Teen Pregnancy Prevention

Optimally Changing the Map of Teen Pregnancy in Indiana

Request for Applications

FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Applications (RFA) is to fund six **competitive** grants to promote optimal health and reduce teen pregnancy and STIs in Indiana. Each applicant can apply for funding up to $175,000 per fiscal year. Applicants must be willing and able to implement already identified programming starting January 1st, 2021 including an in-school/after-school life skills curriculum, a café model to support teens and families, and work with two local health agencies (one agency from January 1st, 2021 until June 30th, 2022 and another agency from January 1st, 2022 until June 30th, 2023) to focus on teen friendly health care. Applicants must demonstrate their ability to implement this three-pronged approach to reduce teen pregnancy and STIs for those ages between the ages of 15-19 years old. Additionally, they must clearly define their catchment area – special consideration will be given to those that can serve youth in locations with high teen pregnancy rates that can lead to a greater impact.

SUBMISSION DETAILS:

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

Friday, September 18, 2020 at 5pm EST

SUBMIT APPLICATIONS VIA EMAIL TO: ISDHMCH@isdh.IN.gov

SUMMARY OF "CHANGING THE MAP" GRANT FUNDING

The "Changing the Map" grant program supports Indiana's goal of addressing barriers to the optimal health of adolescents and reducing the rate of teen pregnancy and STIs. The grant period is from January 1, 2021 until June 30, 2023. Grantees must be able to replicate, with fidelity, all pre-identified programs. Replication of these are paramount to the success of this project. See the Frequently Asked Questions (FAQ) sheet at the end of this document and Program Service Standards, Appendices A through D, to learn more. This funding opportunity is provided through ISDH via the Federal Office of Public Affairs (OPA)'s Teen Pregnancy Prevention Program, Grant Number: 1 TP1AH000241-01-00.

Grantees must be able to work alone or with partners to replicate the following three programs: Botvin *LifeSkills Training* High School and/or Transitions Program, Be Strong Families Parent and #WoWTalk Cafés, and the University of Michigan Adolescent Health Initiative's Adolescent Champion Model. Below are the descriptions for each. Links for further information will be in the FAQ Sheet.

1. Botvin *LifeSkills Training* High School and Transitions Programs are an interactive set of courses focused on personal development and positive health. *LifeSkill Training* prepares youth to learn key strategies for healthy decision making to reduce risky behaviors by

teaching three basic life skills: appropriate personal self-management skills, general social skills, and drug resistance skills.

2. Be Strong Families Parent Cafés utilizes a peer-to-peer support group approach allowing parents/guardians to have conversations centered around protective factors. #WoW(Words of Wisdom)Talk Cafés provide a similar process for youth and young adults to empower, inform and energize their journey to adulthood.

3. The University of Michigan Adolescent Health Initiative's Adolescent Champion Model drives health centers to become adolescent-centered medical homes. The Champion Model is a multi-faceted intervention to address a health center's environment, policies, and practices to ensure that all aspects of a visit to the health center are youth-centered.

AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be an organization that is able to serve at least 25% of youth 15-19 years old within an identified Indiana catchment area;

- Must be able to engage parents and teens in monthly cafés or partner with others in the catchment area that can conduct cafés;

- Must be able to fully implement all three programs' requirements either alone or with subrecipients;

- Must comply with financial requirements as listed in the budget section;

- Must be able to comply with all evaluation and data collection requirements;

- Must not overlap or compete with current programming in the defined catchment area;

- Must not supplant current work.

