

Program Announcement

FUNDING OPPORTUNITY:

Improving Maternal and Child Health Services in Central New York

Deadline for Applications: Friday, May 4, 2012 at 5 p.m.

All application materials should be submitted to mch@chfwny.org.

Question and Answer Calls

Tuesday, March 27, 2012, from 1 p.m. to 2 p.m.

Monday, April 24, 2012, from 2 p.m. to 3 p.m.

To register, email mch@chfwny.org at least two days prior to the call.

Call-in instructions will be emailed to you.

Questions regarding this Program Announcement may also be submitted to mch@chfwny.org and will be answered within three business days.

To download an electronic copy of this Program Announcement, visit
www.chfwny.org.

1. Overview

This funding opportunity is designed to support improvements to Maternal and Child Health (MCH) services in five “hot spot” communities identified by the Community Health Foundation of Western and Central New York (CHFWCNY) in our central New York region.

Through this funding opportunity CHFWCNY aims to improve the health of young children in poverty in targeted areas by capitalizing on strengths in the existing systems of Maternal and Child Health (MCH) care and services and providing support to enhance existing services and/or address gaps in those services. Up to four grantees are expected to receive awards of up to \$50,000 to implement 12- to 18-month sustainable projects designed to improve MCH services in central New York “hot spots”.

Proposals must advance at least one of the following goals:

1. Connecting more low-income women to existing care and services
2. Enhancing existing services to improve retention and/or outcomes for low-income women
3. Addressing gaps in existing services available to low-income women

Below is a list of problems and challenges within MCH care and services that were identified by CHFWCNY through extensive discussions and research in central New York, including interviews with service providers and pregnant and parenting women in the CNY "hot spot" communities. In your proposal to advance one or more of the goals above, interventions must be designed to directly address one or more of the issues below:

Individual/family level

- High poverty rates
- Health disparities (e.g. infant mortality, low birth weight)
- Lack of transportation
- Close birth spacing
- Tobacco and substance use
- Relatively high acceptance of teen parenting
- Low employment rates
- Sustained feelings of isolation, depression, anxiety
- Need for education and support for pregnancy and parenting

Provider level

- Poor continuity of care
- Lack of female providers
- Lack of coordination among service providers
- High client refusal rates for services
- Limited supply of prenatal providers
- Limited supply of providers that accept public insurance
- Limited supply of mental health providers

System level

- Limited post-partum service options
- Absence of extended post-birth support or case management
- Lack of available parenting classes
- Some high risk families excluded from programs due to stringent eligibility criteria
- Absence of standardized assessment of needs at birth
- Challenges with access to timely prenatal care

Below are examples of projects that may be proposed under each goal, along with which problem(s) they plan to address. *Note:* These examples are provided for illustration purposes only; submitted proposals are not limited to these sample projects.

Examples Goal 1: Connecting low income women to existing care and services

- New or improved patient navigation services for high-risk prenatal clinic patients (to address sustained feelings of isolation, depression, anxiety among women).
- Evaluation of new outreach strategies and/or implementation of evidence based outreach strategies for hard to reach populations (to address high client refusal rates for services).
- Piloting new hours, locations, or approaches to care or services to increase the number of low income women served (to address challenges with access to services).
- Implementing evidence-based case management approaches for high-risk clients, i.e. assessment and care planning, linkages with needed support services, etc (to address need for education and support for pregnancy and parenting).

Examples Goal 2: Enhancing existing services to improve retention and/or outcomes for low-income women

- Skills building, training or coaching for home visitors to increase acceptance of services, satisfaction with services and improved outcomes for low-income clients (to address high client refusal rates for services).
- Coordination and data sharing between human service and medical providers designed to increase referrals and efficiency for clients (to address poor continuity of care).
- Embedding home visiting staff within primary care setting to facilitate communication among providers and improve access to services for low-income clients (to address lack of coordination among service providers).

Examples Goal 3: Addressing gaps in existing services available to low income women

- Providing trauma screening and referrals during home visits to increase the number of women connected to needed counseling or other support services (to address sustained feelings of isolation, depression and anxiety among low-income women).
- Engaging WIC participants in financial literacy training to increase their financial self-efficacy and self-sufficiency (to address high poverty and low employment rates).
- Adding inter-conception services for women following a birth, i.e. doing a life plan, linking to services that focus on a healthy next pregnancy (to address close birth spacing).
- Testing strategies to address chronic illnesses and/or prior poor birth outcomes among low income women (to address health disparities).

