

**NEW JERSEY DEPARTMENT OF
HEALTH AND SENIOR SERVICES**

**DIVISION OF FAMILY HEALTH
SERVICES**

**REQUEST FOR APPLICATION
FY 2011
FOR ELIMINATING DISPARITIES
IN PERINATAL HEALTH,
EAST ORANGE, ORANGE AND
MONTCLAIR**

TABLE OF CONTENTS
**RFA – Eliminating Disparities in Perinatal Health, East Orange,
Orange and Montclair**

A. Statement of Purpose.....	Page 3
B. Funding Information.....	Page 3
C. Applicant Eligibility.....	Page 3
D. Organizational Structure.....	Page 4-5
1. The Department of Health and Senior Services	
2. The Division of Family Health Services	
3. The Maternal and Child Health Unit	
4. Reproductive and Perinatal Health Services Program	
E. Statement of the Problem.....	Page 5-6
Program Goals.....	Page 6
Overall Objectives.....	Page 7
Methods.....	Page 7-8
Staffing.....	Page 8
Project Monitoring.....	Page 8
Project Evaluation.....	Page 9
General Requirements.....	Page 9
Application Process.....	Page 10
Financial Management.....	Page 10
Timeline for Application Submission.....	Page 10-11
Review Process.....	Page 11
Evaluation Criteria	Page 11
Notification of Grant Award and Appeals Process.....	Page 12

REQUEST FOR APPLICATION

Eliminating Disparities in Perinatal Health East Orange, Orange and Montclair

A. STATEMENT OF PURPOSE:

The New Jersey Department of Health and Senior Services (DHSS Department) Division of Family Health Services (FHS) Reproductive and Perinatal Health Services (RPHS) is announcing a competitive request for applications (RFA) focusing on the provision of services for women residing in the East Orange, Orange and Montclair area utilizing a Comprehensive Case Management Model that will cover prenatal and the interconception period.

B. FUNDING INFORMATION:

A total of \$295,000 per year for three years will be available for funding for a health service grant. These funds are available from Funding Authorization #93.926E, Healthy Start. The finalization of the grant award is contingent upon the continued receipt of these funds by the New Jersey Department of Health and Senior Services. The Department anticipates funding one award.

The initial award will cover September 1, 2010 to June 30, 2011. In subsequent years, the agency must submit a non-competitive health service grant. Each year continuation funding is contingent upon the availability of funds; timely accurate submission of reports; and satisfactory progress toward completion of the current year contract objectives.

C. APPLICANT ELIGIBILITY:

Eligible applicants must be a licensed ambulatory care facility that provides prenatal care and with a facility in at least one of the targeted communities of East Orange, Orange and/or Montclair. Applicant must deliver outreach services to all of the identified communities. Applicant must provide services including hiring appropriate staff and staffing must reflect the community serviced. Sub grants will not be allowed under this RFA. Given the higher target population in East Orange and Orange, preference will be given to prenatal providers with a facility in those cities.

D. ORGANIZATION STRUCTURE:

1. THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

The New Jersey DHSS/FHS is the state governmental agency responsible for the release of this RFA and successful applicants must be able to abide by all programmatic and fiscal requirements of the agency.

2. THE DIVISION OF FAMILY HEALTH SERVICES

The Division works to promote and protect the health of mothers, children, adolescents, and at-risk populations, and to reduce disparities in health outcomes by ensuring access to quality comprehensive care. The DHSS/FHS encompasses a broad range of programs and services that focus on the health and well-being of families and communities in New Jersey. Our goal is to promote and protect the health of individuals throughout the life span, from the prenatal period, to mothers and newborns, infants, children, including those with special health care needs, adolescents, adult women and men and those with chronic health conditions. Ultimately we work to enhance the quality of life for each person, family and community, and to make an investment in the health of future generations.

The Division administers funding for and oversees a wide variety of family centered, culturally competent program and initiatives in the community, including preventive and primary care services. The Division also oversees and administers a number of task forces, boards and councils, which fulfill legislative intent and mandate. The Division is supported by State and federal funding. The combination of funds supports population based public health surveillance, public health screening and early detection programs, programs to support high-risk or special needs families, and direct services to specific populations. The Division administers over 500 health service grants or letters of agreement with community-based agencies to provide this array of public health services.

