause is canceled or the period of the order or any extension expires, the Contractor shall resume work. The Procurement Officer shall make an equitable adjustment in the delivery schedule or Contract price, or both, and the Contract shall be amended in writing accordingly.
- 8.3. Non-exclusive Remedies. The rights and the remedies of the State under this Contract are not exclusive.
- 8.4. Nonconforming Tender. Materials or services supplied under this Contract shall fully comply with the Contract. The delivery of materials or services or a portion of the materials or services that do not fully comply constitutes a breach of contract. On delivery of nonconforming materials or services, the State



Part One (1) – Uniform Terms and Conditions
REQUEST FOR PROPOSAL No.: BPM002372
Health Start Program

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 North 18th Ave, Suite 530
Phoenix, AZ 85007

may terminate the Contract for default under applicable termination clauses in the Contract, exercise any of its rights and remedies under the Uniform Commercial Code, or pursue any other right or remedy available to it.

- 8.5. Right of Offset. The State shall be entitled to offset against any sums due the Contractor, any expenses or costs incurred by the State, or damages assessed by the State concerning the Contractor's non-conforming performance or failure to perform the Contract, including expenses, costs and damages described in the Uniform Terms and Conditions.

9. Contract Termination

- 9.1 Cancellation for Conflict of Interest. Pursuant to A.R.S. § 38-511, the State may cancel this Contract within three (3) years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting or creating the Contract on behalf of the State is or becomes at any time while the Contract or an extension of the Contract is in effect an employee of or a consultant to any other party to this Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time. If the Contractor is a political subdivision of the State, it may also cancel this Contract as provided in A.R.S. § 38-511.
- 9.2 Gratuities. The State may, by written notice, terminate this Contract, in whole or in part, if the State determines that employment or a Gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the State for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including the making of any determination or decision about contract performance. The State, in addition to any other rights or remedies, shall be entitled to recover exemplary damages in the amount of three times the value of the Gratuity offered by the Contractor.
- 9.3 Suspension or Debarment. The State may, by written notice to the Contractor, immediately terminate this Contract if the State determines that the Contractor has been debarred, suspended or otherwise lawfully prohibited from participating in any public procurement activity, including but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body. Submittal of an offer or execution of a contract shall attest that the contractor is not currently suspended or debarred. If the contractor becomes suspended or debarred, the contractor shall immediately notify the State.
- 9.4 Termination for Convenience. The State reserves the right to terminate the Contract, in whole or in part at any time when in the best interest of the State, without penalty or recourse. Upon receipt of the written notice, the Contractor shall stop all work, as directed in the notice, notify all subcontractors of the effective date of the termination and minimize all further costs to the State. In the event of termination under this paragraph, all documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State upon demand. The Contractor shall be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination. The cost principles and procedures provided in A.A.C. R2-7-701 shall apply.
- 9.5 Termination for Default.
- 9.5.1. In addition to the rights reserved in the contract, the State may terminate the Contract in whole or in part due to the failure of the Contractor to comply with any term or condition of the Contract, to acquire and maintain all required insurance policies, bonds, licenses and permits, or to make satisfactory progress in performing the Contract. The Procurement Officer shall provide written notice of the termination and the reasons for it to the Contractor.



Part One (1) – Uniform Terms and Conditions
REQUEST FOR PROPOSAL No.: BPM002372
Health Start Program

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 North 18th Ave, Suite 530
Phoenix, AZ 85007

9.5.2. Upon termination under this paragraph, all goods, materials, documents, data and reports prepared by the Contractor under the Contract shall become the property of and be delivered to the State on demand.

9.5.3. The State may, upon termination of this Contract, procure, on terms and in the manner that it deems appropriate, materials or services to replace those under this Contract. The Contractor shall be liable to the State for any excess costs incurred by the State in procuring materials or services in substitution for those due from the Contractor.

9.6 Continuation of Performance Through Termination. The Contractor shall continue to perform, in accordance with the requirements of the Contract, up to the date of termination, as directed in the termination notice.

10. Contract Claims

All contract claims or controversies under this Contract shall be resolved according to A.R.S. Title 41, Chapter 23, Article 9, and rules adopted thereunder.

11. Arbitration

The parties to this Contract agree to resolve all disputes arising out of or relating to this contract through arbitration, after exhausting applicable administrative review, to the extent required by A.R.S. § 12-1518, except as may be required by other applicable statutes (Title 41).

12. Comments Welcome

The State Procurement Office periodically reviews the Uniform Terms and Conditions and welcomes any comments you may have. Please submit your comments to: State Procurement Administrator, State Procurement Office, 100 North 15th Avenue, Suite 402, Phoenix, AZ, 85007.



Part One (1) – Exhibit 1 – Criminal History Affidavit
REQUEST FOR PROPOSAL No.: BPM002372
Health Start Program

ARIZONA DEPARTMENT OF HEALTH SERVICES
 150 North 18th Ave, Suite 530
 Phoenix, AZ 85007

CRIMINAL HISTORY AFFIDAVIT

Name (First, Middle, Last)		
Social Security #	Date of Birth	Area Code + Phone Number
Address (No., Street, City, State, Zip)		
Agency		Contract Number

Are you awaiting trial on or have you been convicted of committing one or more of the following offenses in this state or similar offenses in another state or jurisdictions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. First or second degree murder. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Sexual assault. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Sexual exploitation of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Commercial sexual exploitation of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. A dangerous crime against children as defined in A.R.S.' 13-604.01. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Child Abuse. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Sexual conduct with a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Molestation of a child. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Exploitation of minors involving drug offenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Felony offenses involving contributing to the delinquency of a minor. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Felony offenses involving the possession or use of marijuana, dangerous drugs or narcotics. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Burglary. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Aggravated or armed robbery. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Robbery. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Kidnapping. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Manslaughter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Assault or aggravated assault. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Driving under the influence of intoxicating liquor or drugs as prescribed in A.R.S. ' 28-1381 or extreme driving under the influence of intoxicating liquor as prescribed in A.R.S. 28-1382 or aggravated driving under the influence of intoxication liquor or drugs as prescribed in A.R.S. ' 28-1383. (within the past three years) |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Offenses involving domestic violence. |



**Part One (1) – Exhibit 1 – Criminal History Affidavit
REQUEST FOR PROPOSAL No.: BPM002372
Health Start Program**

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 North 18th Ave, Suite 530
Phoenix, AZ 85007

NOTARIZATION

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Contractor's Name (please print): _____

Contractor's Signature: _____ Date: _____

State of Arizona, County of _____

Subscribed and sworn before me, a notary public, this _____ day of _____, 2020

My commission expires: _____

Notary Public's Signature: _____



**Part One (1) – Exhibit 2 – Health Start Monthly Billing
Invoice
REQUEST FOR PROPOSAL No.: BPM002372
Health Start Program**

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 North 18th Ave, Suite 530
Phoenix, AZ 85007

Contractor Name: _____ **Contract Number** _____
Title of Program _____ **Health Start** _____
Period Covered: From: _____ To: _____

Required Services	# Units Completed	Unit Price	Unit Description	Total
Data Preparation			Per Month	
Client Enrollments			Per Person	
Prenatal Visits			Per Person	
Family Follow-up Mom/Caregiver Visits			Per Person	
Family Follow-up Child Visits			Per Person	
Multiple-Child Visits			Per Child	
Alcohol, Tobacco, Other Drugs Screening Visits			Per Person	
Brief Intervention Visits			Per Person	
Healthy @ Home Assessments			Per Person	
Nurse Consultation			Per Hour	
Social Work/LPC Consultation			Per Hour	
Training- CHW/ Coordinator (Provide name of staff, training and dates, approvals and documentation)			Per Person/Per Day for 8 hours = 1 unit (.5 unit = < 4 hrs; 1 unit = >4 hours)	
Optional Services				
Pregnancy Test Visits			Per Person	
Prenatal Visit - Birth Doula Support			Per Birth/Per 24- hour period	
Classes for Clients			Per Class	
Community Classes/Training for Professionals			Per Class	
TOTAL				

____ Approved by ADHS

____ Disapproved by ADHS

Contractor Authorized Signature

Date

Program Manager's Signature

Date

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ATTACHMENT A
Offer and Acceptance
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

ARIZONA DEPARTMENT OF HEALTH SERVICES
 150 N. 18th Avenue, Suite 530
 Phoenix, Arizona 85007

TO THE STATE OF ARIZONA:

The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation and any written exceptions in the offer. Signature also certifies Small Business status.

