FY 20/21

Broad-Scope Sickle Cell Grant: Adult Sickle Cell Access to Care Expansion

Request for Applications

Indiana State Department of Health

Children's Special Health Care Services (CSHCS) Division

FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this opportunity is to fund **one (1) competitive** grant for a nonprofit organization, local health department, or health care entity within the State of Indiana to implement an initiative focused on addressing the needs of residents age 21 years and older impacted by sickle cell disease (SCD) and trait. Although the scope of this funding opportunity is broad, projects should focus on improving access to quality sickle cell care, case management, and care coordination for individuals age 21 years and older near where they reside in the state.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by NO LATER THAN:

Friday, November 22, 2019 at 3:00 PM EST

Applicants are to submit applications electronically. For electronic submission:

**SUBMIT APPLICATIONS VIA EMAIL TO KRISTI LINSON,
INTEGRATED COMMUNITY SERVICES MANAGER AT klinson@isdh.in.gov**

SUMMARY OF FUNDING

The Indiana State Department of Health (ISDH), Children's Special Health Care Services (CSHCS) Division is announcing a competitive grant funding opportunity to provide SCD and trait services for adults age 21 years and older. This is a grant application, and anyone with a project proposing to address needs in the sickle cell community by improving access to quality sickle cell care, case management, and care coordination is encouraged to apply. This Request for Applications (RFA) has been specifically designed for the sickle cell community and is integrated with the mission of ISDH: "To promote, protect, and improve the health and safety of all Hoosiers".

House Enrolled Act (HEA) 1354 took effect July 1, 2019, and requires expansion of sickle cell services in the following manner:

I. Assist in the development and expansion of care for the treatment of individuals with sickle cell disease, particularly for adults, including the following types of care:
   (A) Self-administered.
   (B) Preventative.
   (C) Home care.
   (D) Other evidence based medical procedures and techniques designed to provide maximum control over sickling episodes typical of occurring to an individual with the disease.

II. Provide financial assistance to individuals with sickle cell disease for the following treatments of the disease:
    (A) Chronic blood transfusions.
    (B) Hydroxyurea.
    (C) Folic acid.
    (D) Use of other efficacious agents.

III. Establish an adult sickle cell disease infusion center

IV. Increase access to mental health resources and pain management therapies for individuals with sickle cell disease

V. Counseling to any individual, at no cost, concerning sickle cell disease and sickle cell trait, and the characteristics, symptoms, and treatment of the disease, consisting of any of the following:
    (A) Genetic counseling for an individual who tests positive for sickle cell trait.
    (B) Psychosocial counseling for an individual who tests positive for sickle cell disease, including any of the following:
        i. Social service counseling.
        ii. Psychological counseling.
        iii. Psychiatric counseling.

VI. Development of a sickle cell disease educational outreach program that includes the dissemination of educational materials to the following concerning sickle cell disease and sickle cell trait:
    (A) Medical residents.
    (B) Immigrants.
    (C) Schools and universities.
    (D) Businesses.

Applicants must propose services that align with the above requirements. In addition, proposed services must meet the goals and objectives outlined in the *Description of Overall Goal, Objectives, and Outcomes* section below.

TECHNICAL ASSISTANCE

Submit all questions regarding this RFA and application via email to Kristi Linson at klinson@isdh.in.gov and MCHBusinessUnit@isdh.in.gov.

DESCRIPTION OF OVERALL GOALS, OBJECTIVES, AND OUTCOMES

NOTE: Documentation of services administered and data collected as a result of this grant opportunity must be provided upon request by the ISDH. Although the scope of this grant opportunity is intended to be broad in scope and applicants may choose their own performance objectives, projects must be related to at least one of the following services and **must** address the following goals and objectives for this opportunity.

