

FY 2018–  
FY 2021

# Safety PIN

Innovative Approaches to  
Addressing Infant Mortality

Request for Proposals

Indiana State Department of Health

Division of Maternal and Child Health



## FUNDING OPPORTUNITY DESCRIPTION

### PURPOSE:

The purpose of this Request for Proposals (RFP) is to fund **competitive** grants for a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana to implement programs focused on addressing infant mortality. Applicants must submit applications that propose to provide services in high risk locations and high impact subject areas to improve infant mortality and identify the region(s) they plan to impact.

### SUBMISSION DETAILS:

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

**Tuesday, July 11, 2017 at 5pm EST**

**SUBMIT APPLICATIONS VIA EMAIL TO:** [MCHBusinessUnit@isdh.IN.gov](mailto:MCHBusinessUnit@isdh.IN.gov)

## SUMMARY OF SAFETY PIN FUNDING

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana for **COMPETITIVE** grant funding. Funding will be used to develop and implement services focused on addressing infant mortality through the Safety PIN program.

## TECHNICAL ASSISTANCE

To ensure fair and equitable consideration to all applicants, all questions about the requirements or the application process must be submitted in writing via email to [ISDHMCH@isdh.IN.gov](mailto:ISDHMCH@isdh.IN.gov). The questions will be compiled into a single "Email Forum" document that will be posted online for all applicants and will provide answers to the proposed questions following the schedule listed below. Applicants are encouraged to submit questions by the designated due dates. As this is a competitive RFP process, no questions will be accepted after the answers are released for the second email forum on 6/26/2017.

<b>Event:</b>	<b>Date:</b>	<b>Time:</b>
1. Email Forum #1 questions due	6/12/17	9 am EST
2. Email Forum #1 answers posted	6/16/17	5 pm EST
3. Email Forum #2 questions due	6/26/17	9 am EST
4. Email Forum #2 answers posted	6/30/17	5 pm EST
<b>5. Application due date</b>	<b>7/11/17</b>	<b>5 pm EST</b>

## DESCRIPTION OF SAFETY PIN

### PROTECTING INDIANA'S NEWBORNS

The Safety PIN – Protecting Indiana's Newborns (PIN) – grant program is Indiana's newest infant mortality reduction initiative. The ISDH will have up to \$5.5 million to distribute to grantees for the purpose of reducing infant mortality. Grant applications must include the targeted region(s), a proposed specific reduction in the infant mortality rate (IMR), and secondary or behavioral outcomes (for example: improving access to or quality of prenatal visits). The applicant will justify the size of the budget for each category of fundable services. This is a four year grant period during which the ISDH can provide up to 60% of the grant request at the start of the grant period and it can release the remainder as a performance award no sooner than the first quarter of the calendar year 2020 and no later than the first quarter of the calendar year 2021. The performance award will be based on a reduction in the IMR in the region(s) the grantee identified in their application. ISDH promotes the use of this performance award amount for continuation and expansion of successful projects. Each applicant is eligible for only one performance award. Applicants with a multi-region proposal will be eligible for the performance award based on the aggregated data for their identified regions.

## POPULATION DOMAIN DESCRIPTION:

### INFANT MORTALITY

The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation, because factors affecting the health of entire populations can also impact the mortality rate of infants. The most common causes of infant mortality are serious birth defects, preterm birth, low birthweight, sudden unexpected infant death syndrome, unintentional injuries, and maternal complications of pregnancy.

The Indiana State Department of Health is dedicated to decreasing the rate of infant mortality in Indiana. Indiana had the nation's 42nd-highest infant mortality rate in 2014 (the last year for which national rankings are available). That year, 597 Hoosier children (7.1 out of every 1,000 live births) died before reaching their first birthday. To address this high rate of infant mortality, ISDH has created an Infant Mortality Plan that is focused on the following eight service categories:

1. Implement Levels of Care standards
2. Decrease the number of elective deliveries in highest risk counties
3. Decrease the number of infant suffocation deaths
4. Ensure pregnant women receive high-quality, easily-accessed, and culturally relevant prenatal care
5. Decrease smoking rates among pregnant women
6. Enact projects that decrease the number of children born with birth defects and improve outcomes of children with birth defects

7. Ensure that women who could become pregnant are healthy
8. Utilize Perinatal Periods of Risk (PPOR) to better understand and target the factors that contribute to excess infant mortality in individual communities.

