

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

**DIVISION OF FAMILY HEALTH
SERVICES**

**REQUEST FOR APPLICATIONS
FOR
ACCESS TO PRENATAL CARE
PRECONCEPTION
AND
INTERCONCEPTION CARE**

First Year Grant Application Instructions

**Three Year Competitive
Application Process
First Budget Grant Year CY 2010**

TABLE OF CONTENTS
RFA – Access to Prenatal Care

A. Statement of Purpose.....	Page 3
B. Funding Information.....	Page 3
C. Applicant Eligibility.....	Page 3 & 4
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 Program	
4. Reproductive and Perinatal Health Services	
E. Statement of the Problem.....	Page 5 & 6
F. Program Goals.....	Page 6
G. Program Objectives.....	Page 7
H. Methods.....	Page 7 - 9
1. Target Population	
2. Project Goals	
3. Project Objectives	
4. Project Monitoring	
5. Project Evaluation	
I. General Requirements.....	Page 9 & 10
J. Application Process.....	Page 10 - 14
1. Health Services Grant Application and Attachments	
2. Project Narrative	
Section One: Organization, Administration & Management	
Section Two: Needs Assessment	
Section Three: Project Plan for Service Delivery	
Section Four: Budget and Justification	
K. Technical Assistance.....	Page 12
L. Grants Submission Information.....	Page 12
M. Address for Delivery of Applications.....	Page 13
N. Timeline for Application Submission.....	Page 13
O. Review Process.....	Page 13
P. Evaluation Criteria.....	Page 14
Q. Notification of Grant Award and Appeals Process.....	Page 14
R. Directions.....	Page 14
Appendix	
Resources	

REQUEST FOR APPLICATIONS

Access to Prenatal Care, Preconception and Interconception Care

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 Program (RPHS) is announcing a competitive request for applications (RFA) to improve and provide quality access to prenatal care, preconception and interconception care as a means to decrease infant mortality rates.

The purpose of this program announcement is to implement recommendations contained in the Commissioner's Prenatal Care Task Force Report issued in July 2008 (available at http://nj.gov/health/fhs/documents/task_force_report.pdf). Projects seeking funding should be able to produce measurable positive outcomes in increasing the number of women accessing prenatal care in the first trimester and/or increasing access for reproductive age women and their partner for preconception and interconception care.

B. FUNDING INFORMATION:

It is expected that for the first year, a total of up to \$3 million will be available for funding. These funds are available from a combination of state and federal funding sources. The award of grants under this announcement is contingent upon the continued receipt of these state and federal funds by the DHSS/FHS. The Department anticipates funding four to seven awards ranging from \$350,000 to \$750,000 annually to applicants who can successfully meet the program and project criteria described in this announcement. Population size and geographic distribution will be considered in determining award levels.

This competitive RFA is for a period of three years (January 1, 2010 through December 31, 2012.) Year 2 and 3 Budget Periods will be for one year and are dependent upon the availability of funds. The initial award will cover January 1, 2010 – December 31, 2010. In subsequent years, the agency must submit a noncompetitive multi-year health service grant application. Each year continuation funding is contingent upon the availability of funds; timely accurate submission of reports; an approved annual plan; and satisfactory progress toward completion of the current year contract objectives.

C. APPLICANT ELIGIBILITY:

Eligible applicants must be New Jersey based public agencies or private non-profit organizations, as evidenced by a 501 (c) (3) status tax determination letter or other proof of non profit status. Eligible applicants include but are not limited to Maternal and Child Health Consortia, Healthy Mothers, Healthy Babies Coalitions, local health departments;

ambulatory care facilities; and other facilities that provide dedicated maternal and child health services and that meet the requirements of this RFA.

Applicants must have established partnerships with community-based maternal and child health providers/agencies with proven capabilities in implementing activities and interventions within a targeted community and the capability to focus on reproductive age women and their partners. The applicant must satisfactorily demonstrate that the effort is collaborative, coordinated, and that the expertise and other necessary resources are available to successfully carry out the proposal. The applicant must delineate their role in this collaborative process. All applications that meet the minimum requirements will undergo a review process, as described below. Any agency or program that has been disbarred or is under suspension by the DHSS or other governmental agency is not eligible.