Timeline

Program Announcement released	March 13, 2012
Question and Answer conference calls	March 27, 2012, 1 p.m. to 2 p.m. April 24, 2012, 2 p.m. to 3 p.m.
Proposals due to mch@chfwcny.org	Friday, May 4, 2012 at 5 p.m.
Notification of site visits	By May 16, 2012
Site visits	May 21 - 25, 2012
Grants awarded	July 30, 2012
Phase 1: Project planning and Technical Assistance support	August 1, 2012 – October 31, 2012
First Learning Session (Attendance Required)	Thursday, August 16, 2012
Phase 2: Project implementation	November 1, 2012 – May 30, 2013

2. Background

2A. CHFWCNY

The Community Health Foundation of Western and Central New York is dedicated to improving the health and health care of the people and communities of western and central New York.

Since its inception in 2003, CHFWCNY has focused its funding and initiatives on improving health outcomes for frail elders and children living in communities of poverty.

In 2009, CHFWCNY sharpened its focus within both populations. As a result, CHFWCNY is concentrated on deferring decline and the consequences of frailty among elders and on helping elders function successfully in the community with effective health care and supports. To help young children be healthy and ready to succeed in school, CHFWCNY prioritizes initiatives to primarily invest in children ages birth to five. And, in support of both groups, CHFWCNY invests in strengthening health capacity in the communities in our regions.

CHFWCNY's funding areas are the eight western New York counties of Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans and Wyoming, and the eight central New York counties of Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego and Tompkins.

For more information on CHFWCNY, please visit www.chfwcny.org.

2B. Central New York Maternal and Child Health Initiative – Project History

In 2009, the Foundation commissioned [Chapin Hall](#) at the University of Chicago, a nationally-known research and policy center focused on issues affecting the well-being of children, families and their communities, to conduct an environmental scan of the central New York region to identify needs, gaps and strengths in the existing maternal child health system.

The report, “[Improving Services for Pregnant Women and Children 0-1 in Central New York State](#),” provides an overview of the existing service infrastructure by county, and includes interviews with key staff at a variety of community-based organizations that provide maternal and child health services.

Subsequently, Chapin Hall analyzed maternal/child health data at the zip code level in a second report, “[Improving Services for Pregnant Women and Children 0-1 in Central New York State: Profiling High Risk Communities](#).” This report provides zip code level analysis of the following maternal and child health outcomes: teen pregnancy, teen births, prenatal care status, low birth weight and infant mortality.

From these data, the Foundation selected the following five geographic areas, or “hot spots,” in which to concentrate its efforts, which are the target communities for this RFP.

County	Zip Codes	Poverty Rate	Births (2007-2009)
1. Oneida (Utica)	13502	14%	2,884
	13501	22%	
2. Oneida (Rome/Blossvale/Taberg)	13440	10%	1,248
	13308	8%	
	13471	5%	
3. Onondaga (Syracuse)	13208	17%	17,099
	13203	19%	
	13204	32%	
	13202	47%	
	13207	17%	
	13205	23%	
	13206	13%	
	13210	24%	
4. Herkimer (Little Falls and Cold Brook)	13365	9%	365
	13324	17%	
5. Oswego (Richland/Altmar/Williamstown/ Pulaski)	13144	18%	430
	13302	12%	
	13493	11%	
	13142	10%	

In late 2010, interviews were conducted with women in these “hot spots” to gather further insights regarding the experience of being pregnant and parenting in these communities, and to assess any relevant community norms regarding prenatal and perinatal care.

For more details about this initiative and to access the full reports, visit www.chfwcnny.org.

By capitalizing on what the Foundation has learned, CHFWCNY has developed three strategies to improve the health of young children living in communities of poverty.

- **Grants to support improved services for maternal and child health** – Capitalize on strengths in the existing system of care and services, and provide support to address

gaps or needs in those services, with the long-term goal of improving the health of young children in poverty in central New York. (*THIS PROGRAM ANNOUNCEMENT*)

- **Grants to support midwifery services** – Support the development and growth of midwifery services for low-income women in the central New York region. (Released in October 2011, grants awarded in February 2012).
- **Facilitated coordination** – Provide facilitation and technical assistance for health and human service providers in Oneida County to support coordination and services for young children and families (ongoing).

3. Grants to Support Improving Maternal and Child Health Services

3A. Eligibility

Eligible applicants must:

1. Currently offer programming and services designed to support and/or improve health outcomes among pregnant women and/or their babies.
2. Currently serve pregnant women and their babies in one or more of CHFWCNY's identified "hot spot" communities in central New York, which are listed on page 5.

3B. Funding, Learning Community and Technical Assistance

Funding: Selected organizations will receive up to \$50,000 in grant funds for a 12- to 18-month period.