The Indiana State Department of Health is committed to supporting community based interventions to address health disparities and inequities that impact infant mortality.

## AWARD INFORMATION

### ELIGIBILITY AND REQUIREMENTS:

#### APPLICANT ORGANIZATION:

- Must be a health department, hospital, other health care related entity, or a nonprofit organization (as defined by the IRS Tax Determination).
- Must collaborate with traditional and nontraditional agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the Budget Section

#### APPLICATION AND REVIEW INFORMATION:

Additional evaluative weight will be assigned to applicants that:

- Improve access and coordination through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support
- Incentivize at-risk pregnant women and fathers to obtain prenatal care and support
- Decrease smoking rates among pregnant women and fathers
- Promote evidence-based home visitation by a trained provider or coordinator
- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers.
- Address the issue of infant mortality on a regional basis (see region map included). Applicant must identify the region (s) they plan to impact.

We will also evaluate applications based on whether they provide services in regions with the highest infant mortality rate (see region map included), promote collaboration and building of comprehensive systems of care, and propose innovative, sustainable, and scalable approaches to addressing infant mortality.

**EXPECTED REPORTING AND PERFORMANCE CRITERIA:**

- All applicants will be required to report on specific performance criteria as outlined in the RFP.
- Applicants must submit quarterly and annual reports to the Indiana State Department of Health.
- Applicants are required to report the unduplicated number of service recipients served for each program year.

**SAFETY PIN: RFP APPLICATION**

<i>SECTION</i>	<i>SECTION HEADING</i>
<i>SECTION 1</i>	<i>APPLICATION INSTRUCTIONS</i>
<i>SECTION 2</i>	<i>COMPLETION CHECKLIST</i>
<i>SECTION 3</i>	<i>APPLICATION COVER PAGE</i>
<i>SECTION 4</i>	<i>SUMMARY</i>
<i>SECTION 5</i>	<i>APPLICATION NARRATIVE</i>  <i>5-A: ORG BACKGROUND/CAPACITY</i> <i>5-B: STATEMENT OF NEED</i> <i>5-C: GOALS / OBJECTIVES</i> <i>5-D: ACTIVITIES</i> <i>5-E: STAFFING PLAN</i> <i>5-F: RESOURCE PLAN / FACILITIES</i> <i>5-G: EVIDENCE-BASED PRACTICE</i> <i>5-H: EVALUATION PLAN</i> <i>5-I: SUSTAINABILITY PLAN</i> <i>5-J: LITERATURE CITATIONS</i>
<i>SECTION 6</i>	<i>BUDGET</i>
<i>SECTION 7</i>	<i>REQUIRED ATTACHMENTS</i>  <i>7-A: BIOSKETCHES</i> <i>7-B: JOB DESCRIPTIONS</i> <i>7-C: TIMELINE</i>

*SECTION  
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*ADDITIONAL REQUIRED DOCUMENTS*

*8-A: IRS NONPROFIT TAX DETERMINATION LETTER*

*8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART*

*8-C: LETTERS OF SUPPORT / MOUS*

**SECTION 1: APPLICATION INSTRUCTIONS**

Please use this document for all required application information. **The application, in its entirety including all required attachments, cannot exceed 50 pages with one-inch margins, double spaced, Times New Roman 12-point font and should be submitted as a single PDF document.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The budget worksheet is to be submitted with the application as a separate document and does not count towards the above page limit.

The following outlines each section that must be completed in the application document.

**SECTION 2: COMPLETION CHECKLIST**

The Completion Checklist serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Double click on each check box to indicate a “check mark” for completion and submit this form with the application.