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 programs 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, CHILD AND COMMUNITY HEALTH UNIT

Within the DHSS/FHS, the Maternal, Child and Community 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, preconceptional health education, perinatal addictions risk reduction services, infant mortality reduction projects, fetal/infant mortality review, and maternal mortality review, Healthy Start program, 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:

Prenatal care, which refers to the medical care recommended for women before and during pregnancy, helps ensure the health of the new mom and her baby and also reduces negative outcomes such as maternal death rates, miscarriages, birth defects, low birth weight and other preventable infant problems. Access to prenatal care is extremely important, yet many factors mitigate against early prenatal care, including unintended pregnancies, lack of awareness of a pregnancy and lack of insurance. These can delay the initiation of early prenatal care. Mothers most likely to benefit from early prenatal care because of higher risk of poor birth outcomes - such as teens, minorities, unmarried mothers and mothers with less education - remain less likely to receive early prenatal care. Even mothers with chronic pre-pregnancy conditions such as diabetes and hypertension known to benefit from early pregnancy management have not experienced increases in first trimester prenatal care. Many states have tried to respond to the needs of women by implementing programmatic and systemic responses such as Medicaid family planning waivers to help women avoid unintended pregnancies, and improve infant and maternal health outcomes. Preconception care is needed to provide health promotion, screening and interventions for women of reproductive age to reduce a woman's risk factors, especially where pregnancies have not been planned.

A recent study ranked New Jersey 40th in women receiving first trimester prenatal care showed the critical needs that must be addressed to ensure the health of women and children in this State. As a result, Commissioner Heather Howard, New Jersey Department of Health and Senior Services, convened the Prenatal Care Task Force in February 2008. The Task Force's charge was: to make recommendations to improve access to early prenatal care; to increase the number of women seeking and receiving care; and, to review data related to prenatal care access, including racial and ethnic disparities. The Task Force was also charged with reviewing adequacy of the provider network and identification of any regional or geographic barriers to care; reviewing best

practices and identifying successful programs to increase prenatal care; reviewing current support for improved pregnancy outcome activities; and making recommendations to improve first trimester prenatal care rates in New Jersey.

The Task Force, which was comprised of leaders and experts in the field of Maternal and Child Health, prepared this document with recommendations for consideration and possible implementation. Three subcommittees were formed: Education; Capacity; Quality Outcomes. Subcommittee meetings were convened between scheduled meetings of the Task Force and all three subgroups formulated goals and recommendations, which focused on: 1) Education; 2) Access to Reproductive Health Care Services and Practitioners; 3) Evaluation. The recommendations stress many important goals such as increasing public awareness of preconception health; ensuring the availability of ongoing early prenatal care services to women in areas affected by hospital closures and or reduction in obstetric services and promoting equity in birth outcomes.

F. PROGRAM GOALS

The overall goals include:

- Increase the rate of first trimester prenatal care in New Jersey to at least 90% to coincide with the National Healthy People 2010 goal. The rate of first trimester prenatal care for New Jersey mothers for 2004 was 78.6%.
- Increase entry into first trimester prenatal care, with emphasis on racial and ethnic disparities.
- Decrease the rate and/or percent of preterm births.
- Decrease the rates and/or percent of low birth weight newborns.
- Decrease C-section rates.
- Educate providers and consumers of the value of prenatal, preconception and interconception care using best practice models.
- Link reproductive age women and their partners to a medical home for preconception, early prenatal care and interconception/family planning services.
- Increase availability of preconception and interconception care providers and services.
- Increase the demand for preconception and interconception care.
- Promote “Risk Reduction Screening” including Perinatal Addiction Prevention (4P’s Plus), and Sexually Transmitted Infections and identify the availability of risk reduction services.
- Educate consumers regarding the importance of prenatal care including developing a birth plan and pregnancy spacing.

G. PROGRAM OBJECTIVES:

Improve access to early entry into prenatal care, that coincide with the National Healthy People 2010 goal.