Pima County on behalf of the Pima County Health Department

Company Name		
3950 S. Country Club Rd, Suite 100		
Address		
Tucson	AZ	85714
City	State	Zip
144733792		
DUNS No		

Signature of Person Authorized to Sign Offer
Donald Gates
Printed Name
Business Operations Manager
Title
520-724-7843
donald.gates@pima.gov
Phone & Email Address

By signature in the Offer section above, the Offeror certifies:

- The submission of the Offer did not involve collusion or other anticompetitive practices.
- The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-9 or A.R.S. §§ 41-1461 through 1465.
- The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
- The Offeror certifies that the above referenced organization IS IS NOT a small business with less than 100 employees or has gross revenues of \$4 million or less.

ACCEPTANCE OF OFFER

The Offer is hereby accepted.

The Contractor is now bound to sell the materials or services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by the State.

This Contract shall henceforth be referred to as Contract No.: CTR050602

The effective date of the Contract is July 6, 2020

The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contract release document or written notice to proceed.

State of Arizona

Awarded this 6th day of July 2020

Christine Ruth

Procurement Officer

6.2.1.2 Method of Approach (Methodology)

Pima County Health Department (PCHD) has been awarded the Health Start Program grant for over twenty years. After a period of not having adequate staff to meet the needs of the community PCHD experienced a decline in the number of program participants; however, this past year has shown significant improvement with service levels meeting and/or surpassing contractual requirements. The Department of Child Safety (DCS) has identified the Health Start Program in Pima County as an excellent resource for their families involved with the Substance Exposed Newborn Safe Environment (SENSE). PCHD currently has two Community Health Workers (CHW) who both carry caseloads of over 45 clients each and a Program Manager dedicating 25% of her time to the program.

To meet the goals and objectives in the scope of work referenced in the Request for Proposal (RFP), PCHD will provide an evidence informed home visitation program utilizing the current administrative, management, organizational systems and referral networks currently implemented to support the Health Start Program in Pima County. Health Start programming in Pima County will focus on communities with disparate numbers of preterm and low birth weight births and high rates of infant mortality and maternal morbidity.

6.2.1.2.1 Submit examples of prior projects with activities similar to those as described in the solicitation

Nurse Family Partnership (NFP) is an evidence based public health program that works with pregnant women expecting their first child. The mothers are connected to a Public Health Nurse who work together to improve pregnancy outcomes, improve child health and development and improve families' economic self-sufficiency. PCHD NFP team has been serving mothers in rural Pima County since January 2014 and has served over (insert number) families. The program is staffed by 2 Public Health Nurses, 1 Public Health Nurse Manager. The program is housed in the Community Outreach, Prevention and Education Division of the Department and located under the Maternal Child health Tier which includes Health Start and Child Care Health Consultation. All programs within the tier are led by a Senior Program Manager.

6.2.1.2.2 Identify a neighborhood/community, city or county-targeted service area

In 2018, Pima County had a population of 1.04 million. The population of Pima County is 51.3% White alone, 37.6% Hispanic or Latino, and 3.3% Black or African American alone. 29.1% of people in Pima County speak a non-English language and 93.4% are U.S. citizens. 18.3% of the population for whom poverty status is determined in Pima County live below the poverty line, a number that is higher than the national average. The largest demographic living in poverty are Females 18-24, followed by Males 18-24 and then Females 25-34. The most common racial or ethnic group living below the poverty line on Pima County is White, followed by Hispanic and Other. (*Pima County, AZ/Data U.S.-2018*). Per the 2018 Pima County Community Needs Assessment, "Pima County has met and exceeded the Healthy People target for infant mortality, with a 2016 rate of 4.7 infant deaths per 1,000 live births". While Pima County fairs better than Maricopa County and Arizona as a whole, it is important to note that certain areas of the County are more impacted by social determinants of health, which include housing instability, high levels of poverty, failing schools and unemployment. All of these factors have negative consequences on birth outcomes and are risk factors for infant mortality and maternal morbidity. The areas of focus in Pima County that are higher than Arizona's rates are Marana (85353), Drexel Heights (85757, 85746) Central Tucson (85701-85707), Tucson Estates (85735), Tanque Verde (85749) and Green Valley (85614) (ADHS, Community Profiles Dashboard). PCHD currently and will continue to concentrate outreach services to the highest areas of need and continue to work with health care and community based organizations, mental and behavioral health providers, federally qualified health centers, PCHD clinics, including family planning, immunizations and WIC to educate and promote the benefits of Health Start services.

Table 1.

Demographic Characteristics and Health Status, Pima County, Arizona, 2018

887	LBW babies in Pima County
974	Admissions to NICU
520	Premature Births
4.9%	Infant Mortality
Birth Rates/per 1000 by Maternal Race & Ethnicity	
450	American Indian or Alaskan Native
393	Asian or Pacific Islander
482	Black or African American
5174	Hispanic or Latino
4159	White, Non-Hispanic
Low Birth Weight by Mother's Race/Ethnicity & Age	
46	American Indian or Alaskan Native
52	Asian or Pacific Islander
51	Black or African American
403	Hispanic or Latino
335	White, Non-Hispanic
592	15-19 yrs
2358	20-24 yrs
3198	25-29 yrs
2789	30-34 yrs
1417	35-39 yrs
281	40-44 yrs
31	45+
Infant Mortality Rate By Race	
36	American Indian or Alaskan Native
15	Asian or Pacific Islander
42	Black or African American
174	Hispanic or Latino
205	White, Non-Hispanic
Other Noticeable Statistics For Pima County	
5,248	Birth Paid by AHCCCS
2,240	Women with no Prenatal Care
55,392	Had Care Begin in the First Trimester
14,202	Had Care Begin in the Second Trimester
5,006	Had Care Begin in the Third Trimester
4,917	Births to Unwed Mothers
592	Pregnancy rate for Women 19 yrs or Younger
2,380	Births to Women with less than a High School Education

Source: ADHS Population Health and Vital Statistics-2018

See Appendix A- Map of Pima County with Zip Codes

6.2.1.2.3 Projection of number of proposed prenatal and postpartum clients and children to be enrolled

Proposed prenatal and postpartum clients and children to be enrolled in the program that live within the targeted service area to include the number of total enrollments, proposed prenatal and family (mom and child) follow-up visits, multiple child visits provided and proposed trainings attended the first year.

Table 3.

Type of Visit and Projected Number For Year 1	
Type of Visit	Projected Number
Prenatal Enrollment	100
Postpartum Enrollment	100
Total Enrollments	200
Prenatal Visit	300
Family Follow-Up Visits (Mom)	112
Family Follow-Up Visits (Child)	562
Multiple Child Visits	90
Alcohol, Tobacco & Other Drugs	100
Brief Intervention Visit	30
Healthy At Home	75
Nurse Consultation	48
Proposed Training:	
Health Start Quarterly Meeting(s)	5 staff x 2 per year
CPR Training	2 staff x 1 per year
Strong Families	5 staff x 1 per year
Community Classes (HS Outreach/Education)	16 classes per year

6.2.1.2.4 Strategies for outreach utilized to conduct outreach and to recruit prenatal and to recruit new prenatal clients on an ongoing basis

PCHD Health Start program has developed strong collaborative relationships with various community based partners that allow staff to market the program and supply attendees with program materials and referrals to facilitate connecting families in need with Health Start services. Outreach is a task the Community Health Workers have built into their work calendars and engage in on a routine basis. In addition to conducting community wide outreach, PCHD Health Start Program has built strong collaborations with the International Rescue Committee to serve relocated refugee families and the Pima County Sheriff's Department. PCHD Health Start staff work with the Pima County Sheriff's Department Jail staff to identify and enroll incarcerated pregnant women. This unique, equity driven collaboration offers incarcerated pregnant women with the tools they need to stay healthy while pregnant and successfully parent upon reentry. Many of the women seen suffer from trauma, physical and mental health issues, substance abuse and unstable housing. The availability of evidence based/informed programs such as Health Start to this population increases outcomes for both the mother and the child.

Another recruitment strategy is the relationship between PCHD and our local United Way. United Way has a coordinated referral system that provides referrals to PCHD Health Start Program and other home visitation programs. United Way uses a rotation type referral system so that every program/agency is distributed referrals in an equitable manner. Through this coordinated system, we also receive referrals to enroll families who are mandated to participate in the Substance Exposed Newborn Safe Environment Program (SENSE) in which Health Start plays a vital role in helping families stay together.