APPLICATION AND REVIEW INFORMATION:

Additional evaluative weight will be assigned to applicants that:

- Intend to provide services in areas of Indiana with the highest rates of teen pregnancy (see included map);

- Showcase experience of success with replicating programs for adolescents, parents/caregivers, and/or their larger sphere of influence;

- Intend to serve large catchment areas reaching a substantial number of youths;

- Indicate their readiness to implement the Adolescent Champion Model;

- Include youth and parents/guardians in the decision making and implementation of the project;

- Indicate how the themes of the Be Strong Families Cafés and #WoWTalk Cafés will relate to preventing teen pregnancy and STIs;

- Intend to serve vulnerable youth populations i.e. single-parent household, youth who are/have been involved in the criminal justice system, foster, homeless, identified LGBTQ+, expecting and/or parenting teens;

- Indicate how youth not engaged in school or the workplace will be reached.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- Applicants must submit quarterly and annual reports utilizing the reporting tool created by ISDH programmatic staff ;
- Applicants must report sub-recipients to ISDH and use of funds and resources provided. This must also be shown in the budget of the application;
- Applicants must host ISDH for a site visit when requested to ensure progress of the program;
- Applicants will fulfill any additional data requirements for each of the three programs.

Final evaluation expectations will be finalized within 60 days of contract execution.

"CHANGING THE MAP": APPLICATION

SECTION	SECTION HEADING
1	COMPLETION CHECKLIST
2	APPLICATION COVER PAGE
3	SUMMARY
4	APPLICATION NARRATIVE
	4-A: ORG BACKGROUND
	4-B: STATEMENT OF NEED
	4-C: GOALS / OUTCOMES / OBJECTIVES
	4-D: NARRATIVE

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 completion checklist, the required attachments (Section 7), and the budget worksheet are to be submitted with the application as separate documents and do not count towards the page limit.

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

SECTION 1: COMPLETION CHECKLIST

The completion checklist serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Check each box to indicate completion and submit this form with the application, this checklist is also available as a standalone pdf.

❑ Cover Page

- ❑ Summary
- ❑ Organization Background
- ❑ Statement of Needs
- ❑ Goals/Outcomes/Objectives
- ❑ Narrative
- ❑ Staffing Plan
- ❑ Resource Plan/Facilities
- ❑ Evaluation Plan
- ❑ Sustainability Plan
- ❑ Budget Worksheet
- ❑ Biosketches
- ❑ Job Description
- ❑ Timeline & Logic Model
- ❑ Org chart
- ❑ Letters of Support/MOUs

SECTION 2: 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 3: SUMMARY

This **ONE PAGE** summary will be the last section written. It will provide a succinct and clear overview of the applicant's plan to implement their project. In addition, the summary should reflect the scope for this funding opportunity including the following:

- Brief description of the target population within the catchment area and its needs and discuss how the three-pronged approach is 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 if needed.

SECTION 4: APPLICATION NARRATIVE

SECTION 4-A: ORGANIZATION BACKGROUND:

This section must provide a clear understanding of the organization and its ability to carry out the three-pronged approach that is the scope of this project. This section should include capability, experiences, major accomplishments, history of partnerships and any historic efforts made towards reducing the rate of teenage pregnancy and STIs in tandem with improving the optimal health of adolescents. If utilizing subgrantees, include a history of partnerships or shared work with the applicant organization.

SECTION 4-B: STATEMENT OF NEED:

This section must describe the need for and significance of this program in the specific catchment area as it relates to the program goals.

- Define and provide rationale of the catchment area for the scope of this project.;

- Describe and justify the population of focus (demographic information such as race, ethnicity, age, socioeconomic status, and geography);

- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population of focus;

- Cite all references (do not include copies of sources).

SECTION 4-C: GOALS/OUTCOMES/OBJECTIVES:

This section describes how the applicant intends to achieve the project goals, outcomes, and objectives. There are required Goals/Outcomes/Objectives that applicants must obtain that were put in place by ISDH (see Appendices A through D in section: Expected Outcomes and Objectives). However, additional short, intermediate, and long-term outcomes and objectives should be added by the applicant where necessary.

Also include in this section the following:

- Provide additional applicant organization specific objectives to the required outcomes and objectives for the project and for each program. Ensure SMART Objectives: Specific, Measurable, Achievable, Realistic, and Time-bound.

- Detail your organization's ability to achieve the Project's Goal and additional program goals and objectives in terms of experience, room in caseload, and partnerships.