Decrease the percent of low birth weight births (<2,500 grams) in New Jersey (Baseline 8.1, 2003).

H. METHODS:

1. TARGET POPULATION

The applicant shall clearly delineate the population to be served through the grant period; targeting high risk communities for improvement in perinatal indicators including access to prenatal care, preconception and interconception care. High risk communities will include those identified using the Population Perinatal Risk Index for New Jersey infant mortality rates and other measures available at:

http://nj.gov/health/fhs/documents/task_force_report.pdf

Priority will be given to applicants targeting the following communities:

Camden, East Orange, Asbury Park, Irvington Township, Trenton, Newark, Willingboro Township, Pleasantville, Bridgeton, Plainfield, Atlantic City, Orange, New Brunswick, Roselle Borough, Jersey City, Paterson, Pennsauken Township, Lindenwold Borough, Hillside Township, Mount Holly Township, Millville, Elizabeth, Pemberton Township, Vineland, Long Branch, Neptune, Passaic City, Englewood, Perth Amboy, and Glassboro.

The applicant must demonstrate how the initiative will increase access to prenatal care through the delivery of awareness education services **linked** to medical providers. Access to preconception and prenatal care services need to target populations of women of reproductive age and their partners. The surrounding communities shall be included based on the identified objectives of the grant.

The program needs to be an evidence-based comprehensive approach that integrates social, clinical and economic components, such as:

- Linkage to prenatal providers for provision of early prenatal care;
- Linkage to family planning and other medical providers for provision of preconception and interconception care;
- Risk appropriate care per American College of Obstetricians and Gynecologists/American Academy of Pediatrics guidelines;
- Community awareness;
- Social support services;

2. PROJECT GOALS:

Goals and objectives should be measurable and consistent with the recommendations of the Commissioner's Prenatal Care Task Force and the state performance measures as delineated in New Jersey's Maternal and Child Health Block Grant.

3. PROJECT OBJECTIVES:

The applicant should work to develop objectives that will enhance, develop or implement innovative, evidence-based, and replicable strategies to increase access to prenatal care and preconception and interconception care. These include, but are not limited to any of the following health service intervention and suggested performance indicators:

- a. Coordination or Facilitation of Access to Services:
Performance indicator: increased % of completed referrals for preconception, interconception and prenatal clients; Number of perinatal and postpartum women, who received services.
- b. Outreach and Client Recruitment:
Performance Indicator: # of clients recruited via outreach events.
#Outreach events.
- c. First Trimester Prenatal Care:
Performance indicator: # of women actively enrolled in first trimester prenatal care. % of total pregnant women served and enrolled in first trimester prenatal care.

4. PROJECT MONITORING:

Projects 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 all projects awarded funding through this RFA.

Monitor quality of preconception, prenatal and interconception standards of care.

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 program officer 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 program officer 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 Program Officer.

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

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.

5. PROJECT EVALUATION:

The applicant will include a plan to evaluate the project. No more than 10% of grant funds should be utilized for the evaluation component. Evaluation of applications funded by this RFA are a component of quality improvement for maternal and child health indicators and should be included in an existing quality improvement program.

Since each objective must be measurable, outcome-oriented, with time-frames, applicants should be aware that, if awarded, projects will be monitored to ensure compliance with outcome measures. Therefore, objectives should be realistic, based on available resources and capable of being accomplished within the specified time frames. On site comprehensive evaluation will be performed by the NJDHSS/RPHS staff.

I. GENERAL REQUIREMENTS:

All grantees awarded funding through this initiative must:

1. Demonstrate that all women of reproductive age and their partners enrolled in the program will have ready access to the full range of educational, preventive, and social services without regard to the client's ability to pay.
2. Provide an organizational chart including proposed location of project within the organization.
3. Provide job descriptions of all positions to be funded by this grant.
4. Provide resumes of individuals identified to fill key positions, as appropriate.
5. Demonstrate how the program will ensure participation of women of reproductive age and their partners in the target areas. Demonstrate how the program will ensure participation of individuals with limited reading ability and limited English proficiency.
6. Demonstrate that the site(s) will be operational and services will be initiated within **60 days** of a grant award.
7. Identify goals, objectives, activities, etc., on a work plan in the format identified below.