The overall goals of the Indiana's Adult Sickle Cell Access to Care Expansion are to:
- Increase capacity of community-based organizations (CBO) to support adult Hoosiers with SCD
- Allow adult Hoosiers with SCD to access sickle cell specific care closer to where they live
- Develop clinical outcomes measures for adult SCD care
- Develop programming to educate and ensure individuals with sickle cell trait are aware of their status
- Assess functional improvement of adult Hoosiers with SCD
- Collect and analyze data to determine the impact of the Adult Sickle Cell Access to Care Expansion program
- Disseminate findings of the Adult Sickle Cell Access to Care Expansion evaluation in a publication to be made available to the public

Expected outcome measures include:
- Increase the number of adult Hoosiers with SCD with access to CBO services, including education about self-administered care and preventative care, by 20%
- Collaborate with at least one (1) hospital and one (1) primary care clinic to provide high quality SCD care for adults in the following regions of the state:
  - Northwest
  - Northeast
  - South
- Increase the number of adult Hoosier SCD patient visits to primary care clinics providing SCD specific care by 20%
- Decrease emergency room visits for SCD among adults by 5%
- Analyze collected clinical data to determine the impact of the Adult Sickle Cell Access to Care Expansion on patient outcomes
- Yearly evaluation report describing the impact of the Adult Sickle Cell Access to Care Expansion that will be made publically available

Services provided must be evidence-based and/or evidence-informed and focused on improving outcomes. Applicants should justify the target population and geographic location that they are aiming to serve in Indiana. If project goals are not met, a work improvement plan may be enforced at the discretion of ISDH. If the work improvement plan is unsuccessful within a specified timeframe, the grant may be terminated.

AWARD INFORMATION

Applicants may request up to $260,000 per fiscal year for the 18-month grant cycle. The applicant selected to receive funding may be awarded a **maximum** of $260,000 per FY for the 18-month grant cycle. The grant cycle for will begin on January 1, 2019, and end on June 30, 2021.

NOTE: throughout this grant application packet, "FY 2020" refers to the 6-month period from January 1, 2019-June 30, 2020, while "FY 2021" refers to the entire fiscal year from July 1, 2020-June 30, 2021. Please plan and budget accordingly.

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a nonprofit organization (as defined by the IRS Tax Determination), health department, hospital, or other health care related entity.

- Must collaborate with traditional and non-traditional agencies or organizations.

- Must serve populations within Indiana.

- Must comply with financial requirements as listed in the Budget Section.

APPLICATION AND REVIEW INFORMATION:

Additional evaluation weight will be assigned to applicants that:

- Provide services in high-need and resource-limited counties

- Promote collaboration and building of comprehensive systems of care

- Address the needs of citizens impacted by SCD and trait

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

1) If applicable, for **all** adults who receive direct (face-to-face) indirect (telephone) services, the grantee(s) shall be expected to maintain a log, including but not limited to, the following information:

- PCP's name and address
- Date and time of phone conversations
- Summary of phone conversation
- Date packets were mailed
- Name and address where packets were mailed
- List of any additional information included in the packet
- Method of consultation
- Date and time of consultation
- Summary of consultation

- List of information provided to the parents
- Receipt of completed evaluation

2) The grantee(s) shall be required to submit quarterly and annual reports on project status to the ISDH CSHCS Grant Consultant and/or CSHCS Director.

3) The grantee(s) shall be required to participate in quarterly site visits with the ISDH CSHCS Grant Consultant and/or CSHCS Director to discuss progress reports and resolve any outstanding issues or concerns.

4) The grantee(s) shall be prepared to provide documentation for auditing purposes as needed to ensure compliance with requirements outlined in the grant proposal.

5) Applicants will be required to report the unduplicated number of individuals served each year.

6) **Data Sharing Agreements:** The Grantee will work with collaborating hospitals and primary care clinics to create data sharing agreements that would allow the Grantee to analyze data and assist with evaluation reports. For this project, the Grantee will identify situations in which data sharing agreements are necessary and draft, modify, or sign existing documents as needed. Clinical information will be kept secure and in compliance with all applicable federal and state laws, and when sharing is necessary, information will be shared in an encrypted format.

7) **Institutional Review Board (IRB) and Approval:** All Grantee staff have completed the National Institutes of Health training course: "Protecting Human Research Participants" and will ensure that human subjects' rights and participant confidentiality are protected throughout the project. The Grantee will also manage all needed IRB approvals.

8) **Program Data Collection and Technical Assistance:** The Grantee will collect quantitative data about shared goals and objectives with all planned subcontractors. The Grantee will review and understand the project's current measurable goals and objectives, including sources of program data for that information. The Grantee will create a data collection tool to gather information across collaborating organizations. Throughout the project, the Grantee will provide technical assistance to project partners on project-specific evaluation data collection and management issues.