**SECTION 3: APPLICATION COVER PAGE**

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 4: SUMMARY (1 PAGE)**

This summary will provide the reviewer a succinct and clear overview of the applicant’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:

- Brief description of the target population (e.g. race, ethnicity, age, socioeconomic status, geography) and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

## SECTION 5: APPLICATION NARRATIVE

All required headings are listed below. Please do not alter the format of the document.

### SECTION 5-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 infant mortality.

### SECTION 5-B: STATEMENT OF NEED:

This section must describe the need for and significance of this program in the specific community or population as it relates to the program goals. It is intended to help reviewers understand the need for the specific proposed strategies within the context of the community in which the strategies will be implemented. With respect to the primary purpose and goals of the grant program, please:

- Describe and justify the population of focus (demographic information on the population of focus, such as race, ethnicity, age, socioeconomic status, and geography, must be provided).
- Describe and justify the geographic area(s) to be served.
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population(s) of focus.

- Provide sufficient information on how the data were collected so reviewers can assess the reliability and validity of the data.
- Cite all references (do not include copies of sources).
- Describe how the needs were identified.
- Describe resources currently available and identify gaps in services.
- Demonstrate how the applicant agency and its partner organization(s) have linkages to the population(s) of focus and ties to grassroots/community-based organization that are rooted in the culture(s) of the population(s) of focus.

Documentation of need may come from a variety of reliable and valid sources, including both qualitative and quantitative sources. Quantitative data can come from local epidemiologic data, State data (e.g. from state needs assessment), and/or national data.

#### SECTION 5-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.
- 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.

#### SECTION 5-D: ACTIVITIES:

This section must describe the activities of the project. These must relate to the proposed objectives.

- 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 5-E: STAFFING PLAN:

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project (within the applicant agency and its partner organizations), including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE) and qualifications.
- Regardless of whether a position is filled or to be announced, please discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population(s) of focus, and familiarity with cultures and languages of the proposed populations.
- Describe efforts to competitively compensate staff and plans for staff retention.
- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

#### SECTION 5-F: RESOURCE PLAN/FACILITIES:

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.

- Explain how the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population(s) of focus. If the ADA does not apply to applicant organization, explain why.

## SECTION 5-G: EVIDENCE-BASED PRACTICE

Identify the evidence based service(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 5-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. In this section, the applicant organization must document its ability to collect and report on the required priority measurements.

Outcome Evaluation (for each of the bullets below; please list responsible staff and frequency)

- Describe plan for data collection. Specify all measures or instruments to be used; specifically, describe current collection efforts and plans to expand (as needed) to infant mortality priority measurements.
- Describe plan for data management.
- Describe plan for data analysis.
- Describe plan for data reporting; specifically, describe current reporting efforts and plans to expand these efforts (as needed) to meet the infant mortality measures.
- Describe methods to ensure continuous quality improvement, including consideration of disparate outcomes for different racial/ethnic groups (activities may include: client surveys, observations).
- Describe the plan for maintenance of fidelity to the evidence-based model(s).
- Describe plan for protection of client privacy, following Health Insurance Portability and Accountability Act (HIPAA) requirements.
- Describe plan of action if outcomes are not meeting or exceeding expectations during a quarterly or annual evaluation.

- 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.

#### SECTION 5-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 collaborating partnerships.

#### SECTION 5-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 6: BUDGET

The budget worksheet to be submitted with the application as a separate Microsoft Excel document. Do NOT substitute a different format. Create separate budgets for Fiscal Year (FY) 2018 through FY 2021 using the appropriate tabs for each worksheet; do NOT combine budget information for FY 2018 through 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, \$26 per day per diem, and \$89 plus tax per night of lodging. Please check for consistency among all budget information. Your budget must correlate with project duration:

- **January 1, 2018 through December 31, 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 Out of State travel 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 MCH 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.

## **Schedule B**

Typical contractual service categories have been provided as a 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.

