

2020

Indiana State Department of Health

Division of Maternal and Child Health

# OB Navigation Infrastructure Grants

Request for Applications



## Contents

EXECUTIVE SUMMARY.....	3
I. FUNDING OPPORTUNITY DESCRIPTION.....	4
Purpose.....	4
Background.....	4
II. AWARD INFORMATION.....	5
Type of Application and Award.....	5
Summary of Funding.....	5
III. ELIGIBILITY INFORMATION.....	5
Eligible Applicants.....	5
IV. SUMMARY OF TIMELINE.....	6
V. APPLICATION AND SUBMISSION INFORMATION.....	6
Address to submit questions.....	6
Address to submit applications.....	6
Application Page Format and Limitations.....	6
Application Content.....	7
VI. EVALUATION CRITERIA.....	8
Review Process.....	8
Priority.....	9
VII. REQUIRED REPORTING.....	9
VIII. CONTACTS.....	9
Points of Contact.....	9

## EXECUTIVE SUMMARY

The Indiana State Department of Health, Maternal and Child Health is accepting applications for OB Navigation infrastructure grants. The purpose of this opportunity is to support one-time recipient-level infrastructure costs incurred to assure delivery of coordinated and comprehensive high-quality voluntary home visiting services to families. You (the applicant organization) are responsible for complying with instructions included in section V. of this Request for Applications (RFA).

Funding Opportunity Title:	OB Navigation Infrastructure Grants
Due Dates for Applications:	March 31, 2020
Anticipated Total Available Funding:	\$1,200,000
Estimated Number and Type of Awards:	Varied
Estimated Award Amount:	Varied
Cost Sharing/Match Required	No
Project Period:	6/30/2020-6/30/2021
Eligible Applicants:	Eligible applicants include organizations whom have an established, evidence-based home visiting model or Indiana-specific model that include voluntary home visiting as the primary service delivery strategy.

## I. FUNDING OPPORTUNITY DESCRIPTION

### Purpose

This notice solicits applications. The purpose of this opportunity is to support one-time recipient-level infrastructure costs incurred to assure delivery of coordinated and comprehensive high-quality voluntary home visiting (OB Navigation) services to families.

### Project Goals

The overall vision of the OB Navigator Initiative is to reduce infant mortality in Indiana. This vision is accomplished through the following goals and objectives:

1. Connect pregnant women and new mothers to home visiting (OB Navigation) programs that provide personalized guidance and support to a woman during her pregnancy through at least the first six to 12 months after her baby's birth.
2. Support local home visiting (OB Navigation) programs in providing appropriate, high-quality services to pregnant women and new mothers in Indiana.
3. Create a context that increases women's willingness to engage in home visiting (OB Navigation) services.
4. Monitor outcomes and adjust as needed.

Successful recipients will:

- Have an established, evidence-based home visiting model or Indiana-specific model that:
  - Include voluntary home visiting as the primary service delivery strategy
  - Target outcomes including: breastfeeding, safe sleep, tobacco cessation, and birth spacing
- Have at least one (1) identified infrastructure cost barrier and plans to utilize this funding opportunity for addressing identified barrier(s)

### Background

#### Current Funding

This program is authorized by House Enrolled Act 1007 (IC 16-35-1-11 Sec.11).

#### Limit on Use of Funds

For purposes of this RFA, the term "infrastructure expenditures" refers to costs necessary to enable recipients to deliver home visiting services, but does *not* include the costs such as staff time, mileage for visitation, or other human resources costs. It could include administrative and service delivery costs related to programmatic activities, indirect costs, and other items.

Recipient-level infrastructure expenditures necessary to enable delivery of home visiting services could include:

- Professional development and training for recipient-level staff

- Model affiliation and accreditation fees
- Continuous quality improvement and assurance activities
- Technical assistance provided by the recipient to another recipient
- Information technology including data systems
- Consultation or technical assistance with Medicaid billing
- Coordination with comprehensive statewide early childhood systems
- Approaches to ensure culturally and linguistically appropriate services
- Program supplies
- Marketing costs
- Assessment instruments/licenses
- Participant transportation expenses
- Participant engagement supplies;
- Participant recruitment; and
- Other costs as identified.

Recipients must use reasonable efforts to ascertain what constitutes recipient-level infrastructure expenditures necessary to enable delivery of services in accordance with program activities and expectations, to document their findings in this regard, and to maintain records that demonstrate such expenses.

## II. AWARD INFORMATION

### Type of Application and Award

Type(s) of applications sought: New Grant Awards

### Summary of Funding

ISDH MCH expects to award up to \$1,200,000. ISDH will communicate via email. The project period of performance is 6/30/2020-6/30/2021. Funding is dependent on satisfactory recipient application.

## III. ELIGIBILITY INFORMATION

### Eligible Applicants

Eligible applicants include organizations whom have an established, evidence-based home visiting model or Indiana-specific model that include voluntary home visiting as the primary service delivery strategy.