9) **Create Data Collection Tools and Provide Technical Assistance:** The Grantee will create a data collection tool, develop a database, analyze all clinical data collected as part of this research track, and provide assistance for gathering consistent data for the project as needed. Data tracking reports will be provided to the ISDH quarterly.

10) **Study Participant Monitoring and Data Collection:** To determine whether the project is making progress toward its goal of improving clinical outcomes, the Grantee will work with ISDH and collaborators to create and maintain a quarterly report of study participant indicators. Such indicators may include:

- Hospitalizations for any cause
- Hospitalizations for mental health related causes
- Hospitalizations for substance use related causes
- Hospitalization costs
- Any cause of deaths
- Emergency room visits

11) **Reporting and Presentation:** In each year of the project, the Grantee will produce a report that documents project implementation and impact over the term of the project, overviews both program and population-based outcome changes over time, and provides commentary on promising practices and lessons learned that will contribute to the body of knowledge about SCD adult care.
- **Deliverable 1**: Evaluation Design Report (EDR)
  - Must be made publically available

- **Deliverable 2:** Data Management, collection, analysis, and reporting
  - Includes working with sub-awardees and program partners/collaborators to determine goals and measureable outcomes, create a data collection tool, and complete quarterly data tracking reports

- **Deliverable 3:** Yearly Evaluation Reports
  - Includes yearly progress report on impact of adults with SCD and must be made publically available

- **Deliverable 4**: Peer Presentation
  - Includes a presentation at state or national level conference about the program and its impact on Hoosier adults with SCD

NOTE: If goals are not met, a work improvement plan may be enforced at the discretion of ISDH. If a work improvement plan is enforced and is unsuccessful within a specified timeframe, the grant may be terminated.

SECTION 1: APPLICATION INSTRUCTIONS

Please use this document for all required application information. The application, in its entirety including all supplemental information, **cannot exceed 50 pages with one-inch margins, using easily readable 12-point font. The Excel budget sheet does not count towards the page limit.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The following outlines each section that must be completed in the application document.

SECTION 2: APPLICATION COVER PAGE

In Section 3: Cover Page-- please list the name, title and signature of the following individuals within the applicant agency:

- Authorized Executive Director

- Project Director

- Person of Contact

- Person authorized to make legal and contractual agreements

SECTION 3: SUMMARY (1 PAGE)

This summary will provide the reviewer a succinct and clear overview of the agency's plan to implement the program. The summary should be the last section written and reflect the narrative. Please include a brief description of the project with the following:

- Identify the problem(s) to be addressed;

- Succinctly state the objectives;

- Include an overview of solutions (methods);

- Emphasize previous accomplishments/progress related to the proposed project; and

- Indicate the percentage of the target population served by your project, the percentage of racial/ethnic minority clients among your clients served, and target geographic location

SECTION 4: APPLICATION NARRATIVE

In Section 4: Application Narrative, all required headings are listed. Please do not alter the format of the document.

SECTION 4-A: ORGANIZATION BACKGROUND/CAPACITY

This section will enable the reviewers to gain a clear understanding of your organization and its ability to carry out the proposed project—in collaboration with local partners.

- Discuss the history, capability, experiences, and major accomplishments of the applicant organization.

- If you are partnering with any other organizations, please explain the history of this partnership.

- Discuss the applicant organization's previous or current work related to addressing social determinants of health. Include any innovative strategies (e.g. co-located care coordination, unconventional communication strategies, etc.)

- Discuss the applicant organization's other sources of funding and amount(s) to implement the same or similar work. **Please complete the attached Excel sheet that accompanies the application**.

- Discuss the collaboration that will occur between the project and other organizations and health care providers. The discussion should identify the role of other collaborative partners, how the collaborations will benefit the project, and how each collaborates with your project. You may attach memoranda of understanding (MOU) and letters of support. It is expected that the grantee will establish a formal collaboration with other ISDH Maternal and Child Health (MCH) Division grantees (0-3 year old population) and ISDH CSHCS Division grantees (3-21 year old population) to ensure continuity of care and a focus on the life course perspective for individuals with SCD and trait.