6.2.1.2.5 Describe the resources available to enroll clients from the identified neighborhood/ community selected as the target service area

Using a community- clinical linkages approach to care, PCHD Health Start has built an extensive network of community resources and providers that can offer services/care to our clients and/or link their clients into the Health Start Program. Partners include Banner UMC OB/GYN clinic, Banner OB/Family Clinic in Green Valley, Pima County Public & Legal Defender's Office, International Rescue Committee and other community based organizations that work with the targeted populations in Pima County. An example of this approach is the community-clinical linkages with local behavioral health providers. In an effort to address maternal mental health and infant mortality, PCHD has built close collaborations with several

behavioral health organizations such as COPE and CODAC. This alliance allows us to recruit and enroll high risk pregnant women at an increased risk for premature birth, low birth weight, maternal complication, injuries and trauma and also refer women expeditiously into these services.

In the South Tucson/Drexel Heights target area, health care services are available at El Pueblo Neighborhood Clinic, Primeros Pasos and at Banner University Medical Center (BUMC South) South Campus and El Rio Health Center. El Rio Health Center, a federally qualified health Center, provides care on a sliding fee scale and is located in all but the greater Green Valley target area, with twelve clinics in the Tucson metro area and operation of the Desert Senita clinic in Ajo. El Rio provides prenatal care at several locations.

Health Start clients have access to a variety of services and programs within PCHD including the following: 1) PHNs who provide a variety of services in Pima County, including immunizations and home visitation services; health education classes and home visits to at-risk populations. 2) Family planning, sexually transmitted disease and HIV testing clinics, 3) Women, Infant and Children (WIC) nutritional services and 4) teen health services and 4) chronic disease self-management programs, diabetes prevention and tobacco education and cessation, opioid prevention services and mental health first aid.

Another strategy utilized by the program to recruit and enroll clients is the programs Community Resource and Referral Protocol. PCHD Health Start staff are required to visit local agencies, make contact with staff, research eligibility requirements and determine what documentation is needed to apply for services. Another component of this protocol is to maintain relationships with community partners and attend relevant community meetings, coalitions and alliances. This protocol allows the CHWs to have accurate information to give to clients when making referrals and helps CHWs to establish relationships with agency staff to facilitate a warmer hand-off between programs. Staff currently are participating on the Pima County Parenting Coalition and Family Support Alliance.

6.2.1.2.6 Describe how the Health Start Program Coordinator will be selected and how the CHW and any other staff and consultant will be hired, trained and supervised

PCHD has Health Start Program staff that currently support the program. A Program Manager, Sr. supervises the CHW's and acts as the point of contact between the program and ADHS. There are also two (2) full time Community Health Workers who provide the family support during the home visits. The goal is to hire one and half (1.5) additional staff to support the referrals currently coming in and to assist with community outreach and engagement, capacity building (maternal mortality component) and recruitment/enrollment.

New staff complete training from the Community Health Worker Training Manual provided by ADHS and complete training from the Strong Families website. Training also includes shadowing of current Health Start staff, which includes visit at the jail, attending community meetings, coalitions and alliances and case conferencing.

Organizational Charts - See Appendices B & C

6.2.1.2.7 Describe how the required four (4) or more hours of consultation from a Registered Nurse and a Licensed Social Worker will be provided, by whom, and how CHW's will participate in the consultation meetings.

PCHD Health Start Consultation services are provided by the Nurse Family Partnerships Public Health Nurse Manager. Weekly consultation includes providing education and resources to the CHW's and case consultation to address specific client issues. The consultation time will be detailed on an invoice submitted to ADHS and submitted as part of the monthly billing process.

In collaboration with PCHD Nurse Family Partnership, Health Start staff receive mental health case conferencing via a grant through Southwest Human Development. A Licensed Social Worker with Casa de Los Niños provides mental health case conferencing for identified PCHD Health Start clients. The

Social worker also provides training for Health Start Staff on predetermined topics such as “A Good, Good Bye”. The social worker is also available to go on home visits with the CHW to better understand the client situations and give appropriate advice. At this time, the service is at no cost to the program and is funded through September 2020. When this collaboration ends, PCHD’s Mental Health and Addiction Program will provide case conferencing.

6.2.1.2.8 Similar home visiting programs

There are several home visitation programs in Pima County. The Health Start Program is unique in that it has fewer barriers for clients than other programs. There is no income restriction and the program can enroll pregnant women at any stage in pregnancy and families up until their child turns two (2) years of age. Families cannot engage in multiple programs and each program adheres to this rule.

Program Name	Program Goal	Services Provided
Nurse Family Partnership	Improve pregnancy outcomes, child health, development and self-sufficiency for eligible first time parents	In-home visitation to women residing in specific zip codes and at specific timing in gestational term
Teen Outreach Pregnancy Services (TOPS)	Provide education and support to pregnant teens	Classes and phone support to teen moms
Healthy Families	Enhance parent/child interactions, promote child health/development and prevent child abuse and neglect	Home visitation to pregnant women and families with children less than 3 months of age
Parents As Teachers	Provide parent education to enhance child development	Educate parents; group meetings, child development screenings, some home visitation
AZ Early Intervention Program	To provide eligible children and families access to services to support the child’s development	In-home visitation for assessment and provision of therapies
Parent Aid	Increase parenting skills and knowledge of child development	In-home visitation and classes
Early Head Start	Enhance children’s physical,	In-home visitation and day

6.2.1.2.9 Other grants that administer a Home Visiting Coordinator; Nurse Family Partnership

Nurse Family Partnership (NFP) is funded by the Arizona Department of Health Services Maternal, Infant and Early Childhood Home Visiting grant. For FY19-20, PCHD received \$367,135. The program is staffed by 1 administrator, 1 nursing manager/ home visitor, 2 public health nurses/home visitors and a half time administrative assistant. NFP and Health Start staff work collaboratively to identify areas of need and coordinate outreach and referral opportunities in the community. Referrals received are screened for eligibility for either program and to best suit the needs of the potential client. Since eligibility requirements are slightly different for NFP and Health Start, the programs work together to assure that all women receive services.

6.2.1.2.10 Technical Qualifications

The Maternal Child Health Program Manager, Sr., Victoria Altamirano, MAeD is the primary contact for the Program. Ms. Altamirano has served as the Health Start Program Manager for the last three years. The Manager is responsible for implementation and evaluation of PCHD Health Start Program. The Program Manager prepares, attend and leads meetings, trouble shoots and corrects problems and provides financial, operational and administrative oversight of all contracted activities.

The Program Manager:

- Recruits, hires, trains and supervises the Community Health Workers
- Ensures that contracted activities are carried out in accordance with the Health Start policies and procedures and the tasks listed in the Scope of Work, Provision Five(5), Tasks listed in the RFP
- Develops, implements and evaluates quality assurance and improvement activities i.e. quarterly chart audits and implementation of a client satisfaction survey
- Provides input to ADHS on various aspects of the program
- Serves on community advisory boards to network and assure non-duplication of services (e.g. Healthy Families Advisory Board, Family Support Alliance)
- Acts as the Departments subject matter expert for Maternal Child Health activities and programming

6.2.1.3 Experience and Expertise

6.2.1.3.1 Executive Summary

Pima County Health Department (PCHD) has extensive experience implementing collaborative and community based initiatives that improve health outcomes within disparate populations throughout the county. Specifically, PCHD has 25 years of successful experience implementing the Health Start Program.

The Health Start Program is currently staffed with highly trained and experienced community health workers that provide education, support and advocacy services to pregnant and postpartum women and their families. The program strives to hire staff that live in and reflect the ethnic, cultural and socioeconomic background of the areas they serve. All staff meet the qualifications outlined in the Health Start Policy and Procedure Manual. Each CHW working within the program maintain a caseload of at least 40 (not dropping below 85%) women and families and are required to ensure that the majority of families served (at least 21) are prenatal clients.

Women and their families receive home visitation services, including but not limited to preconception/inter-conception education, breastfeeding education and support, and fourth trimester education that includes information on healthy behaviors, birth spacing and folic acid education. PCHD ensures that CHW's working the program have at least 16 hours of core competency training and attend at least 2 Health Start sponsored meetings and up to 2 annual trainings per year.

The Pima County Health Department plans to target both urban and rural areas of the county with this Health Start contract. Targeted populations include refugee families, families involved with drug courts, rehab and pregnant women who are incarcerated. The target areas have significant number of the populations that are of low income, minorities and births to single mothers. There were 10,661 births in Pima County in 2018 with 887 being premature.

