**Revised Memorandum of Understanding (MOU) Site Agreement for Hosting Title III Evidence-Based Health Education Workshops**

**Program Year 2020**

**(February 1, 2020 through September 30, 2020)**

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the **Council on Aging – Area Agency on Aging (AAA1 – COA)** and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(host site) to host Evidence-Based Health Education Workshops for adults of Butler, Clermont, Clinton, Hamilton and Warren Counties. These Evidence-Based Health Education Workshops are provided through a partnership between COA and the Ohio Department of Aging (ODA). For Program Year 2020, COA will support three Evidence-Based Health Education Workshops: Chronic Disease Self-Management Program (CDSMP); Diabetes Self-Management Program (DSMP) and Matter of Balance (MOB) as long as these programs continue to be supported and funded by ODA. All workshops must be pre-approved by COA before the host site can advertise the workshop to participants.

***Basic Concepts***

Leader Training Availability

Through contracts with Master Trainers, COA will attempt to provide Leader Training for each Evidence-Based Health Education workshop (CDSMP, DSMP, MOB) at least one time each program year. This is contingent upon Master Trainer availability.

Leaders

Workshops are facilitated by Leaders. Each workshop must be facilitated by two Leaders. A Leader is someone who has been trained and is currently certified to facilitate a workshop. Once a Leader has been trained, a Master Trainer will conduct a fidelity visit to ensure workshop facilitation is true to the program model. New Leaders (first time facilitators) should be partnered with a seasoned Leader. If the host site does not have access to available Leaders, COA will consult with our current list of Leaders regarding availability.

Completers

For Program Year 2020, COA will provide payments to host sites based on the number of workshop

completers and funding availability. A completer is a participant who completes a certain number of workshops.

* CDSMP and DSMP are 6-week program workshops. Each workshop is a 2½ hours session. A completer for these Evidence-Based Health Education Workshops is someone who completes 4 out of 6 workshops. Participants cannot start after the second workshop.
* MOB is an 8-week workshop. Each workshop is a 2-hour session. A completer for this workshop is someone who completes 5 out of 8 workshops. Participants cannot start after the second workshop.

**Memorandum of Understanding (MOU) Site Agreement for Hosting Title III Evidence-Based Health Education Workshops**

**Program Year 2020**

(February 1, 2020 through September 30, 2020)

***Roles and Responsibilities***

COA will do the following:

* Contract with Master Trainers to conduct Leader Certification Training and fidelity visits.
* Notify the host site and interested participants when Leader Trainings are scheduled and provide manuals for each person selected to participate in Leader Training. A selection process may be necessary based on level of interest and COA reserves the right to determine the selection process.
* Provide Leaders and substitute Leaders as available.
* Provide manuals, DVDs, attendance sheets, and all materials needed for meeting our reporting requirements with ODA.
* Collect workshop materials and report workshop data as required by ODA.
* Approve any workshop advertisement or promotion that indicates a partnership with COA and ODA.
* Provide payments to host sites based on number of completers and employment relationship with Leaders.
* Send upcoming scheduled workshop information to ODA to post on their website.

Host Site will do the following:

* Request permission to host a workshop at least 90 days in advance of the date of the first workshop.
* Have a minimum of 10 participants registered, but no more than 20 participants for CDSMP and DSMP workshops. The MOB workshop cannot have more than 12 participants per workshop.
* Inform COA which seasoned Leaders will facilitate your workshop. New Leaders (as defined on page 1) must be coordinated through COA.
* Promote programs to staff and in the community.
* Promote on your website, social media, and in your newsletter as applicable – content can be provided by COA.
* All advertisement and promotional materials must include language that demonstrates a partnership between the Host Site, COA and ODA.
* Provide space adequate to meet the workshop requirements for 22 individuals.
* Provide tables and chairs and set them up in a U-shape to accommodate the number of registrants.
* Provide pens, easel, markers and flip chart paper for the workshops and technology to view DVDs if appropriate.
* Complete attendance logs, pre and post tests and all materials required for reporting workshop/participant data to ODA.
* Return unused participant manuals, DVDs, attendance sheets, pre and post tests and all workshop/participant data to COA within **15 business days** of the last workshop scheduled.
* Be responsible for liability insurance coverage for all who attend a workshop.
* Provide water or healthy refreshment (optional).
* Contact COA with any questions or concerns.

**Memorandum of Understanding (MOU) Site Agreement for Hosting Title III Evidence-Based Health Education Workshops**

**Program Year 2020**

(February 1, 2020 through September 30, 2020)

***Note: Rate Change for all Workshops Scheduled to Begin on or After February 1, 2020***

***Payment Structure***

The Older Americans Act allows COA to offer these workshops free of charge to participants. COA’s goals for program year 2020 are to grow our network of community partners, increase program participant completion rates, extend workshops to our five-county region and be fiscally responsive to a limited budget. **Note: All payments to the hosting site are dependent of funding availability.**

There are two payment structures.

1. If a host site (a business) also employs their own Leaders, the payment structure below is available. We recognize not all businesses operate using this payment structure. If your business prefers a different payment structure, contact Judy Eschmann to discuss your suggestions. All payments are based on number of completers.

$25 for site/space (use of facility, space, tables/chairs, easel, flipchart paper,

markers, pens etc.)

$25 for registration of participants

$35 for 1st employee Leader

$35 for 2nd employee Leader

$120 per completer per workshop

1. If a host site is using Leaders that are paid directly by COA, the payment structure below is available.

$25 for site/space (use of facility, space, tables/chairs, easel, flipchart paper,

markers, pens etc.)

$25 for registration of participants

$50 per completer per workshop

***Payment is guaranteed when the host site receives prior approval to host a workshop and returns all materials to COA within 15 business days of the last scheduled workshop.***

***To Become a Partner in hosting Evidence-Based Health Education Workshops***

If the host site agrees with the terms outlined in this Memorandum of Understanding and would like to partner with COA to host Evidence-Based Health Education Workshops, please print, sign, date and return this MOU along with the attached IRS Form W-9. Please direct your questions to Judy Eschmann, Director of Program Operations at (513)345-8683 or [jeschmann@help4seniors.org](mailto:jeschmann@help4seniors.org).

***Host Site Council on Aging***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Responsible Party Print Name of Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party Signature of Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Host Site Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip Code Phone # E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # E-mail