SECTION4-B: STATEMENT OF NEED

Describe and document the specific problem(s) or need(s) to be addressed by the project. Documentation may be provided by reference – do not include copies of source material. Documentation may include current data, research, local surveys, reports from the local Health Department or United Way, and must include data available from the ISDH website. **Proposals to address problems that are not adequately supported with such data will not be considered.**

The problems identified should:

- Clearly relate to the purpose of the applicant agency;

- Include only those problems that the applicant can impact;

- Be client/consumer focused;

- Be supported by data available on the ISDH website and/or from local sources (this evidence must show that the problem(s) or need(s) exist(s) in the community you are proposing to impact);

- Describe the target population(s) and numbers to be served and identify catchment areas (if applicable);

- Describe the system of care and how successfully the project fits into the system;

- Describe barriers to access to care and how those barriers will be addressed; and

- Address disparities and how disparities will be addressed.

SECTION 4-C: GOALS/OBJECTIVES

This section must describe how your program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective. Ensure SMART objectives: Specific, Measurable, Achievable, Realistic and Time-bound.

SMART goals for this project must relate to this funding opportunity and the goals and abilities of the applicant.

- Clearly state the unduplicated number of individuals the project proposes to serve (annually and over the entire project period) with grant funds.

- Describe how achievement of the goals will produce meaningful and relevant results.

- Describe a plan for the following:

  o A plan for follow-up with the total individuals or families served to ensure unmet needs were resolved.

  o A plan for assessing individual or family satisfaction with the time spent addressing their needs from the organization.

SECTION 4-D: ACTIVITIES

This section must describe the activities of the project. Applicants should also describe all activities that will be involved in supporting the goals of the project and achieving the SMART objectives.

- For each supporting activity described, the applicant must also indicate: a method to measure and document the progress of the activity, what documentation will be used, and what staff position will be responsible for implementing, measuring, and documenting that activity.

- Describe how the proposed service(s) or practice(s) will be implemented or expanded.

- Describe how the populations of interest will be identified, recruited and retained. Using knowledge of beliefs, norms and values, and socioeconomic factors of the population of focus, discuss how the proposed approach addresses these issues in outreaching, engaging, and delivering programs to this population (e.g. collaborating with community gatekeepers).

- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate the commitment of these entities to the project.

- Show that the necessary groundwork (e.g. planning, development of memoranda of agreement, identification of potential facilities) has been completed or near completion so that the project can be implemented and service delivery begin as soon as possible and no later than three months after the grant award.

- Describe the potential barriers to success of the proposed project and how these barriers will be addressed.

- Describe how program continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.

SECTION 4-E: STAFFING PLAN

List all staff that will work on the project. For each staff member, include name, job title, primary duties, and number of hours per week. ***NOTE: The number of staff hours in this list should agree with the staff hours total on the Budget Summary page.*** Describe the relevant education, training, and work experience of the staff that will enable them to successfully develop, implement, and evaluate the project. Copies of current professional licenses and certifications must be on file at the organization. In this section you must show that:

- Staff is qualified to operate proposed program;
- Staffing is adequate; and
- Job descriptions and curriculum vitae (CVs) of key staff are included as an appendix.

SECTION 4-F: RESOURCE PLAN/FACILITIES

Describe the facilities that will house project services. In this section you must address the
following and demonstrate that:

- Facilities are adequate to house the proposed program;

- Facilities are accessible for individuals with disabilities in accordance with the
  Americans with Disabilities Act of 1990;

- Facilities will be smoke-free at all times; and

- Hours of operation are posted and visible from outside the facility. (Include evening and
  weekend hours to increase service accessibility and indicate hours of operation.)

SECTION4-G: EVIDENCE-BASED PRACTICE

Identify **the *evidence-based service(s), evidence-informed, or promising practice(s)*** that you
propose to implement and discuss how it addresses the purpose, goals, and objectives of your
proposed project. Please cite the sources of your information.

- Discuss the evidence that shows that this practice is effective with your population(s) of
  focus.
- If the evidence is limited or non-existent for your population(s) of focus, provide other
  information to support your selection of the intervention(s) for the population(s).
- Identify and justify any modifications or adaptations you will need to make (or have
  already made) to the proposed practice(s) to meet the goals of your project and why you
  believe the changes will improve the outcomes.