- Clearly state the unduplicated number of individuals for each program that the project proposes to serve over the entire project period with grant funds for example adolescents,

family members, healthcare providers, etc. **Must hit at minimum 25% per implementation year of adolescents in catchment area.**

SECTION 4-D: NARRATIVE:

This section must describe all activities of the project and how they will facilitate success of the project's outcomes and objectives. Identify how your organization and partners plan to implement all three evidence-based practices. See Appendix E Activity Timeline, utilized in section 6-C of the RFA, for required activities.

1. Botvin *LifeSkills Training* High School Program
2. Parent Café & #WoWTalk Cafés
3. Adolescent Health Initiative Adolescent Champion Model

For each of the programs above, answer the following questions.

- Describe how the populations of interest will be identified, recruited, and retained.

- Describe the strategy that will meaningfully and authentically engage adolescents, parent/guardians, and community voices in the planning and implementation process that supports their roles in adolescents' health.

- How will it be ensured that equitable opportunities for youth of all backgrounds and lived experiences, particularly those who are the most vulnerable, will be able to express themselves, voice their ideas, and provide input for projects or programs.

- How will fidelity of programs be upheld during implementation.

- Identify any non-sub-recipient organizations that will participate in the project. Describe their roles, responsibilities, funding, or resources being provided and commitment to the project.

- Describe how the roles and responsibilities of sub-recipient partners contribute to implementation of programs.

- 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 January 2021.

- Describe how implementation of the proposed effective programs will proceed within the applicant's defined opportunity and vulnerable populations.

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

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

- Describe any adjustments that may be needed due to COVID 19 such as implementing programs virtually, social distancing, additional staff, etc.

SECTION 4-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 including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE).

- Regardless of whether a position is filled or to be filled, discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population of focus, and their familiarity with cultures and languages of the proposed population.

- Please be sure the Staffing Plan matches the personnel listed in the Bio-Sketches and positions listed in Job Descriptions.

SECTION 4-F: EVALUATION PLAN

NOTE: All applicants are required to collect data for reporting and monitoring purposes. Certain data collection tools are built into the programs, while other information tools must be created. The data collection must be on an on-going basis and reported quarterly and annually. ISDH programmatic staff will be developing reporting templates for both the quarterly and annual report for all grantees. These will be personalized for each grantee based off inputs and stated goals, objectives, and outcomes. The grantee will have 60 days from execution of the grant to agree to the template from ISDH or request changes with justification. However, the quarterly and annual reports will have required data collection from ISDH that that cannot be changed. ISDH is subject to change the report template at any time, if deemed necessary. The reporting template that ISDH will provide will include, but is not limited to, mandatory items such as:

- *Population Served Numbers*
- *Demographics of Population Served*
- *Trainings*
- *Events*
- *Initiatives during the quarter*

- *Partnerships*
- *Resources Used*

In this section, please describe:

- Evaluation measures to ensure the achievement of the goals, outcomes, and objectives for the project.
- Your organizations' capability to collect data using the predetermined data collection tools for each program. Provide any history of data collection .
- Your organization has the ability through necessary staff or history of data collection to collect other data necessary to adequately demonstrate progress made in achieving the project's goals and objectives.
- The plan for data management, analysis, and dissemination to stakeholders.
- All methods of quality improvement that takes into consideration equity outcomes and privacy protection.

SECTION 4-H: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding and how the program will move forward if it is not awarded this funding. Describe resources and other funding currently provided by ISDH to applicant and sub-recipient partners for similar programs/projects.

This plan 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.

- Develop and implement a strategy for engaging the community which should reflect a process by which organizations and individuals build and maintain a long-term relationship with a collective vision for the benefit of the community.

THE SUSTAINABILITY PLAN SHOULD NOT BE TO APPLY FOR FUTURE ISDH FUNDING OPPORTUNITIES

SECTION 5: BUDGET WORKSHEET

The budget worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT substitute a different format**. The budget must correlate with project duration:

- **January 1, 2021 through June 30, 2023**

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

Budget years:

- FY 2020 (January 1, 2021 – June 30, 2021)
- FY 2021 (July 1, 2021 – June 30, 2022)
- FY 2022 (July 1, 2022 – June 30, 2023)

The budget is an estimate of what the project will cost. In this section, 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 staffing plan as indicated in section 4 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 $0.39 per mile, $26 per day per diem, and $96 plus tax per night of lodging. In completing the budget, all amounts should be rounded to the nearest penny.