NEW JERSEY PERINATAL HEALTH IMPROVEMENT WORK PLAN 2009-2010

Goal	Objective	Activities	Timeline	Evaluation

8. Demonstrate progress quarterly toward meeting goals and objectives as identified in the application.
9. Demonstrate how grant funds will augment and not supplant available funds and identify in-kind resources to expand existing health care service and community services.
10. Present a sound and complete plan for the successful establishment of a new program. This plan should demonstrate responsiveness to the identified social and healthcare needs of the target population, appropriate short and long-term strategic planning, and coordination with health care providers.
11. Present a reasonable and accurate budget based on the proposed activities in the project plan.
12. Grantees 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.

J. APPLICATION PROCESS:

1. Health Service Grant Application and Attachments

The DHSS/FHS Health Service Grant Application is available on the Department's Internet site list at the address below:

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

Click on "Grant Application Forms." All items in the "Grant Application Package" must be completed and submitted by the deadline unless otherwise specified.

Health Service Grant Application:

- a. Please note that page 1 of 6 of the "Application for Grant Funds" must include an original signature by the Chief Executive Officer or Director of the applicant agency or program.
- b. Health Service Grant Application Narrative: Do not use pages 3 and 4 of the health service grant application package. The Narrative section of the application should be completed as described in J. 2 below.
- c. Accurately complete a line item budget in the application using Schedule A, B and C of the Health Service Grant Application.
- d. The line item budget must show the allocation of grant funds.
- e. The line item budget must show, in separate columns, the total amount of funds requested from the DHSS/FHS and the amount of funds from other sources that are being allocated to support this proposal.
- f. Although there is no minimum matching fund requirement for this grant, the applicant must demonstrate that sufficient resources are committed to the project to ensure success.
- g. Other funds must be shown in the "Funds and Program Income from Other Sources Related to this Application," page 6 of 6 pages.

2. The Project Narrative should be as follows:

The Narrative must be limited to no more than 40 double-spaced pages with one-inch margins (not including letter of transmittal, abstract, and attachments).

Section 1 – Background/Organizational Capacity (20 points)

Organizational Structure - Applicants should provide:

- a. A brief description and history of the organization;
- b. Proof of nonprofit status, including IRS 501(c)(3) certification, if applicable;
- c. Articles of incorporation and bylaws;
- d. A description of the organizational structure for program management;
- e. An organizational chart that describes the location of this program within the organizational structure; and
- f. A list of governing board and/or advisory board members that identifies expertise and population represented. Process for selection and rotation of board members should be included in appendices.
- g. Describe the experience of the applicant organization in providing quality coordination of resources and community services.
- h. Describe the major linkages with community (public and private) organizations (e.g., other health care programs, human service agencies, health professional education programs, integrated service networks, school systems, housing programs).

Section 2 – Needs Assessment (10 points)

- a. Identify the proposed target population and service area.
- b. Describe how the proposed program is most appropriate and responsive to the women of childbearing age and their partner in improving access to prenatal, preconception and interconception care and address barriers to care.
- c. Describe the extent to which project activities are coordinated and integrated with the activities of other community programs serving the same population(s).
- d. Describe both formal (attach Letters of Agreement) and informal arrangements.
- e. Include a time specific project plan that demonstrates that the agency/organization will be operational within 60 days of receipt of grant award.

Section 3 – Project Plan for Service Delivery (50 points)

- a. Describe the organization's general approach to meeting target population of the women of childbearing age and their partner.
- b. Describe the proposed service project model and the services to be provided.
- c. Describe the proposed staffing and facility readiness of the program.
- d. Describe how the proposed project is most appropriate and responsive to the identified issues related to access to prenatal care.

- e. Describe the extent to which project activities are coordinated and integrated with the activities of other federally funded, State and local health service delivery projects and programs serving the same population(s).
- f. Describe, in cases where the site is already operational, how grant funds will augment/supplement existing services, resources and providers to expand accessibility and availability of primary health care services to underserved populations.