SECTION 4-H: EVALUATION PLAN

All applicants are required to collect data for reporting and monitoring purposes. This
information must be collected on an on-going basis and reported quarterly and annually. This
section should have two parts:

1) **An evaluation plan to determine whether the evidence-based interventions and
   activities are having an impact on SMART objectives and general goals**. Please
   discuss the methodology for measuring achievement of activities, including
   intermediate (e.g. monthly, quarterly) measures of activities as well as assessment at
   the end of the funding period. An effective evaluation requires that:
- Project-specific activities to meet objectives are clear, measurable, and related to
  improving health outcomes;
- Plan explains how evaluation methods for the goals, objectives, and activities be
  incorporated into the project evaluation;

- Staff member(s) responsible for the evaluation is/are identified;
- Plan explains what data will be collected and how it will be collected;
- Plan lists how and to whom data will be reported;
- Appropriate methods are used to determine whether measurable objectives and supporting activities are on target for being met; and
- If activities and objectives are identified as off-target during an intermediate or year-end evaluation and improvement is necessary to meet goals, staff member(s) responsible for revisiting activities to make changes which may lead to improved outcomes is/are identified.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe plan for protection of client privacy, following HIPAA requirements.
- Describe how outcome data will be used to guide applicant's education programs in the future.
- Describe how outcomes will be disseminated to stakeholders within the applicant agency, its partnering agencies, and throughout local and statewide communities.

2) **A quality assurance evaluation plan to ensure that services are performed well**. Please discuss:

- Methods used to evaluate quality assurance (e.g. chart audits, surveys, presentation evaluations (including a copy of the presentation evaluation); and
- Methods used to address identified quality assurance problems.

SECTION 4-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding. This may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g., Medicaid, private funder).

- Plans to ensure dedicated staff after the conclusion of grant funding.

- Plans to continue collaborative partnerships.

SECTION 4-J: LITERATURE CITATIONS: (1 PAGE)

In this section, please list complete citations for all references cited*, including:

- Document title

- Author

- Agency

- Year

- Website (if applicable)

  American Psychological Association [APA] style is recommended

SECTION 5: BUDGET

Budget forms are attached as a separate Microsoft Excel workbook; this is to be completed and submitted as an Excel workbook along with your application. Do **NOT** substitute a different format. Create separate budgets for Fiscal Year (FY) 2020 and FY 2021 using the appropriate tabs for each worksheet; do **NOT** combine budget information for FY 2020 and FY 2021. The budget is an estimate of what the project will cost. In this section, be sure to demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included in the staff listing as indicated in Section 6 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed State rates. Currently, the in-state travel reimbursement is $0.38 per mile and $26 per day per diem. Please check for consistency among all budget information. Your budget must correlate with project duration:

- **FY 2020 – January 1, 2019 through June 30, 2020 and**
- **FY 2021 - July 1, 2020 through June 30, 2021.**

In completing the packet, remember that all amounts should be rounded to the nearest penny.

Completing the Budget Workbook

There are a total of seven tabs in the workbook – a Summary tab as well as a Schedule A, Schedule B, and Anticipated Expenditures tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. **Do not change any of the formulas already populated in the totals columns.**

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member must be listed by name. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the Annual CSHCS Salary column will automatically calculate the total. Common fringe categories have been given, but please only fill in the Fringe based on what is used by each staff member. Again, the Annual Fringe Benefits column will automatically calculate the total.

Columns are provided to enter the amount of each budget item that will be paid by CSHCS funds, match funds, and any non-match funds (see diagram below). Those three amounts are automatically totaled in the next column so you can easily verify that the amounts entered come to the same total as the budget item. Each column automatically totals per staff category, and that information automatically fills in the appropriate space on the Summary tab. The CSHCS portion also automatically fills in on the Anticipated Expenditures tab.

			Annual Fringe Benefits	MCH Portion	Match	Non-match	Total (should match Annual Fringe Benefits)
6	111.000 Physicians	*ier*					
7	Employee Name	Other					
8		$ -	$ -				$ -
9		$ -	$ -				$ -
10		$ -	$ -				$ -
11		$ -	$ -				$ -
12		$ -	$ -				$ -
13		age Subtota	$ -	$ -	$ -	$ -	$ -

Schedule B

Typical contractual service categories have been provided as guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

As with Schedule A, there are columns to enter the CSHCS portion, match, and non-match funds and a total to verify it matches the total of the budget item. Each column automatically totals per category, and that information automatically fills in the appropriate space on the Summary tab. The CSHCS portion also automatically fills in on the Anticipated Expenditures tab.