To implement the program, 3.5 Full Time Equivalent (FTE) Community Health Workers (CHW) will be employed. PCHD will contract with a licensed Social Worker or behavioral counselor for a minimum of four hours a month for consultation and training. The Nurse Manager for NFP will provide at least four hours of RN consultation per week for the program. The current Program Manager will ensure that the following activities are completed in accordance with the scope of work:

- Develop and implement 2 continuous quality improvement projects
- Identify and update annually provider and resource referral list/network
- Follow up on participant referrals to ensure recommended services were provide and documented
- Maintain client records; ensure CHW's maintain their calendar of visits/activities
- Conduct monthly data preparation which includes ensuring data entry time lines are met and forms are complete
- Annual budget development, completion of quarterly reports and monthly staff follow up documentation checklist
- Maintain regular communication with ADHS

The Health Start Program will use the interdisciplinary approach and collaborate with other home visitation programs to ensure clients are enrolled in the appropriate program to meet their identified needs. PCHD NFP and Health Start will continue to work closely together to conduct outreach and promote both PCHD home visitation programs. This system has been a good source of referrals and staff from both programs work with the manager to ensure no duplication of services occur. Staff are trained and have experience conducting the Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional

(ASQ-SE) assessments; in fact, the Program Manager has been certified as a Train The Trainer for ASQ & ASQ-SE. Staff routinely use the Edinburgh perinatal assessment tool and provide education to women on pre-conceptual/inter-conceptual health issues. Addressing pre-conception and inter-conception supports the Maternal Health Innovation Program whose focus is preventing maternal mortality. Health Start staff also complete the Healthy@Home assessment tool and use the relationship-screening tool with enrolled women.

It is anticipated that a minimum of two hundred (200) prenatal and postpartum women will be enrolled in the program in the first year. PCHD will make 1,064 visits to enrolled women and families and conduct all required screenings. Staff will conduct sixteen (16) community classes to educate community agencies and partners on the Health Start Program and relevant educational topics that include the reduction and management of chronic conditions such as diabetes, gestational diabetes and high blood pressure. Staff will participate in relevant professional development activities throughout the year in order to maintain and/or enhance their skill set. Staff will continue to engage with various community agencies to facilitate referrals to and from Health Start.

PCHD has provided Health Start programming to women and their families for decades in an effort to improve health outcomes. The PCHD program has been frequently called upon to pilot proposed changes to the statewide program and staff has taken a leadership role in training others and implementing these changes. PCHD is well situated to continue to provide Health Start services.

6.2.1.3.2 Description of Offeror's experience and expertise regarding the services offered

Pima County is a large governmental jurisdiction, geographically the size of the state of New Hampshire, with a population of over a million people (1,047,297) (*US Census Bureau Population estimates July 1, 2019*). The County is located in southern Arizona and shares the longest international border (132 miles) with Mexico of any county in the United States. The Pima County Health Department (PCHD) is a unit of the Pima County government, responsible for public health services and is supported by government central services including, but not limited to, Finance and Risk Management, Facilities Management, and Communication departments that provide professional support to the over 6500 employees of the Pima County government and \$1.34 billion annual budget. PCHD is nationally accredited through the Public Health Accreditation Board (PHAB).

The vision of the Pima County Health Department (PCHD) is "A Healthy Pima County: Every one. Everywhere. Every day". The mission is to ensure the health, safety, and well-being of our community through leadership, collaboration, and education. PCHD's operational tenets focus on leadership, assessment and assurance. Health Start's focus on helping women and families achieve healthier lifestyles fits well with PCHD mission and vision.

PCHD has a long history of community service, starting in 1930. Over 300 employees work in three divisions to implement the agency's mission and vision. The three divisions include:

- Community Health Assurance and Assessment
- Community Health Services
- Foundational Support Services

See **Appendix B** for the Pima County Health Department Organizational Chart.

PCHD services are offered at six sites strategically located throughout the County. The Abrams Public Health building is located at 3950 S. Country Club in Tucson, Arizona. PCHD administration, Public Health Nursing administration, Child Care Health Consultation, WIC, Vital Records, Emergency Preparedness and Tobacco/Chronic Disease Prevention and other preventative health programming are located at this site. There are five satellite Health Department sites, these sites are:

- East office, 6920 E Broadway, Tucson, AZ 85710; Public Health Nursing and WIC services are at this site.

- Theresa Lee office, 1493 W. Commerce Court, Tucson, AZ 85745; Public Health Nursing, Well Woman Healthcheck, STD/HIV and Family Planning services are at this site.
- North office, 3550 N 1st Ave, Tucson, AZ 85719; Public Health Nursing and Family Planning are at this site.
- Walter Rogers, 175 W. Irvington Rd, Tucson, AZ 85706 – WIC Services
- Flowing Wells WIC Clinic, 4500 N. Romero Rd, Tucson, AZ 85705 – WIC Services

PCHD has provided Health Start or similar services for over twenty five years including as an ADHS contracted Health Start provider from April 1995 through June 1998. PCHD resumed providing Health Start services in September 1999 and has continued in that role until the present time. Prior to the 1995 Health Start contract award, PCHD operated a successful program called the Prenatal Care Initiative (PNI) for three years. The PNI was an outreach program to identify high-risk women in need of prenatal care and other services in targeted Tucson neighborhoods. This program utilized trained CHWs in areas with high rates of inadequate prenatal care, low birth weight and premature infants, and high percentages of infants requiring intensive care services at birth. Identified pregnant women were taught the importance of prenatal care, and were assisted in obtaining prenatal care and other needed resources. CHWs followed the families until their infants were three months of age, during which time they assisted families in obtaining health care and establishing a medical home. The families were referred to a Public Health Nurse if they required services beyond three months. In January 1994, PCHD received a small grant from ADHS to maintain the PNI as county support decreased.

Prior to the PNI, PCHD implemented a grant-funded project called the Pregnancy Outreach Program (POP). This program-utilized neighborhood volunteers to seek out pregnant women and assisted them in initiating prenatal care services and other resources. Many of the materials developed for the POP program are still in use by pregnancy outreach programs in Arizona, including Health Start.

The department has previous and current expertise utilizing community health workers within our programs. PCHD's family planning division has utilized lay workers to target young women at-risk of cervical and other cancers and to reach homeless teens. PCHD also manages the Well Woman Health Check Program that targets older women in need of breast and cervical cancer screening. Current projects utilizing community health workers are Health Start, REACH (Racial and Ethnic Approaches to Community Health) and a joint collaboration with the University of Arizona's Prevention Research Center (PRC). CHW's in the REACH and PRC programs are working to refine Unidos, a CHW community-clinic linkage model that will provide social support to individuals at risk for chronic disease and help them address the social determinants of health. The Health Start CHWs have coordinated services with these programs by conducting joint outreach at health fairs and other community events, and have benefited from reciprocal referrals with these programs.

6.2.1.3.3 Resumes for key personnel responsible for delivery of services

(See **Appendix D** for resumes and job description)

Ms. Altamirano will serve as the primary contact for the ADHS Project Manager; oversee implementation of the program and monitoring of program activities as required in the Health Start Policy and Procedure Manual. Ms. Altamirano has 20 years of experience working in Public Health, specifically with women and children, and is bilingual/bicultural. A minimum of 0.25% of her time will be spent on Health Start related activities.

Community Health Worker (CHW) positions will be filled by:

- Sarah Lee has worked with the PCHD Health Start program since 2018 and has previous Health Start experience. Sarah has experience in social service and teaching. One hundred per cent (100%) of Sarah's time will be spent on Health Start.
- Forrest has worked with the Health Start program since 2019. Forrest is a certified car seat technician. One hundred per cent (100%) of Forrest's time will be spent on Health Start.

- To Be Hired. One and a half (1.5) FTE Community Health Worker(s). One hundred per cent (100%) of their time will be spent on Health Start.

All CHWs currently employed have completed the Health Start orientation and training along with Strong Families AZ on-line Home Visitors professional development trainings. They have completed training on the Edinburgh perinatal depression screening tool, the Ages & Stages 3 (ASQ 3) and the ASQ Social Emotional Questionnaires, Healthy@Home assessment, Alcohol, Tobacco and Other Drugs screening tool and brief interventions and relationship screening tools. CHWs utilize these tools currently in their work with Health Start clients as they implement the Life Course Theory Conceptual Framework with clients.