Completing the Budget Worksheet

There are a total of four tabs in the workbook – a Summary tab, as well as a FY 20, FY 21, and FY 22. Please complete the information about your organization at the top of the Summary tab. **Do not change any of the formulas already populated in the total columns.**

For each individual staff member, provide the name of the staff member and their title or role in the project. 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 provided 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.

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, sub-recipient funds and supplies, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel

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.

If you choose to include out-of-state travel, 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. 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 the ISDH.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be paid for with grant funds:

1. Pre-award costs.
2. Construction of buildings, building renovations.
3. Depreciation of existing buildings or equipment.
4. Contributions, gifts, donations.
5. Entertainment, food.
6. Automobile purchase.
7. Interest and other financial costs.
8. Costs for in-hospital patient care.
9. Fines and penalties.
10. Fees for health services.
11. Accounting expenses for government agencies.
12. Bad debts.
13. Contingency funds.
14. Executive expenses (car rental, car phone, entertainment).
15. Fundraising expenses.
16. Legal fees.
17. Legislative lobbying.
18. Equipment (over $5,000 per unit).
19. Dues to societies, organizations, or federations.
20. Incentives.
21. Salary costs exceeding $197,000.

SECTION 6: REQUIRED ATTACHMENTS

SECTION 6-A: BIO-SKETCHES

- For positions already filled, provide a brief bio-sketch for key personnel. Each bio-sketch should not exceed more than one page.

SECTION 6-B: JOB DESCRIPTIONS

- Provide a brief job description for key personnel for both positions currently filled and positions to be filled.

SECTION 6-C: TIMELINE & LOGIC MODEL

- Following the template (Appendix E), list activities to occur within the project period (January 2021 – June 2023) for the outcomes and objectives. ISDH had provided activities within the template that are required for each program, please do <u>NOT</u> delete them.
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.
- Complete the provided logic model (Appendix F) filling in information highlighted in purple.

SECTION 7: ADDITIONAL REQUIRED DOCUMENTS

Include the following additional documents (no specific format required):

SECTION 7-A: IRS NONPROFIT TAX DETERMINATION LETTER

If applicable, include a PDF copy of the organization's IRS Nonprofit Tax Determination Letter.

ATTACHMENT 7-B: ORG CHART

Include a PDF copy of the project's organizational chart which must include program partners, existing program staff, program staff to be hired, and other key personnel.

ATTACHMENT 7-C: LETTERS OF SUPPORT / MOUS

Include 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. Be sure to include MOUs or Contracts of consortia of sub-recipient partners that will implement the three-pronged approach. These do not count towards the total page count.

ADDITIONAL RESOURCES

Ryan Sims
ISDH MCH Teen Health Outreach Coordinator
(317) 233-9228
RSims1@isdh.IN.gov

GRANTS MANAGEMENT CONTACT

Leigh Brown
MCH Business Manager
(317) 233-990
LeBrown@isdh.IN.gov

FREQUENTLY ASKED QUESTIONS

Links:

OPA TPP NOFO: https://www.grants.gov/web/grants/view-opportunity.html?oppId=324365

Botvin *LifeSkills Training*: https://www.lifeskillstraining.com/botvin-lifeskills-training-high-school-program/

Be Strong Families Parent and #WoWTalk Cafés: https://www.bestrongfamilies.org/services

Adolescent Health Initiative Adolescent Champion Model: https://www.umhs-adolescenthealth.org/improving-care/adolescent-champion-model/

Definitions:

Catchment area: the boundary and population of a geographic region where the project's programs will be implemented. Examples of catchment areas are zip codes, townships, counties, and regions of Indiana.

Ideal applicants and partners: an organization that can implement Botvin *LifeSkills Training* and Be strong Families Parent and #WoWTalk Cafes over multiple counties in schools and/or out-of-school programs partnering with a health agency to implement Adolescent Champion Model

What is teen pregnancy?