Account Codes

111.000 Physicians		
Clinical Geneticist	Medical Geneticist	Pediatrician
Family Practice Physician	OB/GYN	Resident/ Intern
General Family Physician	Other Physician	Neonatologist
Genetic Fellow		
111.150 Dentists/ Hygienists		
Dental Assistant	Dental Hygienist	Dentist
111.200 Other Service Providers		
Audiologist	Genetic Counselor (M.S.)	Psychologist
Child Development Specialist	Health Educator/ Teacher	Psychometrist
Community Educator	Outreach Worker	Speech Pathologist
Community Health Worker	Physical Therapist	Occupational Therapist
Family Planning Counselor	Physician Assistant	
111.350 Care Coordination		
Licensed Clinical Social Worker(L.C.S.W.)	Registered Dietician	Social Worker (M.S.W.)
Licensed Social Worker (L.S.W.)	Social Worker (B.S.W.)	Registered Nurse
Physician		
111.400 Nurses		
Clinic Coordinator	Licensed Midwife	Pediatric Nurse Practitioner
Community Health Nurse	Licensed Practical Nurse	Registered Nurse
Family Planning Nurse Practitioner	Other Nurse	School Nurse Practitioner
Family Practice Nurse Practitioner	Other Nurse Practitioner	OB/GYN Nurse Practitioner
111.600 Social Service Providers		
Caseworker	Counselor (M.S.)	Social Worker (M.S.W.)
Licensed Clinical Social Worker(L.C.S.W.)	Social Worker (B.S.W.)	Counselor
Licensed Social Worker (L.S.W.)		
111.700 Nutritionists/ Dietitians		
Dietitian (R.D. Eligible)	Registered Dietitian	Nutritionist (Master's Degree)
Nutrition Educator		
111.800 Medical/ Dental Project Director		
Dental Director	Medical Director	Project Director
111.825 Project Coordinator		
111.850 Other Administration		
Accountant/ Finance/ Bookkeeper	Data Entry Clerk	Nurse Aid
Administrator/ General Manager	Evaluator	Other Administration
Clinic Aide	Laboratory Assistant	Programmer/ Systems Analyst
Clinic Coordinator (Administration)	Laboratory Technician	Secretary/ Clerk/ Medical Record
Communications Coordinator	Maintenance/ Housekeeping	Genetic Associate/ Assistant
115.000 Fringe Benefits		
200.000 Contractual Services		
Insurance and Bonding (insurance premiums for fire, theft, liability, fidelity bonds, etc.; malpractice insurance premiums cannot be paid with grant funds)	Equipment Leases Maintenance Agreements	Licensing
200.700 Travel		
Conference Registrations	In-State Staff Travel	
200.800 Rental and Utilities		
Janitorial Services	Utilities	Rental of Space
200.850 Communications		
Postage (including UPS)	Publications	Subscriptions
Printing Costs	Reports	Telephone
200.900 Other Expenditures		
Approved items not otherwise classified above		
Consultants		
Individuals not directly employed by your organization, but with whom you want to contract to perform services under this grant. (If you are contracting with an organization for services, you should list the organization under 200.00 Contractual Services.)		

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

1. Construction of buildings, building renovations;
2. Depreciation of existing buildings or equipment;
3. Contributions, gifts, donations;
4. Entertainment, food;
5. Automobile purchase / rental;
6. Interest and other financial costs;
7. Costs for in-hospital patient care;
8. Fines and penalties;
9. Fees for health services;
10. Accounting expenses for government agencies;
11. Bad debts;
12. Contingency funds;
13. Executive expenses (car rental, car phone, entertainment);
14. Fundraising expenses;
15. Legal fees;
16. Legislative lobbying.
17. Equipment;
18. Out-of-state travel; and
19. Dues to societies, organizations, or federations.
20. Incentives

For further clarification on allowable expenditures, please contact: MCHBusinessUnit@isdh.in.gov

SECTION 6: REQUIRED ATTACHMENTS

SECTION 6-A: BIO-SKETCHES (INSTRUCTIONS)

- For positions already filled, provide a brief Bio-Sketch for key personnel (No more than two pages per person).