Section 4 – Budget and Justification (20 points)

- a. The budget should be developed based on the estimated funding needs to accomplish the proposed project. Health Service Grant Application Schedule A, B, and C must be completed
- b. Identify the number of full time equivalents regardless of funding source that will be providing services or oversight for the program.
- c. The budget should be accompanied by a complete and comprehensive budget justification that provides an explanation for each budget line item; and
- d. The budget should be reasonable and appropriate based on the scope of the services to be provided.
- e. Identify all state and federally funded initiatives in the project area in which the applicant agency is funded.

Financial Management

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

K. TECHNICAL ASSISTANCE:

Technical assistance will be available to provide potential applicants an opportunity to ask any and all pertinent questions regarding this RFA. The technical assistance session will be held on **July 8, 2009** at the Department's facility at The Capital Center, 50 East State Street, 6th Floor Conference Room, in Trenton, New Jersey. **The technical assistance session will begin at 10:00AM – 12 Noon.** Attendance is not required, but is highly recommended. Those planning to attend should **RSVP** by **July 6, 2009** to **Ms. Lillian Caraballo at (609) 292-5616 or email her at lillian.caraballo@doh.state.nj.us**. Please note that no further scheduled technical assistance on the RFA will be provided after this meeting.

L. GRANT SUBMISSION INFORMATION:

Eligible agencies interested in applying for these funds must submit one original signed Request for Application Notice and five (5) copies. This is a competitive grant application process. Therefore, the application must be received by the DHSS/FHS, Reproductive and Perinatal Health Services no later than 4 p.m. August 12, 2009. No extensions will be granted and no late application will be accepted.

M. ADDRESS FOR DELIVERY OF APPLICATIONS:

Applications must be delivered to: **(use this address for UPS or FEDX delivery):**

NJ Department of Health and Senior Services
 Division of Family Health Services
 Reproductive and Perinatal Health Services
 Attention: Sandra M. Schwarz, Program Manager
 The Capital Center
 50 East State Street, 6th Floor
 Trenton, New Jersey 08608-1715

Regular mailing address is as follows:

NJ Department of Health and Senior Services
 Division of Family Health Services
 Reproductive and Perinatal Health Services
 Attention: Sandra M. Schwarz, Program Manager
 PO Box 364
 Trenton, NJ 08625-0364

N. TIMELINE FOR APPLICATION SUBMISSION:

As stated earlier, applications must be received by the DHSS/FHS Reproductive and Perinatal Health Services **no later than 4 p.m. on August 12, 2009**. No extensions will be granted and no late application will be accepted.

The following is the anticipated timeline for the project:

Activity	Date
• Technical Assistance Meeting	July 8, 2009 (Wednesday)
• Applications Due	August 12, 2009 by 4PM
• Staff Review to Insure Complete Applications	August 17, 2009
• Review Committee Meeting	August 24-26, 2009
• Budget and Project Negotiations	September 14-18, 2009
• Final Grant Processing	October 1, 2009
• Projects Begin	January 1, 2010

O. REVIEW PROCESS:

1. Applications received by the deadline will be screened for compliance with the mandatory requirements by Reproductive and Perinatal Health Services 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.

P. 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 (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, 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.

Q. 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 after October 1, 2009.
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 is available on the Department's Internet site list at the address below:

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

R. DIRECTIONS:

1. The following internet site below provides directions to The Capital Center at 50 East State Street (6th Floor), in Trenton, New Jersey to hand deliver the application.

<http://dhss/fhs/index.aspx>

Click on: **[The Division is located at 50 East State Street]** for The Capital Center directions and map.

2. The following internet site below provides directions to Technical Assistance Meeting

<http://dhss/fhs/index.aspx>

Meeting Location is: New Jersey Department of Health and Senior Services
Division of Family Health Services
Reproductive and Perinatal Health Services-MCCH
The Capital Center, 6th Floor Conference Room
Trenton, New Jersey 08608-1715
(609) 292-5616