3. THE MATERNAL AND CHILD HEALTH UNIT

Within the DHSS/FHS, the Maternal and Child Health Unit, supports programs and services that aim to improve the health status of New Jersey families, infants, children and adolescents in a culturally competent manner, with an emphasis on low income and special populations; provide family planning, prenatal care, and perinatal risk reduction services for women and their partners and provide children's programs that focus on preventive initiatives in the areas of asthma,

lead poisoning, immunization, injury prevention, oral health, nutrition and physical fitness.

4. THE REPRODUCTIVE AND PERINATAL HEALTH SERVICES PROGRAM

The goals of the program are to:

Improve perinatal and pediatric outcomes through an established regionalized network of Maternal and Child Health Consortia, outreach and education, pre-conceptual health education, perinatal addictions risk reduction services, infant mortality reduction projects, fetal/infant mortality review, maternal mortality review, Healthy Start, Sudden Infant Death Syndrome counseling and education and review of Certificate of Need applications and licensing standards for perinatal and pediatric services. The program also ensures statewide access to family planning services including physical examination, pregnancy counseling and contraception.

E. STATEMENT OF THE PROBLEM:

The Department of Health and Senior Services, Division of Family Health Services is the recipient of the Healthy Start grant and is particularly concerned with the reduction of racial disparity in health outcomes. This is a major priority for the Department in achieving its mission of ensuring the continued improvement in the health, safety and well-being of the maternal and child health population in New Jersey. While overall mortality rates for infants, including black infants, have dropped in recent years, there remains a wide disparity between rates for black and white infants. Black infant mortality (BIM) rates in the United States remain twice that of white infant mortality (WIM) rates. This disturbing trend also persists in New Jersey. Regardless of maternal age, education, income, or marital status, a black infant is more than two times more likely to die in the first year of life than his or her white counterpart. This disparity is linked to incidence rates for preterm delivery, low birth weight (LBW) (babies born weighing less than 2500 grams) and very low birth weight (VBLW) births (babies born weighing less than 1500 grams). LBW is the major determinant for infant mortality (NJDHSS 1999).

Black Infant mortality rate (per 1,000 live births)			
	2004	2005	2006
East Orange	8.3	10.8	8.7
Orange	12	10.3	13.2
Montclair	18.7	10.9	12.5

In comparison, the infant mortality rates for New Jersey were only 5.6, 5.2 and 5.4 respectively for that same time period.

During 2004 – 2006 of the 3,151 live births in East Orange, 120 of the women did not receive prenatal care. Of those 120 women, 111 were live births to black women who did have prenatal care. In fact, only 50% of black mothers entered first trimester care. 298 births were LBW during those years and 279 (93%) were born to black women.

During 2004 – 2006 of the 1,725 live births in Orange, 41 of the women did not receive prenatal care. Of those 41 women, 31 were live births to black women who did have prenatal care. In the city of Orange, 60% of black mothers entered first trimester care. 7% of the total births were LBW during those years and 71.4% were born to black women.

Provisional prenatal care data is not yet available for Montclair. There were 7.6% LBW babies born in this city from 2004 – 2006.

The average for the State was 6.6% LBW for the 3 year period being discussed.

PROGRAM GOALS:

The purpose of this Healthy Start Initiative is to improve pregnancy outcomes and reduce infant mortality in East Orange, Orange and Montclair. A comprehensive case management model with outreach, client recruitment, and health education is to be implemented, to ensure culturally competent care to improve the health outcomes for the diverse black population. This model will increase the percent of pregnant women receiving earlier and regular prenatal care.

OVERALL OBJECTIVES:

1. By 1/31/14, Decrease the number of LBW births by project participants to at least 8.9%.
2. Increase community coordination and collaboration by 20% by 1/31/14.
3. By 1/31/14, participating women who receive care in the first trimester will be increase to at least 75%.
4. Decrease by 20% the number of women designated as receiving no prenatal care in the project area by 1/31/14.