- The pregnancy of an adolescent before their twentieth birthday is considered a teen pregnancy. The teen pregnancy rate is an estimate of the number of adolescents giving birth for every 1,000 females.

Why is teen pregnancy an important indicator?

- It is an important indicator of how well a community is providing the supports needed for a youth to successfully transition into adulthood. Youth that experience teen pregnancy and their children are more likely to drop out of high school, be incarcerated, and face unemployment. Common cited reasons for teen pregnancy include gaps in knowledge where to access contraception and health knowledge, substance use, low self-worth, dating early, peer pressure, family history of teen pregnancy, poor communication with parents/caregivers, and being a victim of sexual abuse.

What is the latest data on teen pregnancy in Indiana?

- ISDH is dedicated to decreasing the rate of teen pregnancy in Indiana, which historically has a higher rate than the nation's average. In 2018, Indiana had a teenage pregnancy rate of 21.6 per 1,000 females aged 15-19 (with a 5-year aggregate of 24.4). Despite Indiana's steady decline in teen pregnancy rates over the past five years, the birth rates in Indiana are highest in rural settings (27.0) compared to urban settings (20.2) with multiple rural counties reporting rates around 45 per 1,000 females aged 15-19 in 2018. ISDH is committed to supporting community-based interventions to address health disparities and inequities that impact teen pregnancy. A very concerning trend noted in Indiana is the disparity in the birth rates between Hispanic (31.3) and non-Hispanic black (41.2) with their non-Hispanic white (18.4) counterparts.
- See below for 5-year aggregate for Indiana counties:

2014 – 2018

Rate per 1,000 Live Births

County Mean

State:
24.4
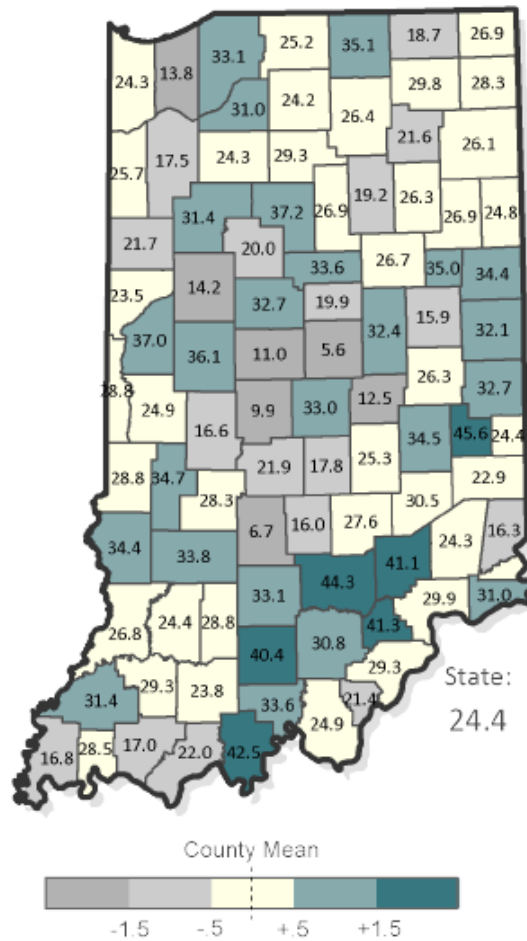
What is the latest data on teen STIs in Indiana?

- For adolescents ages 15-24, the rate of Chlamydia (CT) infections in 2018 was 2,515 per 100,000 cases and the rate of Gonorrhea (GC) infections was 624 per 100,000. Disparities by race are persistent, with Non-Hispanic blacks being 6.7 times as likely to contract Chlamydia than non-Hispanic white populations. African Americans are 8.6 times as likely as white Hoosiers to have Gonorrhea. For Indiana teens, the prevalence rate of HIV/AIDS has been on the rise since 2015 ending at16.8 per 100,000 in 2018. Young people are especially affected by HIV: 7% of all new HIV cases in 2018 were detected in 13-19-year-old.

Who should I contact with further questions?

- Contact: RSims1@isdh.IN.gov