## IV. SUMMARY OF TIMELINE

Event:	Date:
Posting of Request for Applications	March 10, 2020
Deadline to Submit Written Questions	<b>March 13, 2020 @ 11:59pm ET</b>
Response to Written Questions	March 20, 2020
<b>Application Due Date</b>	<b>March 31, 2020 @ 11:59pm ET</b>
Award Announcements	April 17, 2020

The ISDH intends to sign contracts with multiple respondents to fulfill the requirements in this RFA. The term of the contract shall be for at least a period of one (1) year from the date of contract execution expiring 6/30/2021.

## V. APPLICATION AND SUBMISSION INFORMATION

### Address to submit questions

To ensure fair and equitable consideration to all applicants, questions about the requirements or the application process must be submitted in writing via email.

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

**EMAIL SUBJECT LINE:** OBN Infrastructure Grant RFA Question

Applicants are encouraged to submit questions by the designated due date of **11:59 p.m. Eastern Time on March 13, 2020**. The questions will be compiled into a single “E-mail Forum” document that will be posted online for all applicants and will provide answers to the proposed questions by March 20, 2020.

### Address to submit applications

To be considered for this competitive funding, a completed application must be received by ISDH by **NO LATER THAN** March 31<sup>st</sup> at 11:59PM EST .

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

**EMAIL SUBJECT LINE:** OBN Infrastructure Grant Application

### Application Page Format and Limitations

The total application size of all files may not exceed the equivalent of **15 pages** when printed by ISDH. The application should be formatted with **one inch margins, double spaced, Times New Roman 12-point font, including page numbers 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. All required section headings are listed below. Please do not alter the format of the document.

**We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

**Applications must be complete, within the specified page limit, and submitted prior to the deadline to be considered under this notice.**

## **Application Content**

### *Application Narrative*

This section provides a comprehensive framework and description of program administration and infrastructure. It should be succinct, self-explanatory, and well organized so that reviewers can understand the request.

Successful applications will contain the information below. Please use the following section headers for the narrative:

#### INTRODUCTION

In this section:

- Describe the home visiting/perinatal navigation model implemented.
- Identify the goal(s) and objectives
- Provide a description of the applicant's progress implementing the program

#### ORGANIZATIONAL INFORMATION

In this section:

- Include the name, legal status and brief organizational history of the organization
- Describe how the organization's mission, structure, and current activities contribute to the ability to meet program goals

#### COMMUNITY

In this section briefly describe:

- Counties currently being served with identified model(s)
- Target populations or subpopulations whom you serve
- Major successes in providing services
- Major barriers to providing services;
  - In addition to general barriers, describe major barriers in addressing breastfeeding, birth spacing, safe sleep, and tobacco cessation with clients
- Any plans in place to address identified barriers

## ONE TIME COST IDENTIFICATION and DESCRIPTION OF NEED

This section requests applicants to identify your organization's need for the infrastructure costs requested to be funded by this application. Briefly describe the need for one or more of the following allowable costs:

- Professional development and training for recipient-level staff
- Model affiliation and accreditation fees
- Continuous quality improvement and assurance activities
- Technical assistance provided by the recipient to another recipient
- Information technology including data systems
- Consultation or technical assistance with Medicaid billing
- Coordination with comprehensive statewide early childhood systems
- Approaches to ensure culturally and linguistically appropriate services
- Program supplies
- Marketing costs
- Assessment instruments/licenses
- Participant transportation expenses
- Participant engagement supplies;
- Participant recruitment; and
- Other costs as identified.

## BUDGET

The budget worksheet to be submitted with the application as a separate Microsoft Excel document. Do NOT substitute a different format. Create a deliverable based budget for the period 6/30/2020-6/30/2021. 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
- Each budget item is clearly identified in the Application Narrative *One Time Cost Identification and Description of Need*

## VI. EVALUATION CRITERIA

### Review Process

Applicants should request the funding for one-time cost activities supporting the infrastructure of home visiting programs to improve their services to intended population.

Applications will be reviewed for completeness and funds will be awarded based upon the proposed catchment area compared to the assessed need for home visiting throughout the state.



## Priority

Priority will be given to organizations demonstrating service availability in at least one (1) of the targeted twenty (20) counties in the Application Narrative *Community* section. Applications will be prioritized based on the targeted twenty counties, however, applications not covering these counties will not be excluded.

A list of the twenty counties can be found here: <https://www.in.gov/isdh/28233.htm>

## VII. REQUIRED REPORTING

Recipients will be required to submit quarterly progress reports on meeting project goals and expenditure of funds. Quarterly reporting periods will be defined as follows. Reports will be due no later than 15 days after the end of each reporting period outlining progress to date:

- Q1 – July 1-September 30;
- Q2 – October 1-December 31;
- Q3 – January 1-March 31; and
- Q4 – April 1-June 30.

## VIII. CONTACTS

### Points of Contact

#### PROGRAM

EDEN BEZY

Director of Maternal & Child Health

(317) 233-1252

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

#### FISCAL

LEIGH BROWN

MCH Business Manager

(317) 233-9901

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

---

CASSONDRA KINDERMAN

Home Visiting Program Manager

(317) 234-8173

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

REBECCA CHAUHAN

ISDH Director of Grants and Contracts

(317) 233-7087

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

---

CRYSTAL FOWLER

OB Navigator Coordinator

(317) 232-3212

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

---