METHODS:

The purpose of this Healthy Start Initiative is to reduce infant mortality in the city of East Orange, Orange and Montclair and the number of low birth weight babies in this proposed area. The focus will be to increase the number of black women receiving earlier and regular prenatal care, increase parenting education, and increase maternal and pediatric primary care and health promotion. The overall project plan will ensure that the identified vulnerable population obtains the full range of prenatal and delivery care services they need, and promotes well child care and appropriate parenting skills during the child's first two years of life. This will be accomplished through outreach/retention/case management. An applicant must demonstrate how they will achieve the goals and objectives utilizing the methods described below.

The Healthy Start project will include the following components:

- care coordination/case management services for pregnant women;
- care coordination/case management services for post partum women/families;
- enhanced clinical and health support services (nutrition, WIC, health education, psychosocial assessments/guidance counseling and referral);
- outreach, client recruitment and follow-up for: pregnant women, pediatric well baby services and immunizations; home visitation;
- immunizations referral/follow-up for children age 0-2 years;
- HIV assessment, counseling referral for testing;
- substance abuse screening/referral;
- family planning services/referrals;
- community health education programs;
- transportation facilitation.

The project model team will recruit and coordinate total care of 350 clients annually (150 black pregnant women and 200 parenting women and their families). Specific efforts will be targeted on coordination of services for infants (0-2 years old) from entry into services through continuation of care, to assure that families can access medical, health and psychosocial services

needed. Case coordination will link clients, both parents and infants, with an ongoing source of primary care for two years beyond the perinatal period. These follow-up services will provide the support and continuity needed to keep the family in a wellness state. The provision of these services will be provided in a coordinated, culturally sensitive, multi-disciplinary approach through client assessment, referral, monitoring, facilitation and follow-up on utilization of needed services.

The model will have a built in mechanisms of case management to link and refer clients to needed health and social service providers, who are culturally diverse. Home visits will be provided for ongoing need assessment and intervention and maintenance of contact with the client and families for two years post partum.

An agency must demonstrate their ability to provide creative and diverse outreach plans. Respondents will also participate in ongoing outcome evaluation with the contracted Healthy Start evaluator.

STAFFING:

At a minimum staffing should include Coordinator/Case Manager, Case Manager/Outreach Worker and a Case Manager/Health Educator.

PROJECT MONITORING:

The project will be monitored to ensure compliance with identified performance and outcome measures. Both review and analysis of progress reports and on-site monitoring will be conducted for the agency awarded funding this RFA.

Each quarter, the grantee will document progress being made toward or accomplished for all planned grant activities on the "Grant Progress Report" form. The activities will be submitted to the project director no later than fifteen days from the end of the grant quarter. The annual grant progress report of all grant activities will be submitted to the project director no later than thirty days from the end of the grant year.

On a quarterly basis, the functioning of the project will be assessed to provide feedback intended to improve the performance of the program from the project director.

In addition to evaluation of grant activities, the applicant will participate in technical assistance and training provided by the DHSS/FHS.

PROJECT EVALUATION:

Applicant will work with the funded local evaluator and will utilize the established web-based system.

Performance data will be collected related to the project activities and objectives. These reports will be completed quarterly and annually for submission to the program officer.

GENERAL REQUIREMENTS:

The grantee awarded funding through this initiative must:

1. In lieu of a Health Service Grant application, applicants must submit a narrative, budget and budget justification. Narrative must include project plans to comply with the goals, objectives and method identified in the RFA. Narrative is limited to 10 pages and does not include the budget and budget justification.
2. Demonstrate that black women of childbearing age, their infants and their families in the target area of East Orange, Orange and Montclair will have access to the full range of services offered by the Healthy Start program.
3. Provide an organizational chart including proposed location of project with the organization.
4. Provide job descriptions of all positions to be funded by this grant.
5. Demonstrate that the site will be operational and services will be initiated within 45 days of a grant award.
6. Demonstrate progress quarterly toward meeting goals and objectives as identified in the application.
7. Demonstrate how grant funds will augment and not supplant available funds and identify in-kind resources to expand existing health care services and community services.
8. Grantee under this RFA may use a maximum of ten percent (10%) of awarded funds for the support of administrative expenses of the applicant organization. There will be no award of indirect costs. However, the administrative and overhead expenses incurred by the applicant on behalf of the project should be quantified and included as a direct cost (up to 10%) or as an in-kind contribution.

