OFFICE OF CHILD AND ADOLESCENT HEALTH

NOTICE OF FUNDING OPPORTUNITY

2022-2023
Request for Proposal

Program Background and Mission
The mission of the Mississippi State Department of Health (MSDH) Office of Child and Adolescent Health (OCAH) is to protect and advance the health, well-being, and safety of children and adolescents in Mississippi from birth through 21 years of age. The OCAH serves this mission by providing public health and gap-filling services through programs including:

- Children and Youth with Special Health Care Needs Program (CYSHCN)
- Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)
- Lead Poisoning Prevention and Healthy Homes (LPPHH)
- Mississippi Early Hearing Detection and Intervention (EHDI-MS)
- Mississippi First Steps Early Intervention Program (MSFSEIP)
- Newborn Screening (NBS) and Birth Defects and Hemoglobinopathy Surveillance

The OCAH works with primary and specialty care providers, and local health departments to ensure children and youth in Mississippi have access to:

- Timely, appropriate, and consistent health and developmental screenings
- Comprehensive, family-centered, and responsive healthcare in medical and dental homes
- Equitable health resources and care for diverse racial, ethnic, cultural, linguistic, socioeconomic, and geographic populations
- Evidence-based and/or evidence-informed health and intervention practices

Project Overview
The OCAH is seeking proposals to assist with implementing public health efforts that advance child and adolescent health in Mississippi on key priorities to address specific needs identified through the Maternal and Child Health (MCH) Needs Assessment conducted in 2020.

The three MCH priority needs identified by the OCAH are:

1. Family/Consumer Engagement
2. Health Equity
3. Enabling Services

Eligible applicants are encouraged to submit proposals for a priority listed below. Eligible applicants may submit proposals for more than one priority.

Priority 1: Family/Consumer Engagement

Project Goals and Objectives
The OCAH is committed to providing and promoting family-centered and responsive health services. The MSDH has adopted policies for Family/Consumer Engagement guided by the principles of authenticity, inclusivity, support, transparency, accountability, and ongoing professional development. These policies outline levels of engagement of (a) informing, (b) consulting, (c) involving, (d) collaborating/partnering, and (e) shared leadership.
The goals for the Family/Consumer Engagement priority are to expand existing efforts to:
- Provide family and consumer access to peer-to-peer support
- Increase family leadership on child and adolescent health advisory boards
- Improve the public health infrastructure to support family-centered health services

**Activities and Expected Deliverables**
- Implement/Expand a program to provide peer-to-peer support to existing and newly identified families of children or youth with genetic, metabolic, or other congenital conditions, special health care needs, lead exposure, developmental delays or disabilities, and/or sensory impairments, including hearing and/or vision loss
- Locate, recruit, and train family members of children or youth with genetic, metabolic, or other congenital conditions, special health care needs, lead exposure, developmental delays or disabilities, and/or sensory impairments, including hearing and/or vision loss to serve in the peer-to-peer support program
- Provide training using formal curricula (e.g., Serving on Groups) and ongoing support to current or future family leaders (e.g., those recruited for or who serve on an advisory board)
- Provide consultation to OCAH Programs to
  - Develop written family engagement plans involving multiple levels of engagement
  - Provide professional development for internal and external MCH personnel on the provision of family-centered care
  - Develop model policies and practices on family-centered health care

**Other Information about the Project/Expectations of the Applicant**
- Preference will be given to a family-led organization or entity.

**Priority 2: Health Equity**

**Project Goals and Objectives**
The Mississippi State Department of Health (MSDH) is committed to identifying and eliminating health disparities and inequities within health systems. The MSDH acknowledges racial and ethnic minorities and economically disadvantaged residents experience disparities in health outcomes and often lack equitable access to care and resources to achieve and sustain optimal health. The goal of the Health Equity funding is to identify, develop, and implement strategies to ensure an equitable child and adolescent public health infrastructure to provide client-centered, culturally relevant health care to improve health outcomes for diverse populations throughout the state.