6.2.1.3.4 Key/Essential Personnel

See attachment H



ATTACHMENT B
Notices, Correspondence and Payments
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

Notices, Correspondence and Payments to the Contractor shall be sent to:

(Print and complete the information below and attach to your Bid in the offer info and docs tab.)

Contractor: Pima County Health Department

Attention: Correspondence should be sent to: Victoria Altamirano

Address: 3950 S. Country Club Rd., Suite 100

City, State, Zip: Tucson, AZ 85714

Telephone: (520) 724-3961

Email: Victoria.Altamirano@pima.gov

Attention: Payments should be sent to: Ricky Armenta

Telephone: 130 W. Congress St, Tucson, AZ 85701

Email: (520) 724-7766; Ricky.Armenta@pima.gov



ATTACHMENT C
Designation of Confidential, Trade Secret &
Proprietary Information
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

ARIZONA DEPARTMENT
OF HEALTH SERVICES
 150 N. 18th Avenue, Suite 530
 Phoenix, Arizona 85007

All materials submitted as part of a response to a solicitation are subject to Arizona public records law and will be disclosed if there is an appropriate public records request at the time of or after the award of the contract. Recognizing there may be materials included in a solicitation response that is proprietary or a trade secret, a process is set out in A.A.C. R2-7-103 (attached) that will allow qualifying materials to be designated as confidential and excluded from disclosure. For purposes of this process the definition of "trade secret" will be the same as that set out in A.A.C. R2-7-101(52).

This form must be completed and returned with the response to the solicitation and any supporting information to assist the State in making its determination as to whether any of the materials submitted as part of the solicitation response should be designated confidential because the material is proprietary or a trade secret and therefore not subject to disclosure.

All offerors must select one of the following:

My response **does not** contain proprietary or trade secret information. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.

My response **does** contain trade secret information because it contains information that:

1. Is a formula, pattern, compilation, program, device, method, technique or process, **AND**
2. Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; **AND**
3. Is the subject of efforts by myself or my organization that are reasonable under the circumstances to maintain its secrecy.

Please note that failure to attach an explanation may result in a determination that the information does not meet the statutory trade secret definition. All information that does not meet the definition of trade secret as defined by A.A.C. R2-7-101(52) will become public in accordance with A.A.C. R2-7-C317. The State reserves the right to make its own determination of Proposer's trade secret materials through a written determination in accordance with A.A.C. R2-7-103.

If the State agrees with the proposer's designation of trade secret or confidentiality and the determination is challenged, the undersigned hereby agrees to cooperate and support the defense of the determination with all interested parties, including legal counsel or other necessary assistance.

By submitting this response, proposer agrees that the entire offer, including confidential, trade secret and proprietary information may be shared with an evaluation committee and technical advisors during the evaluation process. Proposer agrees to indemnify and hold the State, its agents and employees, harmless from any claims or causes of action relating to the State's withholding of information based upon reliance on the above representations, including the payment of all costs and attorney fees incurred by the State in defending such an action.

Pima County Health Department
 Company Name
3950 S. Country Club Rd, Suite 100
 Address
Tucson AZ 85714
 City State Zip

Signature of Person Authorized to Sign
Donald Gates
 Printed Name
Business Operations Manager
 Title



ATTACHMENT C
Designation of Confidential, Trade Secret &
Proprietary Information
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

R2-7-103. Confidential Information

- A. If a person wants to assert that a person's offer, specification, or protest contains a trade secret or other proprietary information, a person shall include with the submission a statement supporting this assertion. A person shall clearly designate any trade secret and other proprietary information, using the term "confidential". Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a final determination is made under subsection (C), an agency chief procurement officer shall not disclose information designated as confidential under subsection (A) except to those individuals deemed by an agency chief procurement officer to have a legitimate state interest.
- C. Upon receipt of a submission, an agency chief procurement officer shall make one of the following written determinations:
1. The designated information is confidential and the agency chief procurement officer shall not disclose the information except to those individuals deemed by the agency chief procurement officer to have a legitimate state interest;
 2. The designated information is not confidential; or
 3. Additional information is required before a final confidentiality determination can be made.
- D. If an agency chief procurement officer determines that information submitted is not confidential, a person who made the submission shall be notified in writing. The notice shall include a time period for requesting a review of the determination by the state procurement administrator.
- E. An agency chief procurement officer may release information designated as confidential under subsection (A) if:
1. A request for review is not received by the state procurement administrator within the time period specified in the notice; or
 2. The state procurement administrator, after review, makes a written determination that the designated information is not confidential.



ATTACHMENT D
Participation if Boycott of Israel
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

Boycott of Israel Disclosure

Please note that if any of the following apply to this Solicitation, Contract, or Contractor, then the Offeror shall select the "Exempt Solicitation, Contract, or Contractor" option below:

- The Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; OR
- Contractor is a non-profit organization.

Pursuant to A.R.S. §35-393.01, public entities are prohibited from entering into contracts "unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of goods or services from Israel."

Under A.R.S. §35-393:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
 - (a) Based in part on the fact that the entity does business in Israel or in territories controlled by Israel.
 - (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
2. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
3. "Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.

The certification below does not include boycotts prohibited by 50 United States Code Section 4842 or a regulation issued pursuant to that section. See A.R.S. §35-393.03.

In compliance with A.R.S. §§35-393 et seq., all offerors must select one of the following:

- The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. §§35-393 et seq. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.
- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. §§35-393 et seq.
- Exempt Solicitation, Contract, or Contractor.**

Indicate which of the following statements applies to this Contract:

- Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization.



ATTACHMENT D
Participation if Boycott of Israel
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

Pima County Health Department

Company Name

3950 S. Country Club Rd., Suite 100

Address

Tucson

Address

Address

City

State

Zip

Signature of Person Authorized to Sign

Donald Gates

Printed Name

Business Operations Manager

Title



ATTACHMENT E
Budget Development Guidelines
& Annual Budget Development Worksheet
REQUEST FOR PROPOSAL No.: BPM002372

ARIZONA DEPARTMENT
OF HEALTH SERVICES
 150 N. 18th Avenue, Suite 530
 Phoenix, Arizona 85007

HEALTH START PROGRAM

Annual Budget Development Worksheet

1. Personnel (use additional pages, if necessary)			Total Salary for % Allocated
FTE %	Position/Title	Name of Employee	
100	Program Specialist/CHW	Sarah Lee	\$34,611.00
100	Program Specialist/CHW	Forrest Campbell	\$34,611.00
100	Program Specialist/CHW	Vacant	\$33,380.00
50	Program Specialist/CHW	Vacant	\$16,640.00
25	Program Manager	Victoria Altamirano	\$15,454.00
			TOTAL \$134,696.00
*Do not use "cents" on projected expenses. Round up or round down.			
*must be "WHOLE" percentages (Do Not use 25.3% - it is either 25% or 26% ex.)			
2. Employee Related Expenses			
Item	Basis		
ERE for Sarah Lee	Actual		\$7,044.00
ERE for Forrest Campbell	Actual		\$10,911.00
ERE for Vacant CHW	35% ERE		\$9,984.00
ERE for Vacant CHW	35% ERE @ 50%		\$4,992.00
ERE for Victoria Altamirano	34.05% ERE @ 25%		\$2,608.00
			TOTAL \$35,539.00
3. Professional and Outside Services			
Item	Basis		
Name:			
Organizational Affiliation:			\$
No. of Hours of Consultation:			
			TOTAL \$ 0.00
4. Travel Expenses			
Item	Basis		
Reimbursement Per the ADOA General Accounting Office guidelines: www.gao.az.gov/travel/			
Mileage for home visits/trainings/meetings	\$0.445 x 15,000 = \$6,675.00		\$
In-state training:	\$250(registration fee)x 3 staff = \$750.00		
	\$46(per diem/per/day) x 2 days x 3 staff = \$276.00		
	\$157.25/night (lodging) x 1 night x 3 staff = \$472.00		
			TOTAL \$8,173.00
5. Other Operating			
Item	Basis		
Postage-ADHS billing	\$300.00		\$
Cell phones (4)	\$2,400.00		
Copying & printing	\$1,105.00		
Office supplies	\$1,070.00		
Finger Print Clearance Cost	\$226.00		
			TOTAL \$5,101.00
6. Capital Outlay Expenses			
			TOTAL \$ 0.00
7. Other			
Item	Basis		
Administrative/Indirect Cost	10% of direct cost		\$
			TOTAL \$18,351.00
			*GRAND TOTAL \$201,860.00



