**Operational Response Template**

**Applicant (15 points)**

1. Describe your organization’s birthing patient population including demographic information (e.g., race and ethnicity, primary language, insurance status).
   1. Indicate approximately how many of your annual maternity discharges are for Black Birthing People, and what proportion of maternity discharges this represents.

**Racial Equity Commitment (20 points)**

1. Describe any efforts underway to address racial equity in the delivery of health care services at your organization. How have or will those efforts influence and/or complement your Program?
2. Describe your understanding of the inequities for and values, priorities, and needs of Black Birthing People in your community, and how the Program design has been shaped by that understanding. Please include a description of any community or stakeholder engagement activities that you have completed or plan to complete to inform the design of your Program.
3. Describe how you intend to ensure Cultural Humility among staff and clinicians involved in your Program, including but not limited to any relevant training or programming you will provide to clinicians and/or staff. Please indicate if any of these activities have occurred or are currently underway.

**Proposed Program (20 points)**

1. Does your organization currently offer doula services directly or through a Doula Organization? [Yes/No] If yes, please describe the following:
   1. When you began offering these services, what they include, and how many patients are served annually;
   2. Any specific eligibility criteria that apply to patients seeking doula services through your organization;
   3. The demographics and relevant socioeconomic characteristics (e.g., race and ethnicity, primary language, income, level of education, insurance status) of patients served to date;
   4. The demographics and/or characteristics (e.g., race and ethnicity, language, training and/or certification) of the doulas currently providing services; and
   5. What additions or other modifications to your current doula services (consistent with the requirements of this RFP) will be accomplished through the BESIDE investment program opportunity.
2. What is the target annual enrollment of Black Birthing People in your Program? If your Program is intended to increase use of existing doula services that your organization provides, please provide your current number of patients served and targeted growth.
3. Describe your proposed approach for ensuring that Black Birthing People and potential referrers and/or other trusted sources within the community are aware of the benefits of doula care and the opportunity for Black Birthing People to receive Doula services through the Program. If you plan to collaborate with any community health care providers or community-based organizations to support patient recruitment, please describe those plans.
4. Describe the process by which individual Black Birthing People will be enrolled in the Program.
5. Describe the services, including informational, emotional, and physical support, that Doulas will provide enrolled Black Birthing People during the prenatal period, labor and delivery, and post postpartum period.
   1. Please indicate any limits on the number and/or types of services (e.g., home visits, appointment accompaniment, etc.) that will be allowed per enrolled person under the proposed Program.
   2. Please indicate if Doula services will be provided beyond the required six weeks postpartum and, if so, for how long.
6. Describe your approach to securing a Doula workforce for the Program.
   1. If you are planning to work with a Doula Organization, please name the Doula Organization and describe the intended relationship.
   2. If you are recruiting Doulas directly, please describe your approach to sourcing and contracting with Doulas.
   3. Explain how you will ensure that the Doulas serving in the Program reflect the community (e.g., geographic, cultural) and/or lived experience of the Black Birthing People enrolled in your Program.
   4. Please indicate if you intend to use BESIDE funds to fund training or certification for individuals serving as Doulas for the Program. If so, please describe your proposed approach, including approximately how many individuals will be funded.
7. Describe your proposed approach to providing a system for communication and care coordination between Doulas and other pregnancy-related care providers in the proposed Program, including any technology or other infrastructure that will be used.
8. Describe the current base of knowledge about doula care among the administrative and clinical staff that will be involved in the Program and how you plan to support a respectful and productive working environment between Doulas and such staff.

**Measurement and Data Collection (15 points)**

1. Please complete the table below to indicate your approach to data collection for each of the required measures listed in Section V of the RFP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure** | **Data Source(s)** | **Readiness to Collect Data** | **Approach to Data Collection (i.e., who will be collecting this data, how will it be collected, and what technological resources will be used)** | **Quality Assurance (i.e. how often will data be reviewed and who will be included in the review process)** |
| *E.g., Patient demographics* | *E.g., EHR system* | Ready and in-use  Implementation in-process  Workflow plan developed, not yet implemented  Workflow plan in development | *E.g., Our intake coordinators collect patient demographics as part of patient registration and the data is collected in our EHR system* | *E.g., Our medical assistants will confirm patient demographics at the start of each prenatal and/or postpartum visit. They will amend any discrepancies identified.* |
| Demographics of enrolled Black Birthing People (e.g., age, insurance status, preferred language, co-morbidities) |  |  |  |  |
| Total number of Black Birthing People offered Doula services through the Program |  |  |  |  |
| Total number of Black Birthing People enrolled during the Period of Performance |  |  |  |  |
| Duration of enrollment of Black Birthing People in the Program, including gestational period at enrollment |  |  |  |  |
| Number of Doula visits conducted during the Period of Performance, stratified by prenatal and/or postpartum periods |  |  |  |  |
| For enrolled Black Birthing People, Prenatal and postpartum clinical visit attendance rate |  |  |  |  |

1. Please complete the table below to identify any additional measures that you propose to collect during your Program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Measure** | **Rationale** | **Data Sources** | **Readiness to Collect** | **Approach to Data Collection** | **Quality Assurance** |
|  |  |  | Ready and in-use  Implementation in-process  Workflow plan developed, not yet implemented  Workflow plan in development |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Budget (20 points)**

1. Provide a description of the proposed Budget to assist the review committee in understanding how your proposed expenses will support the Program.

**Sustainability and Scalability (10 points)**

1. Describe how you will use Program results to inform a decision for sustaining and/or scaling the Program or subsequent efforts to promote health equity. What factors will your organization consider the most important in determining whether to sustain and/or scale the Program?
2. If you do sustain or scale the Program, what resources do you anticipate would be needed, and how will you secure them?