**Activities and Expected Deliverables**
- Provide professional development for MCH personnel on health equity
- Provide consultation to OCAH Programs to:
  - Identify target populations for advancing health equity
  - Develop comprehensive written equity plans with strategies for implementing the National Culturally and Linguistically Appropriate Services (CLAS) Standards with evidence-based solutions addressing: (a) Governance, Leadership and Workforce; (b)
Communication and Language Assistance; and (c) Engagement, Continuous Improvement, and Accountability.
  o Develop model policies and practices to increase equitable access to health care and reduce health disparities

Priority 3: Enabling Services

Project Goals and Objectives
Enabling services are non-clinical services that enable individuals to access health care and improve health outcomes. Enabling services include, but are not limited to, care coordination, referrals, translation/interpretation, transportation, health education for individuals or families, environmental health risk reduction, health literacy, and outreach.

Activities and Expected Deliverables
- Provide a critically needed enabling service to MCH populations to prevent death or disability not available through other financial means*
- Provide professional development to health professionals serving MCH populations to implement evidence-based practices to reduce the need for emergency care, to increase access to health care, and to improve health outcomes

* Other Information about the Project/Expectations of the Applicant
  Funding may not be used for the costs of enabling services reimbursed by Medicaid, CHIP, or other public and private payers.

Award Information
Multiple awards will be made using a variety of federal and state funds to meet needs identified through the MCH Needs Assessment conducted in 2020.

Source of Funding
This funding opportunity is made available through a combination of federal grants, from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), and United States Department of Education Office of Special Education Program (OSEP), and state allocations and fees.

Funding Period
The funding period will be for Fiscal Year (FY) 2023: July 1, 2022-June 30, 2023.

Award Information
Awards of up to $150,000 will be available through this Notice of Funding Opportunity (NOFO). The total amount to be awarded and the award size will depend upon the number of proposals submitted, the funds requested, and the merits of the proposals.

Eligible Applicants
Eligible applicants may include, but are not limited to, public, private, for-profit, or nonprofit agencies and organizations, institutions of higher education, Native American tribal organizations, and/or faith-based and community organizations who are able to receive federal
funds. Note: A check for suspension or disbarment will be conducted prior to approving any agreement.

Eligible applicants must possess and demonstrate the required expertise to carry out the proposed activities and successfully meet the proposed objectives. Evidence of expertise and experience must be included in the application.

Application Instructions
Eligible applicants must develop and submit a completed application proposal conforming to all requirements, including required content and page/word limits, listed below. The application proposal narrative must use a 12-point font size and 1” margins. Proposals that do not conform to requirements or exceed the page/word limit will not be reviewed.

Application Timeline

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Announcement of Funding Opportunity</td>
<td>6/13/2022</td>
</tr>
<tr>
<td>Application Submission Deadline</td>
<td>6/30/2022</td>
</tr>
<tr>
<td>Notification of Proposals Selected for Funding</td>
<td>7/5/2022</td>
</tr>
</tbody>
</table>

Application Proposal
The following format must be used by all submissions. This application must not include any proprietary or confidential information.

Cover Page
Page/Word Limit: 1 Page

This cover page serves as a face sheet to the application and provides basic information about the applying organization, the priority or priorities addressed, and the amount of funding sought. See Appendix A. [Microsoft Word version available upon request]

Overview
Page/Word Limit: 250 Words

The applicant must provide a brief overview (abstract) of the proposed project. Applicants must use clear and concise language to describe the project.

Proposal
Page/Word Limit: 1500 Words

Organizational Background
The applicant must describe their ability, expertise, and readiness to meet the needs of the project/program and provide successful examples of previous work. The description should describe the staffing capacity, networks, and/or community partners to be used to complete the proposal as well as the extent to which the organization reflects the population to be served.
Approach and Methods
The applicant must describe the program goal(s), target population, proposed approach(es) and method(s) to be used to address the stated needs, and other expectations in the NOFO. The description must identify the strategies to be used, including as applicable, but not limited to, recruitment of participants, engagement with community partners, data collection and analysis, and other activities necessary to fulfill the obligations of the NOFO. The proposed activities must be evidence-based/informed, best practices, and/or related to national standards, as applicable.

Priority 1: Family/Consumer Engagement
For this priority, this section must also include a description of how families will be recruited and trained, including specific materials, curricula, and methods to be used.

Priority 2: Health Equity
For this priority, this section must also include a description of how professionals will be trained, including specific materials, curricula, and methods to be used.

Priority 3: Enabling Services
For this priority, this section must also include a description of the critically needed enabling service, evidence (i.e., data) to support the need for this service and its current lack of availability through existing/other public and private payers, and the evidence basis for how the provision of this enabling service will reduce the need for emergency care, increase access to health care, and improve health outcomes.