**Attachment F
Annual Health Start Services Projection Form
REQUEST FOR PROPOSAL No.: BPM002372**

**ARIZONA DEPARTMENT
OF HEALTH SERVICES**
150 N. 18th Avenue, Suite 530
Phoenix, Arizona 85007

HEALTH START PROGRAM

Annual Health Start Services Projection Form 7/1/2020 - 6/30/2021					
SERVICE DESCRIPTION	UNIT OF MEASURE	UNIT RATE	FREQUENCY	FUNDING	ANNUAL TOTAL \$
			HEALTH START	HEALTH	
Data Preparation	Per Month	\$260.00	12	\$0.00	\$3,120.00
Client Enrollments	Per Person	\$120.00	200	\$0.00	\$24,000.00
Client Visits Prenatal	Per Person	\$120.00	300	\$0.00	\$36,000.00
Client Visits Family Follow-Up-Mom/Caregiver	Per person	\$120.00	112	\$0.00	\$13,440.00
Client Visits Family Follow-Up-Child	Per Person	\$120.00	562	\$0.00	\$67,440.00
Multiple-Child Visits	Per Child	\$65.00	90	\$0.00	\$5,850.00
Alcohol, Tobacco, Other Drugs Screening Visits	Per Person	\$140.00	100	\$0.00	\$14,000.00
Brief Intervention Visits	Per Person	\$160.00	30	\$0.00	\$4,800.00
Healthy @ Home Assessments	Per Person	\$110.00	75	\$0.00	\$8,250.00
Nurse Consultation	Per Hour	\$135.00	48	\$0.00	\$6,480.00
Social Work/LPC Consultation	Per Hour	\$100.00	12	\$0.00	\$1,200.00
Training-CHW/CHN/Coordinator	Per Day	\$180.00	80	\$0.00	\$14,400.00
Optional Services					
Pregnancy Test Visits	Per Person	\$0.00	0	\$0.00	\$0.00
Prenatal Visits - Birth Doula Support	Per Person	\$0.00	0	\$0.00	\$0.00
Classes for Clients	Per Class	\$0.00	0	\$0.00	\$0.00
Community Classes/training for Professionals	Per Class	\$180.00	16	\$0.00	\$2,880.00
Individual Health Start Totals				\$0.00	\$0.00
TOTAL ANNUAL CONTRACT AMOUNT				\$201,860.00	



Attachment G
List of Other Funding Sources
REQUEST FOR PROPOSAL No.: BPM002372
HEALTH START PROGRAM

ARIZONA DEPARTMENT OF HEALTH SERVICES
 150 N. 18th Avenue, Suite 530
 Phoenix, Arizona 85007

List of Other Funding Sources

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source that may be utilized to support the proposed program. Also list all funding received by your agency that is utilized to provide related services. Use a continuation sheet if necessary.

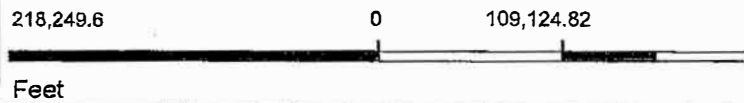
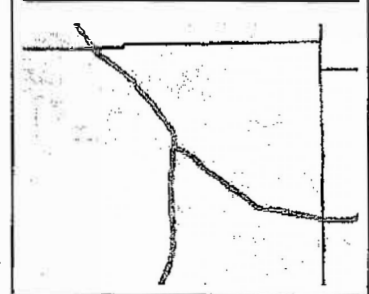
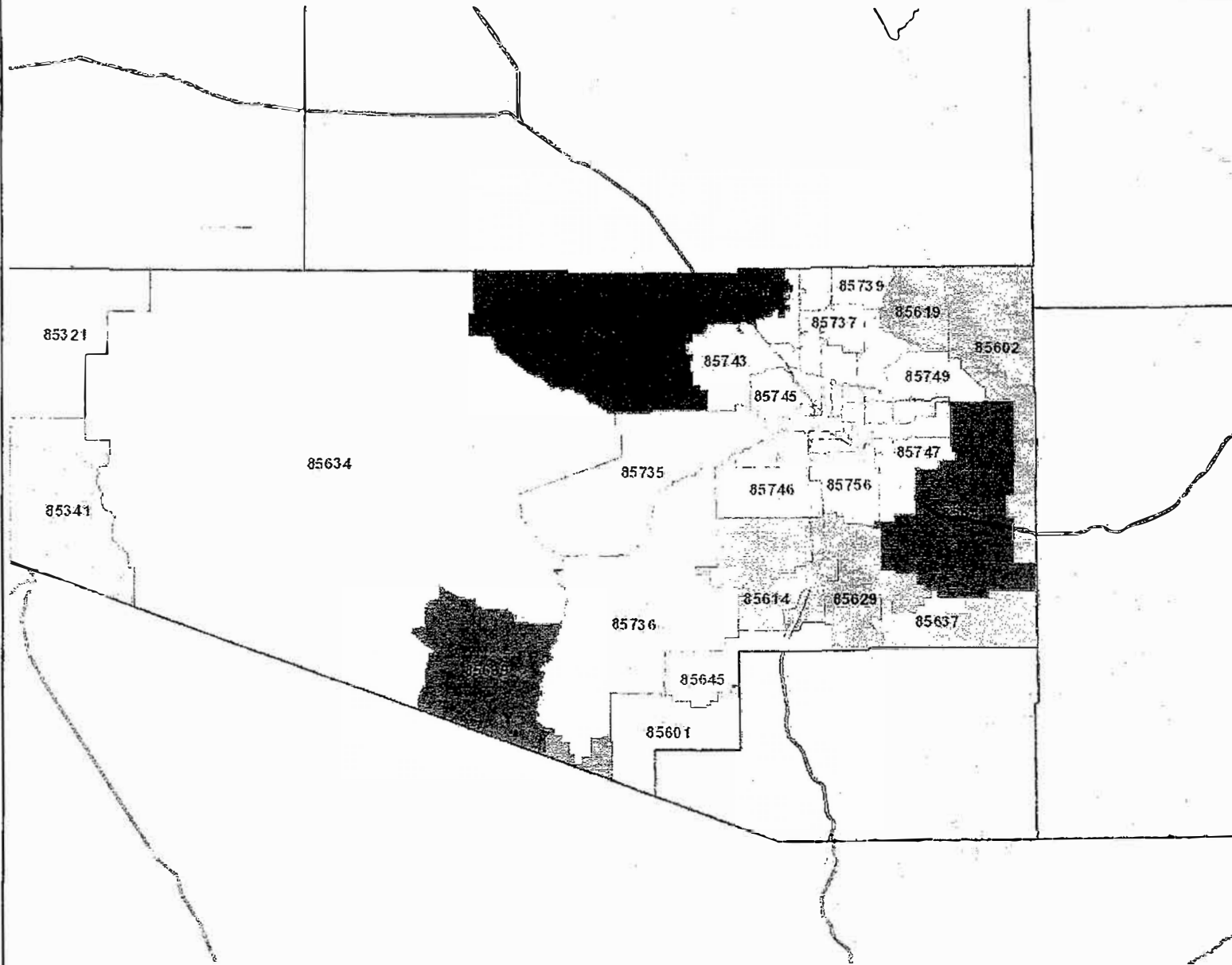
Type of Funding (Federal, State, local, other)	Received From	Amount	Term of Funding (Effective date/Ending date)
Federal-MIECHV (ADHS)	ADHS	\$367,135.00	10/01/2019-09/30/2020
TOTAL:			

PimaMaps Print

Legend

Zip Code Areas

- Ajo
- Amado
- Arivaca
- Benson
- Elgin
- Green Valley
- Lukeville
- Marana
- Mount Lemmon
- Sahuana
- Sasabe
- Sells
- Sonoita
- Topawa
- Tucson
- Vail



This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map are subject to Pima County's ITD GIS disclaimer and use restrictions.