## **Out-of-State Travel**

If you choose to include Out-of-State travel, please complete the appropriate tab for each fiscal year. The gray cells already contain formulas that will calculate the amounts based on the information you enter. Please be sure to complete the justification section at the bottom for each trip. Any Out-of-State travel requested that does not include a justification is subject to denial by ISDH.

## **EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED**

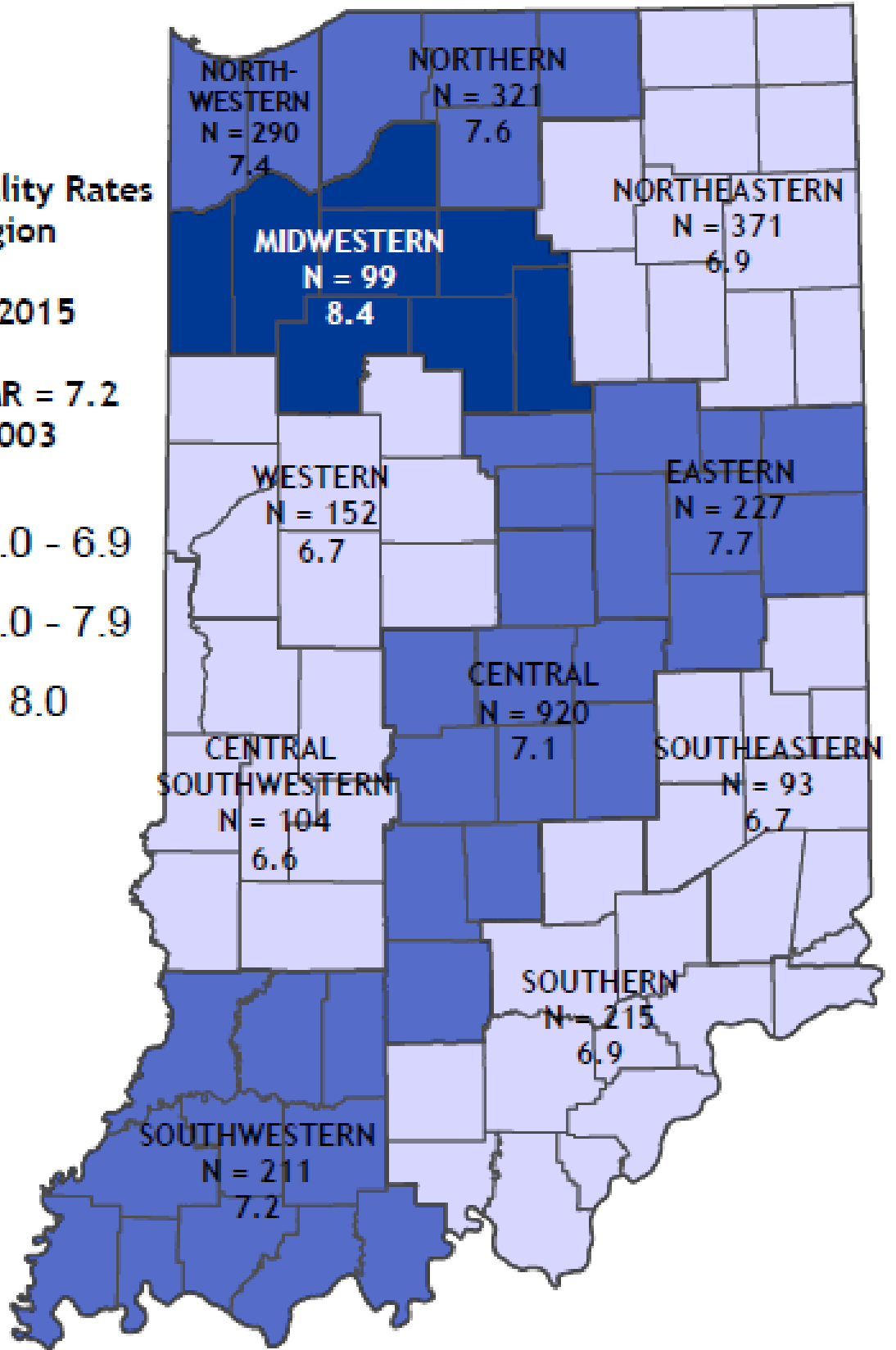
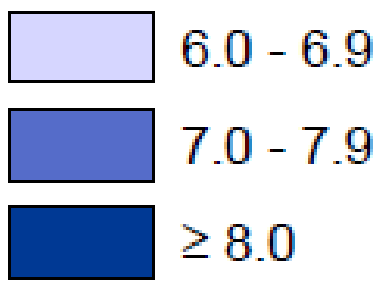
The following may not be paid for with Safety PIN grant funds:

1. Construction of buildings, building renovations
2. Depreciation of existing buildings or equipment
3. Contributions, gifts, donations
4. Entertainment, food
5. Automobile purchase
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 (over \$5,000 per unit)
18. Dues to societies, organizations, or federations
19. Incentives

# Infant Mortality Rates by Region

2011 - 2015

Indiana IMR = 7.2  
N = 3,003



Source: Indiana State Department of Health, Division of Maternal and Child Health  
Created: January 4, 2017

Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team

The following link provides Indiana infant mortality FAQ data sheets:

<http://www.in.gov/isdh/26292.htm>

## **SECTION 7: REQUIRED ATTACHMENTS**

### **SECTION 7-A: BIO-SKETCHES (INSTRUCTIONS)**

- For positions already filled, provide a brief Bio-Sketch for key personnel.

### **SECTION 7-B: JOB DESCRIPTIONS (INSTRUCTIONS)**

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

### **SECTION 7-C: TIMELINE (INSTRUCTIONS)**

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 each year from FY18 through FY21.



## SECTION 8: ADDITIONAL REQUIRED DOCUMENTS

If applicable, please include the following additional documents (no specific format required) in the **SAFETY PIN RFP APPLICATION** submission.

Refer to the **SUBMISSION INFORMATION** section for more information.

### SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER

If applicable, include in the submission of the **SAFETY PIN RFP APPLICATION** document, a PDF copy of the applicant organization's IRS Nonprofit Tax Determination Letter. Please limit this document to 1 page total.

### ATTACHMENT 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART

Include in the submission of the **SAFETY PIN RFP APPLICATION** document, a PDF copy 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 document to 2 pages total.

### ATTACHMENT 8-C: LETTERS OF SUPPORT / MOUS

Include in the submission of the **SAFETY PIN RFP APPLICATION** document, a PDF copy of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization. Please limit this document to 10 pages total.

## ADDITIONAL RESOURCES

### MCH CONTACTS

#### MARTHA ALLEN

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ISDH MCH Division Director

317.233.1252

[MarAllen@isdh.in.gov](mailto:MarAllen@isdh.in.gov)

### GRANTS MANAGEMENT CONTACTS

#### REBECCA CHAUHAN

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ISDH Director of Grants and Contracts

317.233.7087

[RChauhan1@isdh.in.gov](mailto:RChauhan1@isdh.in.gov)

## WEBSITE RESOURCES

- ISDH Labor of Love: [www.laboroflove.in.gov](http://www.laboroflove.in.gov)
- Indiana State Department of Health- Maternal and Child Health: <http://in.gov/isdh/19571.htm>
- SMART Objectives: [http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart\\_objectives.html](http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html)
- Maternal and Child Health Bureau: [www.mchb.hrsa.gov](http://www.mchb.hrsa.gov)
- Life-course Perspective: [www.mchb.hrsa.gov/lifecourseresources.htm](http://www.mchb.hrsa.gov/lifecourseresources.htm)
- Smoking During Pregnancy by County (Figure 35): <http://www.in.gov/isdh/reports/natality/2014/natalitymaps.pdf#page=7&zoom=75,left,top>
- Outcome Indicator Percentages by County of Residence and Race of Mother (Table 32): [http://www.in.gov/isdh/reports/natality/2014/tbl32\\_t.htm](http://www.in.gov/isdh/reports/natality/2014/tbl32_t.htm)