This section must also include a description of how professionals will be trained, including specific materials, curricula, and methods to be used.

Evaluation Plan and Tools
Page/Word Limit: 500 Words
The applicant must provide a narrative description of the planned evaluation process and description of any measures or tools to be used. The evaluation process must include an evaluation of the project implementation (i.e., were the activities implemented as planned) as well as the project outcomes (i.e., were the expected outcomes and objectives achieved). Evaluation measures or tools to be used (e.g., surveys, attendance sheets, interviews) should be included under supporting information.

Work Plan
Page/Word Limit: 1 Page
The applicant must provide a detailed plan to implement the proposal including SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) objective(s) and activities. The plan should clearly state the action steps/tasks to achieve the objective(s) of the project, the responsible personnel, the expected outcome(s), the evaluation process and measures, and the timeframe for completion. See Appendix B. [Microsoft Word version available upon request]

Budget Proposal and Justification
Page/Word Limit: 2 Pages
The applicant must provide a detailed description of the project budget, including salary and fringe, travel, supplies, contractual costs, and administrative expenses/indirect costs. Please see **Allowable Costs** below for details on what budget items may not be included.

**Budget Template**
Using the provided template, list all projected expenses. See **Appendix C**. [Microsoft Word version available upon request]

**Budget Narrative**
The budget narrative must justify all expenses included in the budget (e.g., salary and fringe of staff working on the project, travel to complete activities) including a description of each cost, how the costs were calculated, and how the line item will support the proposed activities.

**Financial Obligations**
Cost sharing or matching funds are not required from the organization for this NOFO.

**Allowable Costs**
Awarded funds must be used only for the purposes outlined and detailed in the approved application, and in the manner set forth in the final agreement. Awarded funds may not be expended on project/program costs incurred before the agreed start date or for other financial obligations or general operating expenses unrelated to the scope of work as defined in the agreement.

Generally, awarded funds may not be used for the purchase of equipment.

Administrative expenses or indirect costs will be limited to the organization’s federally negotiated indirect cost rate. If the organization does not have an individually negotiated indirect cost rate with the federal agency funding the project, a de minimis indirect cost rate of 10% or modified total direct costs (MTDC) will be used. See the **Subgrant Policies and Procedures** for details on determining indirect costs.

**Supporting Information**
Additional supporting information may be submitted with the proposal as needed, such as:
- **Evaluation Measures or Tools**: If the proposal identifies specific evaluation measures or tools, complete or excerpted examples of these measures or tools should be included.
- **Letters of Support/Commitment**: If the proposal identifies a community partner, a letter of support or commitment should be submitted with the proposal.
- **Work Samples**: To demonstrate organizational experience and/or expertise, samples of previous work may be included but are not required.

**Program Contact**
All questions and correspondence must be submitted to the program contact:
Toya Ford, CAH Financial Director
Mississippi State Department of Health
570 E Woodrow Wilson, Jackson, MS 39216
Phone: 601.576.7129
Email: Toya.Ford@msdh.ms.gov
Submission Requirements
Application proposals must be emailed to the Program Contact as a single file PDF document (recommended) or Microsoft Word document. The email subject line and file name must include both the identified priority and organization name: CAH NOFO Priority #-Organization Name. Proposals submitted in any manner other than as detailed above shall be deemed ineligible and will be excluded from consideration.

Applicants will receive an email confirming their application has been received. If you do not receive this email, please call the Program Contact to verify the application was received. Once a proposal is submitted and verified as received, applicants will not be able to revise their proposal or add supporting/required documentation.