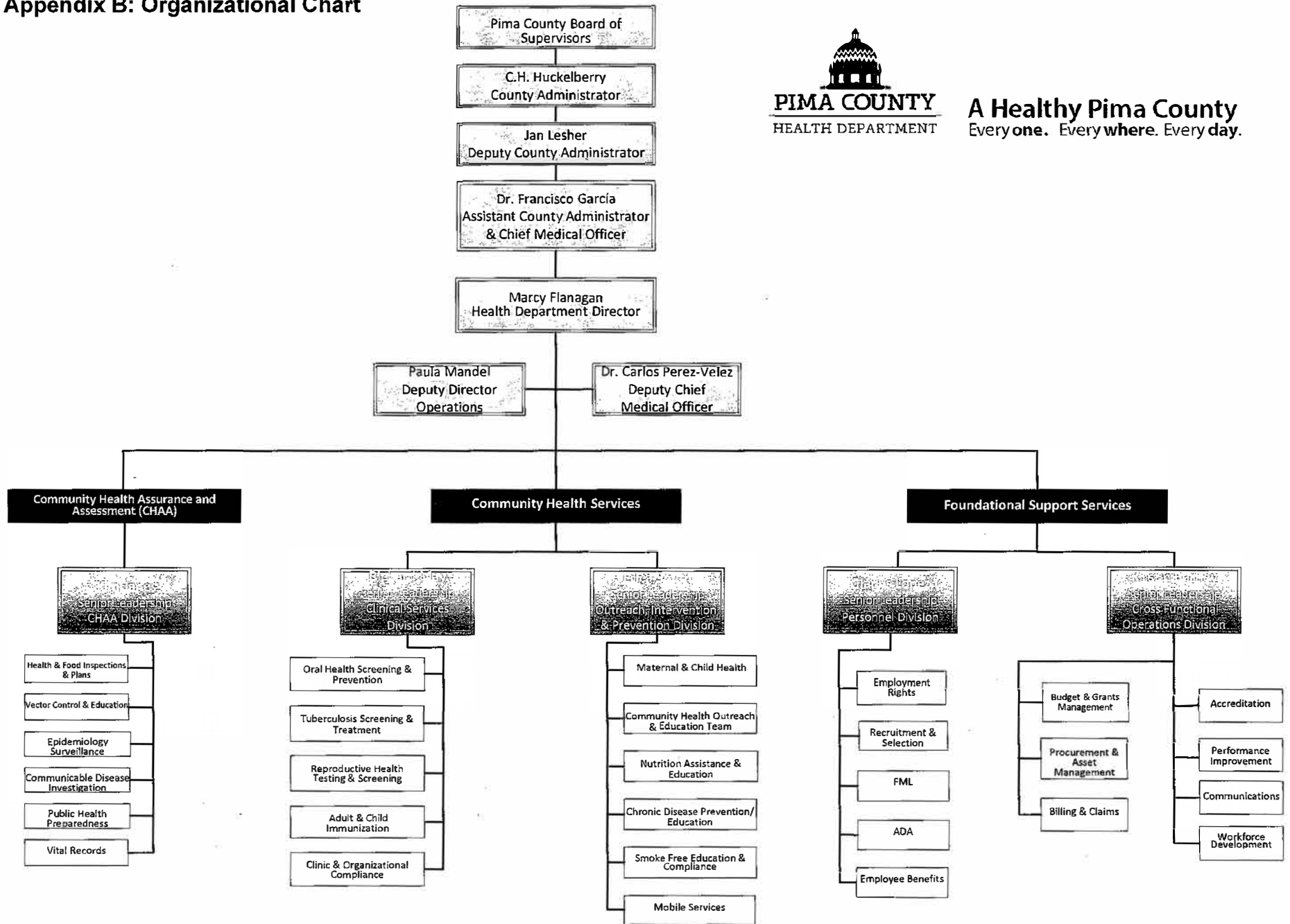
Notes:

3/11/2015

Appendix B: Organizational Chart



A Healthy Pima County
Every one. Every where. Every day.



**Community Outreach, Prevention and
Education Division**
Erica Smith, MAOM Division Manager

**Maternal Child Health Section
HEALTH START PROGRAM**
Victoria Altamirano, M.Ed Program Manager, Sr

NAME
Natasha Barajas
Administrative Support

Forrest Campbel
Program Specialist - CHW

Sarah Lee
Program Specialist - CHW

VACANT
Program Specialist - CHW

VACANT
Program Specialist - CHW

Victoria Altamirano

Education: University of Phoenix, Tucson AZ
Masters in Education and Teaching Certification – March 2003
Bachelor of Arts in Management – November 1996

University of Arizona, Tucson, AZ
Mexican American Studies – December 1992

Employment:

December 2016 to present **Pima County Health Department** Tucson, AZ

Program Manager, Sr (Maternal Child Health Programs)

- Coordinate multiple public health programs focusing on Maternal Child Health
- Develop, writes and administers the programs' annual budgets, prepares program-related financial forecasts, and identifies funding sources to support the programs' activities
- Manages the activities of professional staff and evaluates performance
- Manages the preparation and submission of grant proposals and applications
- Experience with multiple Microsoft applications, email systems and specialized databases.

July 2011 to present **Our Family Services-Reunion House (New Beginnings)** Tucson, AZ

Youth Care Worker (Relief Advocate)

- Work with homeless women and children in a 90-day family shelter
- Work with youth in CPS custody who are awaiting permanent placement
- Provide support to seriously mentally ill (SMI) clients and those recovering from addictions or abuse
- Respond to day-to-day client needs/crisis, problem solving and mediating when needed
- Maintain case notes and documentation of client's progress
- Manage multi-line telephone system and 24-hour crisis line, taking messages for clients and providing appropriate referrals to callers in need of housing
- Conduct screenings with prospective clients to assess their housing needs

July 2006 to December 2016 **Pima County Health Department** Tucson, AZ

Well Woman Healthcheck Program (Program Coordinator)

- Coordinate public health program focusing on community health service
- Develop program goals and objectives, develop and maintain program budget and establish short and long term work plans
- Coordinate program activities and evaluate program effectiveness
- Directly supervise professional and paraprofessional staff, including FLSA, FMLA, payroll and other human resource activities
- Monitor all aspects of contract requirements, deadlines and reporting requirements. Serve as a liaison within the program, department and outside agencies
- Plan and organize special events related to program goals and objectives
- Write and edit grant proposals, contractual reports and departmental reports

August 2005 to July 2006 **Pima County Health Department** Tucson, AZ

Community Health and Dietetic Services-Women, Infants, and Children (WIC)(Program Coordinator)

- Coordinate multiple public health programs focusing on community health and dietetic services
- Develop program goals and objectives, develop and maintain program budget and establish short and long term work plans
- Coordinate program activities and evaluate program effectiveness
- Assist with organizational and management studies to identify problems and alternative solutions to problems
- Directly supervise professional and paraprofessional staff, including FLSA, FMLA, payroll and other human resource activities
- Monitor all aspects of contract requirements, deadlines and reporting requirements. Serve as a liaison

- within the program, department and outside agencies
- Plan and organize special events related to program goals and objectives

March 2003 to August 2005

Pima County Health Department

Tucson, AZ

Community Health and Dietetic Services-WIC (Training Specialist)

- Coordinate and develop training material(s) for new and seasoned staff on program procedures, rules and eligibility criteria to meet federal and state training requirements
- Assist management in identifying training needs of staff and make recommendations to assist with problem areas
- Assess client interviewing techniques, provide supplemental training and as act program technical advisor interpreting rules and regulations
- Coordinate speakers, equipment and material for training workshops
- Maintain documentation of trainings conducted, competency checklists and employee training files

July 2000 to March 2003

Pima County Health Department

Tucson, AZ

Community Health and Dietetic Services-Women, Infants, and Children (WIC)(Nutrition Service Coordinator)

- Monitor compliance of services with federal, state and county policies, procedures, rules and regulations
- Assign, supervise and complete staff evaluations to assure compliance with quality care and contract requirements
- Train staff on computer use, nutrition education and capillary finger sticks
- Complete staff attendance reports, time sheets and mileage claims
- Prepare program reports
- Attend meetings, classes and training workshops
- Maintain documentation of trainings conducted and employee training files

October 1995 to March 2000

Pima County Health Department

Tucson, AZ

Pima County Medical Assistance (Eligibility Interviewer)

- Completed and determined eligibility for AHCCCS and Pima County Medical Assistance for hospitalized applicants according to guidelines set forth by the State of Arizona, which included income, assets and residency requirements
- Contacted necessary agencies/resources to verify information
- Completed case reports
- Conducted home/site visits to verify information on applications
- Attended staff in-services

July 1994 to September 1995

Pima County Health Department

Tucson, AZ

Community Health and Dietetic Services-Women, Infants, and Children (WIC) (Community Nutrition Worker)

- Provide program services to clients using manual and automated systems
- Determined eligibility for federally funded food programs (WIC, Food Plus) according to nutrition risk, residency and income limits
- Scheduled appointments, conducted interviews and maintained client records
- Issued food and baby formula vouchers
- Provided nutrition education to participants based on their nutrition risk factor
- Maintained food voucher security and office and medical supply inventory
- Attended mandatory nutrition workshops