Grant funds for this Program may be used for costs associated with the project such as staff time and supplies, consulting costs, data collection and analysis, consumer surveys and training. Funds may not be used to cover the cost of direct patient services (e.g. office visits), IT hardware or software that is required as a "usual cost of doing business" or capital improvements.

Learning Community: To support the success of this work, the Foundation will arrange shared learning opportunities that may include in-person meetings, conference calls, email updates and periodic webinars on topics of potential interest. Any grantees funded under this project will be expected to participate in these learning opportunities.

Technical Assistance: An expert advisor identified by the Foundation will work with each grantee to provide guidance and feedback on project goals, activities and measurement, including the development of a logic model that will describe how their proposed project is intended to achieve specific outcomes. The expert advisor will also assist in identifying specific objectives, measurement tools, selection of evidence-based models and planned data collection approaches to guide project implementation.

3C. Evaluation

To determine the impact of this work, grantees are expected to cooperate fully with an evaluation during the grant period and for up to 12 months after completion of the grant.

Grantee participation in this evaluation is not expected to require a significant amount of extra time or effort. Selected organizations will be asked to collect and submit basic data and may also be asked to support the evaluation by completing short questionnaires and/or participating in interviews to provide feedback on the program.

Each grantee will also identify outcomes by which to measure the success of their proposed projects, including impact on selected indicators. Grantees will receive guidance from an expert advisor identified by the Foundation in selecting appropriate indicators, data collection strategies and other evaluation support.

4. Application Narrative

Interested organizations must complete an Application Narrative, which is **not to exceed six pages**.

4A. General Organization Information

In this section:

1. Provide a brief description of the organization, including staff size, operating budget, structure and a general description of services/programs offered and population(s) served, particularly in relation to the proposed project.
2. What is the mission of the organization?
3. Which geographic areas does the organization serve? Be as specific as possible using zip codes, counties or other appropriate parameters. List which CHFWCNY “hot spots” are served (see page 5 for a list of zip codes) and indicate the number and percentage of people served by your organization that reside in the hot spot(s).

4B. “Improving Maternal and Child Health Services” Project Description

In this section:

1. Identify the goal of your proposed project and which CHFWCNY-identified issue(s) you intend to address with your proposed project (listed on page 2). Include any relevant documentation of the problem that your organization or its clients have experienced, i.e. needs assessments, population data, client surveys.
2. Describe your approach to addressing the problem.
3. Identify what evidence or best practice(s) support this approach (e.g. published literature, program evaluation data, anecdotal reports, successful programs in other communities). Be specific, including references where applicable.
4. Name the short-term outcomes you expect to achieve with your proposed project. Also list any intermediate or long-term outcomes you expect the project will lead to if successful (see list of examples below).
5. Identify the individuals that will be responsible for achieving these outcomes. Briefly (1-2 sentences) describe the qualifications of these individuals.
6. Identify potential challenges or barriers you anticipate in implementing the proposed project and how you intend to address them.

7. Describe how you anticipate continuing the work beyond the project period. What are your plans for sustainability? What challenges do you anticipate may be encountered related to sustainability?
8. Provide the timeline for the project, including key milestones.
9. Describe any key partners from outside your organization that are essential to success of your project. Explain their role(s) in the project and why they are essential to success. You must attach letters of commitment from partner organization(s) that describe in detail their understanding of their roles and responsibility in achieving the outcomes for the proposed project. The letter(s) must be signed by the executive director or CEO of the partner organization and do not count towards the six page limit.

Examples of potential short-term outcomes and associated long-term outcomes

(Note: These examples are provided for illustration purposes only; proposals are not limited to using these sample outcomes.)

- Short-term: Improved trust of providers; Long-term: Increased acceptance of services by high risk women and families.
- Short-term: Improved coordination among providers; Long-term: Reduced duplication of services, improved efficiency, cost savings.
- Short-term: Improved access to mental health support services; Long-term: Reduced referrals to child protective services.
- Short-term: Improved access to timely prenatal care; Long-term: Decreased rates of pre-term birth, low birth weight and/or infant mortality.
- Short-term: Improved supply of post-partum support services; Long-term: Longer periods of time between births, improved health outcomes for subsequent births.

5. Budget and Narrative

Please fill out the attached budget template for up to \$50,000 in grant funding and provide a detailed budget justification for each line item. Grant funds may be used for costs associated with the project, such as staff time and supplies, consulting costs, data collection and analysis, consumer surveys and training. If including personnel, be specific about what role that person will play in the project. If including supplies, detail how those supplies will support project implementation.

For this Program Announcement funds **may not** be used to cover the cost of direct patient services (e.g. office visits), IT hardware or software that is required as a “usual cost of doing business” or capital improvements.

The budget and budget justification do not count toward the six page limit.