Selection Criteria
Application proposals will be evaluated using the following criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Background</td>
<td>• Applicant has relevant experience and expertise to the priority. • Applicant has experience conducting projects of similar size and scope. • Applicant demonstrates staffing capacity to complete this project.</td>
<td>15</td>
</tr>
<tr>
<td>Approaches and Methods</td>
<td>• Applicant describes the MCH targeted population and/or MCH needs to be met across the entire geographic area. • Applicant proposes clear, effective methods to address the identified priority. • Proposed activities are evidence-based/informed, consistent with best practices, and/or align with national standards. • Priority-specific content is addressed.</td>
<td>40</td>
</tr>
<tr>
<td>Evaluation Plan and Tools</td>
<td>• Applicant describes how project objectives and activities will be measured. • Applicant identifies the data collection methods and/or tools to be used. • Evaluation process and methods includes evaluation of both the project implementation and outcomes.</td>
<td>15</td>
</tr>
<tr>
<td>Work Plan</td>
<td>• Objectives are SMART and consistent with the priority. • Activities and action steps/tasks are logical, feasible, and likely to lead to the objective, if implemented as planned. • Responsible personnel and proposed timelines for action steps/tasks are identified and reasonable.</td>
<td>15</td>
</tr>
<tr>
<td>Budget</td>
<td>• Applicant provides a complete budget with accurate calculations. • Applicant provides a narrative to justify all costs outlined in the budget. • Applicant’s proposed budget is reasonable and consistent with objectives and activities outlined in the approach and methods.</td>
<td>15</td>
</tr>
</tbody>
</table>

Once the applications are reviewed and scored, organizations will be notified in writing whether the proposal has been selected for funding or not.
Awards
Full funding of the selected proposals may be offered; however, the MSDH does not guarantee full funding for selected proposals as originally submitted due to limited fund availability and multiple program needs. If less than full funding is offered, the MSDH will work with the organization to develop a mutually agreeable revised proposal consistent with the level of funding available. If the organization is unwilling to submit a revised plan for a lower level of funding, this should be indicated on the application.

Agreement
Awarded organizations must enter into an agreement with the MSDH and comply with all requirements for documentation, assurances, and financial and accounting practices required for vendors by the MSDH, State of Mississippi, and Federal Uniform Guidance to receive funding.

The type of agreement with the MSDH will be a cost reimbursement subgrant. If the relationship with the MSDH does not meet the conditions for a subgrant, an independent contract for services may be substituted.

The following documents will be required to complete an agreement with the MSDH.

Organization Identification Information
All organizations seeking to enter into an agreement with the MSDH must provide a current W-9 Request for Taxpayer Identification Number and Certification listing either the organization’s employer identification number (EIN) or a social security number (SSN). The organization must also provide its Unique Entity Identifier (UEI) [formerly a DUNS Number] created in SAM.gov to receive federal funding under this RFP. This form and identification numbers must be submitted to the MSDH to obtain approval for an agreement.

Conflicts of Interest
The MSDH seeks to avoid circumstances that might introduce any Conflicts of Interest (COI), or the appearance of COI. Applicants must complete Form 1244 to disclose any potential financial, professional, or personal COI the applicant may have in performing the work described in the proposal. This form must be completed by an authorized representative of the organization and submitted to the MSDH to obtain approval for an agreement.

MAGIC Supplier Registration
As a recipient of funding from the MSDH, organizations must be registered as a supplier/vendor with the Mississippi’s Accountability System for Government Information and Collaboration (MAGIC). If you are not a registered supplier/vendor, you must register to do business with the State of Mississippi on the Department of Finance and Administration (DFA) website: https://www.dfa.ms.gov/dfa-offices/mmrs/mississippi-suppliers-vendors/. The organization’s MAGIC Vendor Number must be submitted to the MSDH to obtain approval for an agreement.

Data Management
Data management is necessary for data collection involving protected health information (PHI) or personally identifiable information (PII). All data developed under this funding opportunity must be stored, protected, shared, utilized, retained, returned and/or destroyed in accordance
with applicable federal and state law, regulations, and standards including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and their corresponding regulations. Organization’s MAGIC Vendor Number must be submitted to the MSDH to obtain approval for an agreement.

Further, applicants must be able to demonstrate personnel have had training on the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and/or the Family Educational Rights and Privacy Act (FERPA) and have security measures in place to protect both physical and electronic forms of PHI and PII.

Recipients may be required to sign a Business Associate Agreement (BAA), Data Use Agreement (DUA), and/or other legal documentation as a condition of this award to ensure proper management and security of confidential data (such as PHI) developed under this NOFO.

**Monitoring**
Awardees receiving funding will be expected to submit regular reports of activities and progress on deliverables prior to payment. Progress reports and financial reports may be submitted monthly or quarterly as outlines in the terms of the agreement.