March 1993 to July 1994

Pima County Health Department

Tucson, AZ

Community Health and Dietetic Services-Women, Infants, and Children (WIC) (Public Health Aide)

- Assist Community Nutrition Worker in determining applicant eligibility for federally funded food program (WIC) by performing anthropometrics and hemoglobin test and obtaining pertinent information from applicants
- Issued food and baby formula vouchers to accepted applicants
- Provided nutrition education to participants based on their nutrition risk factor
- Maintained food voucher security and office and medical supplies

Sarah Lee

PROFESSIONAL EXPERIENCE

Public Health Aide, Pima County Health Department

Health Start Program (12/2009 – 11/2013, 02/2018-present)

- Provide education, support, and advocacy for pregnant women and mothers with children birth to 24 months through regular home visits
- Conduct regular outreach to targeted population at various community events and locations
- Assist clients in applying for appropriate community services including AHCCCS, SNAP, AZEIP, and WIC
- Complete assessments and screenings including the Arizona Safe Home/Safe Child Checklist, Ages and Stages Questionnaire, and Ages and Stages Questionnaire-Social Emotional, and the Edinburgh Postpartum Depression Screening tool
- Educate women on relevant topics such as: child birth, child development, vehicle safety, home safety, nutrition, breastfeeding, fetal development, prenatal care, and perinatal depression
- Attend trainings with topics relevant to Health Start Program including: child development, breastfeeding, perinatal depression, Fetal Alcohol Syndrome, immunizations and changing health behaviors

Case Worker, Catholic Community Services – Pima County

Interstate Compact on the Placement of Children (ICPC) (05/2015-07/2017)

- Completed home studies and initial foster care assessments, for other states, in accordance with ICPC requirements, including a recommended approval or denial.
- Wrote guardianship, kinship, relative and non-relative home studies for children who are wards of the state in Arizona.
- Provided monthly supervision of the placement of ICPC foster children and children who were wards of the state of Arizona.
- Recorded required case documentation and wrote quarterly reports for each supervised placement.
- Wrote adoptive home studies and recommended approval or denial of certification of an adoptive home.

KEY SKILLS AND EXPERIENCE

Extensive experience writing Home Studies (Adoptive, Foster Care, Guardianship, and Kinship)

Experience with the Interstate Compact on the Placement of Children

Maintaining Case Documentation

Completing Quarterly Supervision Reports

Advocating for a client's needs

Strong history of conducting outreach with various community agencies

Familiarity with Health Start assessments and screenings

Understanding of Perinatal Mood Disorders

Knowledge of community resources, such as AHCCCS, WIC, and SNAP

EDUCATION

Bachelor of Science (12/2000)

Family Studies and Human Development
University of Arizona
Tucson, Arizona

Post-Degree Teacher Certificate Program

Elementary Education (12/2014)
Pima Community College
Tucson, Arizona

Forrest Campbell

Experience:

- ☀ Pima County Health Department – Community Health Worker
 - Health Start - Program Specialist
 - February 2019 - Present
 - Educating families with children about child development and parenting
- ☀ Scribeamerica – Emergency Department Medical Scribe
 - May 2018 – October 2018
- ☀ Health Equity Intern – Washington State Department of Health
 - July 2017 – November 2018
 - Office of the Washington Secretary of health
 - Striving to increase health equity in Washington through public health projects
- ☀ Anthropology research about overdose prevention, Narcan distribution, harm reduction and resources for injection drug users
 - 2016-2018
- ☀ The Olympia Free Clinic
 - May 2016 – May 2018
 - Medical Assistant volunteer
- ☀ Olympic Ambulance
 - May 2016 – October 2016
 - Emergency Medical Technician

Conferences:

- ☀ SFAA
 - 2016 Applied Anthropology conference attendee
 - 2017 poster presenter on harm reduction
- ☀ NODA
 - 2013-2014 leadership training event
 - Helped coordinate keynote speaker for JOLT training
- ☀ Destination: Leadership
 - 2013-2014 annual event

Awards and Recognition:

- ☀ Saint Martin's University Father Jerome Toner Award 2018
- ☀ Saint Martin's University Rosalind Elise Franklin Award 2018
- ☀ Phi Kappa Phi Scholars Day Best Senior Presentation Award 2018
- ☀ Phi Kappa Phi National honors society
 - Inducted 2017
- ☀ Saint Martins University Society of Fellows
 - Inducted 2016
- ☀ Beta Beta Beta National Biological honors society
 - Inducted 2015
- ☀ Saint Ambrose University Residence Life Student of the Year
 - 2013-2014
- ☀ Saint Ambrose University Rookie Resident Assistant of the Year
 - 2014-2015

Education:

Saint Martin's University: Biology and Anthropology/Sociology double major

- ☼ 2015-2018
- ☼ GPA: 4.0
- ☼ 2018 Valedictorian

EMS University:

- ☼ Completion of Emergency Medical Technician course in June, 2015
- ☼ NREMT Basic certification as of July, 2015

Saint Ambrose University: Biology major

- ☼ Fall 2013 – Spring 2015
 - ☼ GPA: 3.2
-

Additional:

Backpacking trip through Scandinavia & United Kingdom

- ☼ May 2017 – July 2017
- ☼ Completed study abroad course about culture and history of Nordic countries
- ☼ Backpacked and hitchhiked solo throughout Iceland

Guatemala service trip

- ☼ June 2016 – July 2017
- ☼ Worked in local clinic and helped developed community solidarity

Pre-Health Club (SMU):

- ☼ President
- ☼ Hosted health equity professional panel

References will be provided upon request.

Functional Job Description

Community Health Services Division

Health Start Program

Program Specialist (Community Health Worker)

Summary: This position is part of the Health Start Program and is responsible for supporting program activities targeting pregnant women or mothers with children under 2 years of age assuring that high quality, culturally competent services are provided to individuals within Pima County. This position implements educational services within the Community Health Services Division and throughout the community. This position reports to the Maternal Child Health Program Manager.

Duties:

- Participates in activities essential to the completion of program objectives
- Conducts client visits in accordance with program rules and regulations
- Maintains confidentiality of all materials and information encountered in performance of duties
- Initiates and documents client referrals to agencies and programs and coordinates follow-up appointments as needed
- Maintains client records in accordance with program guidelines, documents case notes and reviews charts for accuracy and completion
- Participates in outreach, education and services to community members in clinical and community settings
- Assures educational materials and services are appropriate for the target population
- Participates in quality assurance standards and audits
- Follows Clinical Services Pima County and Departmental Policies and Procedures, including but not limited to OSHA and Blood borne Pathogen Guidelines, and Pima County MSR & PP
- Participates in program planning and evaluation activities
- Attends in-service training and staff meetings
- Performs other duties as assigned by supervisor
- Maintains excellent attendance and punctuality
- Provides own transportation with mileage being reimbursed

Health Start Program Solicitation BPM002372 – Clarification Request

Pima County

Method of Approach

6.2.1.2.8.

If another similar home visiting program exists in the neighborhood/community selected as the targeted service area that serves the same population, document the efforts of the proposed Health Start program and the other programs in the community, and how all activities will be coordinated to avoid duplication of services and staff;

Information was provided, but need clarification on how all activities will be coordinated to avoid duplication of services and staff. Provide more information.

Pima County's home visiting programs (all the ones listed in the chart in section 6.2.1.2.8) use a home visitation coordinated referral system operated by the United Way of Arizona. This single entry approach is designed to centralize intake, leverage capacity, minimize duplication of services and allocate local home visitation services efficiently and equitably. Intake specialists within United Way utilize a standardized referral and assessment form to process referrals based on eligibility requirements and family needs. Pima County's collaborative approach is aimed at avoiding duplication of services and ensuring local home visitation programs are maximizing capacity.

Upon receipt of a referral from United Way, potential participants in the Pima County Health Start program are informed that participation in the program is strictly voluntary and asked if they are participating with another home visitation program. If it is determined that dual enrollment may occur, information is given to the potential participant on each program and the participant then chooses which program best meets the needs for them and their families. It is made clear during the intake process that participation in home visitation programs in Pima County is limited to one.

Pima County's home visiting staff are cross trained in the different home visitation programs operating in the County and are able to discuss benefits, eligibility requirements and goals/objectives of each home visitation program within Pima County. However home visiting staff only provide direct services to the grant/program in which they were hired into and do not work more than their assigned program.