6. Application Review

We expect to receive more applications than can be included in this project. Proposals will be evaluated based on:

- Relevance of the issue or problem selected to low income women in one or more “hot spots”
- Evidence and/or best practices supporting the planned approach
- Potential impact of the project on children living in poverty in one or more “hot spots”.

We may schedule conference calls or site visits to assist us in the selection process. These will take place between May 21 and May 25 and applicants will be notified at least one week in advance if a call or site visit is required. Individual(s) responsible for project outcomes, including individuals from essential partner organizations, must participate.

CHFWCNY will notify all applicants of the selection decisions by July 30, 2012.

7. Application Submission Instructions

1. Proposal Cover Page – The attached proposal cover page that identifies a primary contact for the CHFWCNY must be completed and signed by the organization’s executive director or CEO (or person serving in that capacity). The Proposal Cover Page does not count toward the six page limit.

2. Application Narrative – The application narrative must meet the parameters described previously and be in a 12-point font with one-inch margins. Narratives are expected to honor the six page space limitation and any information provided that exceeds these limits will not be considered. CHFWCNY will contact applicants for additional information if needed.

3. Budget – The budget template and budget justification must be completed and attached to the application narrative. The budget and justification do not count toward the six page limit.

Please attach the signed proposal cover page and application narrative with budget and budget justification in your electronic submission. If you are unable to submit all documents electronically please call our Syracuse office at 315-671-0057 ext. 200.

Applications are due by **May 4, 2012 at 5 p.m.**

All application materials should be submitted to mch@chfwny.org.

Submitted applications will be acknowledged by a return email within two business days.

**For an electronic copy of this Program Announcement,
visit www.chfwny.org.**



Transforming Maternal and Child Health Services in Central New York

Proposal Cover Page

Name of Organization Submitting Application

Address	City	State	Zip Code
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Name of CEO [please print]	Signature	Date
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Name of Board President [please print]	Signature	Date
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Name of Contact Person (if different from CEO)

Telephone	Fax	Email
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Name of Organization to serve as Fiscal Agent (*if different from organization listed above*)

Address	City	Zip Code
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Contact Person	Phone	Email
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Name of Organization: _____
Name of Program: _____
Project Timeline: _____
Financial Contact Person: _____
Phone Number: _____ **Email:** _____

PERSONNEL EXPENSES

TITLE	SALARY	% FTE	SUBTOTAL	FRINGE BENEFITS	TOTAL
TOTAL					

NON-PERSONNEL EXPENSES

CATEGORY	REQUESTED FROM CHFWCNY	SUPPORT FROM OTHER SOURCES	TOTAL PROJECT BUDGET
CONTRACTED SERVICES			
SUPPLIES			
PRINTING			
MARKETING/ COMMUNICATION			
STIPENDS/ INCENTIVES			
TRAVEL			
EVENT/VENUE			
TOTAL			

INDIRECT EXPENSES

CATEGORY	BUDGET	% BUDGET (MAY NOT EXCEED 10%)
INDIRECT		

TOTAL PROJECT BUDGET \$	TOTAL REQUESTED FROM CHFWCNY \$
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BUDGET GUIDELINES

NARRATIVE

Please provide a narrative to explain your proposed project budget. Be sure to describe, in as much detail as possible, why each item listed on the budget is needed and how it will be used.

- The budget narrative must include an explanation of every line item for which you are requesting support from CHFWCNY. For example:

Salaries and Wages—Project Director: The total requested for this position is \$15,000, which represents the 40 percent of his/her total work time that will be spent on the project. Responsibilities include planning, development, and evaluation.

Equipment/Supplies—Postage: The total requested for postage is \$2,500, which includes routine mailing costs as well as mailing the project brochure. Approximately 7,500 brochures will be mailed at a bulk rate of \$0.22 per piece.

- **Please also list and describe any in-kind government, corporate, and/or other Foundation support, as well as individual donors, if any, as part of the budget narrative.**

LINE ITEM BUDGET

- The line item budget, (attached PDF) should include all income and expenses associated with the proposed project. *Please note that not every line item may apply to every project.*

LINE ITEM BUDGET DEFINITIONS

Salaries include full, part-time, and temporary employees.

Fringe Benefits include FICA, pension, health insurance, workers' compensation, etc.

Contracted Services includes outsourced services or workers.

Supplies/Materials include office supplies; postage; copier rental and supplies; telephone, fax and computer supplies; equipment repair and maintenance; etc.

Travel includes air travel, out-of-town expenses, and per diem, in-town parking and mileage expenses.

Indirect Costs include business expenses not directly connected with the proposed project. These costs may not exceed 10 % of the overall budget.