SECTION 6-B: JOB DESCRIPTIONS (INSTRUCTIONS)

- For positions to be announced and positions currently filled, please provide a brief Job Description for key personnel.

SECTION 6-C: TIMELINE (INSTRUCTIONS)

- Please include a minimum of the following information in the Timeline:
- List activities to occur within each of the phases (Planning, Implementation, and Evaluation).
- Indicate in which quarter(s) each activity will occur.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
- You will complete separate timelines for FY20 and FY21.

SECTION 7: ADDITIONAL REQUIRED DOCUMENTS

SECTION 7-A: IRS NONPROFIT TAX DETERMINATION LETTER (1 PAGE MAX)

If applicable, please include with the submission of the **Broad Scope Sickle Cell: Adult Sickle Cell Access to Care Expansion** document an attachment of an electronic copy (PDF recommended) of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this attachment to 1-page total.

ATTACHMENT 7-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART (2 PAGES MAX)

Please include with the submission of the **Broad Scope Sickle Cell: Adult Sickle Cell Access to Care Expansion** document an attachment of an electronic copy (PDF recommended) of the applicant

organization's overall organizational chart as well as the applicant organization's program-specific organization chart. The program specific-organization chart must include program partners, existing program staff, to-be-hired program staff, key personnel, etc. Please limit this attachment to two pages total.

ADDITIONAL RESOURCES

CSHCS CONTACTS

KRISTI LINSON

Integrated Community Services Manager

317.233.7898

klinson@isdh.in.gov

GRANTS MANAGEMENT CONTACTS

VERNA CRENSHAW

MCH Grants Outreach Coordinator

317-234-3651

VCrenshaw@isdh.IN.gov

DEFINITIONS

- **Client/patient**: A recipient of services that are supported by program expenses funded in whole or in part by ISDH CSHCS dollars

- **Clinical patient**: Any individual who had an appointment and was evaluated by or received services

- **College or graduate level students**: Includes nursing and medical students

- **Consultation**: A visit with a patient where the grantee is **not** the primary provider of services

- **Cultural competence**: a defined set of values, principles, behaviors, attitudes, policies and structures that enable organizations to work effectively cross-culturally. To be culturally

competent, an organization must have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve. Organizations must incorporate this in all aspects of policy-making, administration, practice, and service delivery, and involve consumers, key stakeholders, and communities. Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (Adapted from: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care, volume 1*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.)

- **Evaluation/ counseling**: Some degree of assessment (e.g., a physical examination) is performed in addition to counseling services.

- **Program expense**: Any expense included in the budget to be funded by CSHCS (staff, supplies, space costs, etc.)

- **Return visit**: Clients who have been previously seen in your project clinic and are returning for follow-up care.

- **SMART goals**: SMART is an acronym for Specific, Measurable, Attainable, Relevant, and Time-based. SMART goals take each of these into account. For example: "During FY 2020, my facility will distribute the ISDH Sickle Cell Trait Educational Packet to at least 98% of all clients (or their families) with sickle cell trait or trait of another hemoglobinopathy that are seen in person at my facility." This goal is:
    o Specific: Detailed
    o Measurable: "at least 98%"
    o Attainable: It is reasonable to hand out packets to almost all patients.
    o Relevant: It has to do with the activities outlined in this grant application packet.
    o Time-based: This is to occur during FY 2020, which has a specific start and end date.

- **Social Determinants of Health (SDOH):** Public health departments and their partners need to consider how conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These SDOH, and actions to address the resulting health inequities, can be incorporated throughout all aspects of public health work (CDC, 2018) https://www.cdc.gov/publichealthgateway/publichealthservices/pdf/ten_essential_services_and_s doh.pdf).

Five Key Areas of SDOH (HP 2020)

- **System of care**: "A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life." (Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, D.C.: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.)

- **Telephone contact**: A phone conversation where a limited amount of counseling and/or a referral is discussed.

- **Types of clients**: Pregnant women, children, children with special needs, adolescents, adult women, families, etc.

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