APPLICATION PROCESS:

Letter of Intent: **is mandatory and must be mailed or faxed to Maggie Gray by 6/25/10.** Letter must include name of agency, demonstrate ability and capacity to provide services as outlined in the RFA, status as a prenatal provider and documentation of site location within target area. If faxing, please call Ms. Lillian Caraballo or Mr. Mark Smith at (609) 292-5616 to confirm receipt. Mailing address and fax number are as follows:

NJ State Department of Health and Senior Services
Division of Family Health Services
Reproductive and Perinatal Health Services
The Capital Center, 6th Floor
P.O. Box 364
50 East State Street
Trenton, NJ 08625-0364
Attention: Maggie Gray
Fax Number: (609) 292-3580

FINANCIAL MANAGEMENT:

Applicants should provide a brief description of the financial management system exhibiting effective controls and accountability for all funds, property and other assets, which safeguard all such assets and assures that they used solely for authorized purposes. All sources of funds used to support the project as described in the approved project plan must be included.

TIMELINE FOR APPLICATION SUBMISSION:

Hard copy of applications must be submitted by 5:00 p.m. on 7/16/10. No extensions will be granted. Successful applicant will be required to submit through the SAGE system within 5 days of notification of award.

Application is to be mailed to the following address:

NJ State Department of Health and Senior Services
Division of Family Health Services
Reproductive and Perinatal Health Services
The Capital Center, 6th Floor
P.O. Box 364
50 East State Street
Trenton, NJ 08625-0364
Attention: Maggie Gray

The following is the anticipated timeline for the project:

<u>Activity</u>	<u>Date</u>
Letter of Intent	<u>6/25/10</u>
Applications Due	<u>7/16/10</u>
Staff Review to Insure Complete Applications	<u>7/19/10</u>
Review Committee Meeting	<u>7/20/10</u>
Budget and Project Negotiations	<u>7/23/10</u>
Final Grant Processing	<u>7/26/10</u>
Project Begin	<u>8/15/10</u>

REVIEW PROCESS:

1. Applications received by the deadline will be screened for compliance with the mandatory requirements by Reproductive and Perinatal Health staff.
2. Applications that are incomplete or do not conform to the grant requirements will be disqualified.
3. Applications that meet the screening requirements will be presented to a review committee.
4. The review committee will assess each application according to the Evaluation Criteria described below.

EVALUATION CRITERIA:

Applications will be reviewed in accordance with the Evaluation Criteria contained in the Request for Applications.

- Background/Organizational Capacity (20 points)
- Needs Assessment/Outreach (10 points)
- Project Plan for Service Delivery (50 points)
- Budget and Justification (20 points)

After applications have been scored and ranked by the review committee, the DHSS/FHS staff will review the budget request. An application must receive a minimum score of 70 points to be eligible for funding. The DHSS/FHS may negotiate specific line items that it determines to be inappropriate, excessive or contrary to the DHSS/FHS grant policy.

NOTIFICATION OF GRANT AWARD AND APPEALS PROCESS:

1. It is anticipated that applicants will be notified of the award status (acceptance or rejection) on or about 7/23/10.
2. Upon award notification, the DHSS/FHS will finalize the project and budget with the grantee.
3. Funding and issuance of a grant is contingent upon the availability of sufficient funds.
4. Appeals of funding decisions may be made in accordance with the Appeals Process detailed in the DHSS/FHS Health Service Grant Application which is available on the Department's internet site at the address below:

<http://www.state.nj.us/health/mgmt/mgmt&adm.htm#financial>.

6/2/10-lc