<table>
<thead>
<tr>
<th>Type of Report</th>
<th>Description of Reporting Requirements</th>
<th>Report Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Progress Report</strong></td>
<td>Provide a detailed update on the scope of work, work plan, performance outcomes, success, challenges, and barriers.</td>
<td>Monthly or Quarterly</td>
</tr>
<tr>
<td><strong>Financial Report</strong></td>
<td>Provide a detailed itemized report of expenses incurred, relative to the project budget, and invoice for payment. Supporting documentation (e.g., pay stubs, receipts) are required to substantiate expenses.</td>
<td>Monthly or Quarterly</td>
</tr>
</tbody>
</table>
Appendix A: Applicant Cover Page

Please complete the following and include with the submitted RFP.

Priority: ________________________________________________
Applicant Organization: ______________________________________
Mailing Address: __________________________________________
City, State, Zip Code: _______________________________________
Contact Name: _____________________________________________
Contact Phone: _____________________________________________
Contact E-mail: _____________________________________________

Organization Type (choose one):
[ ] State/Local Government or Agency
[ ] Native American Tribal Organization
[ ] Educational Institution
[ ] Professional Association
[ ] Hospital
[ ] Community-based Organization
[ ] Faith-based Organization
[ ] Other Nonprofit Organization
[ ] For-profit Organization
[ ] Other __________________________________________________

Total amount requested: $_________________________

If less than full funding is available, are you able to submit a revised plan? [ ] Yes [ ] No

MSDH USE ONLY

<table>
<thead>
<tr>
<th>Received By</th>
<th>Received Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Appendix B: Work Plan

### Project Work Plan

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>Key Action Steps</th>
<th>Personnel Responsible</th>
<th>Expected Outcome</th>
<th>Evaluation Method and Data Source</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Define one action step/task per row. Add rows as necessary.</td>
<td>List at least one responsible person.</td>
<td>List at least one expected outcome.</td>
<td>List the data to be collected and the evaluation process.</td>
<td>List the date for completion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Objective 2:</th>
<th>Key Action Steps</th>
<th>Personnel Responsible</th>
<th>Expected Outcome</th>
<th>Evaluation Method and Data Source</th>
<th>Timeline</th>
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</table>

<table>
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<tr>
<th>Objective 3:</th>
<th>Key Action Steps</th>
<th>Personnel Responsible</th>
<th>Expected Outcome</th>
<th>Evaluation Method and Data Source</th>
<th>Timeline</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Objective 4:</th>
<th>Key Action Steps</th>
<th>Personnel Responsible</th>
<th>Expected Outcome</th>
<th>Evaluation Method and Data Source</th>
<th>Timeline</th>
</tr>
</thead>
</table>
Appendix C: Budget Template

<table>
<thead>
<tr>
<th>BUDGET ITEMS</th>
<th>LINE ITEM</th>
<th>TOTALS</th>
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</thead>
<tbody>
<tr>
<td>A1. Personnel</td>
<td>• Name, Title/Position, Annual Salary, FTE</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Sub-total A1</td>
<td>$</td>
</tr>
<tr>
<td>A2. Fringe</td>
<td>• Name, Title/Position, Salary Funded, Fringe Rate</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Sub-total A2</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>TOTAL PERSONNEL &amp; FRINGE</td>
<td>$</td>
</tr>
<tr>
<td>B. Travel</td>
<td>• Miles Traveled x Mileage Rate</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>• Lodging</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>• Other Related Costs/Per Diem</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>TOTAL TRAVEL</td>
<td>$</td>
</tr>
<tr>
<td>C. Commodities</td>
<td>• Materials, Supplies, or Non-Fixed Assets</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>TOTAL COMMODITIES</td>
<td>$</td>
</tr>
<tr>
<td>D. Contractual Expenses</td>
<td>• Contracted Services or Products</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>TOTAL CONTRACTUAL EXPENSES</td>
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</tr>
<tr>
<td>E. Other</td>
<td>• Other Direct Costs</td>
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<tr>
<td></td>
<td>TOTAL OTHER EXPENSES</td>
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<tr>
<td></td>
<td>TOTAL DIRECT COSTS</td>
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</tr>
<tr>
<td>F. Indirect Costs</td>
<td>• Indirect Cost Rate</td>
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</tr>
<tr>
<td></td>
<td>TOTAL INDIRECT COSTS</td>
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</tr>
<tr>
<td></td>
<td>TOTAL REQUESTED BUDGET</td>
<td>$</td>
</tr>
</tbody>
</table>

Budget Justification
Please provide narrative here. [Note: Budget and Justification cannot exceed 2 pages.]