Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders (EOPI-SUD)

Maternal and Child Health Section

Good Afternoon and Welcome

- This is TA webinar will be offered again on March 11, 2024

- All questions and answers will be uploaded into our Frequently Asked Questions document on the website. This will be updated every Friday

- Unanswered questions will be shared back on Frequently Asked Questions

- Purpose of Webinar is to provide guidance and clarification on grant opportunity

- Please hold questions until the Question and Answer timeframe

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

11:00-11:05 a.m.   Introductions and MDH staff

11:05- 11:15 am.   General information and Program description

11:15 – 11:40   Request for Proposals

11:40-12:00   Questions or Comments

EOPI- SUD

Overview

Established in 2023, the Comprehensive Drug Overdose and Morbidity Prevention Act (Minnesota Statues 144.0528) created comprehensive drug overdose and morbidity prevention activities, epidemiologic investigations and surveillance, and evaluation, to monitor, address, and prevent drug overdoses statewide through integrated strategies conducted by Minnesota Department of Health (MDH). With the goal to address the drug overdose epidemic by implementing eight comprehensive strategies for substance use disorder education and intervention. Two of these strategies specifically address drug overdose and morbidity in those who are pregnant or have just given birth and their infants.

MDH seeks applications from community-based organizations, community health centers, federally qualified health centers, tribal governments, faith-based organizations, educational institutions, county governments/community health boards, and any other public or private non-profit, not for-profit, and for-profit organizations. The goal is to implement projects/programs to support the improvement of care for pregnant/postpartum people using substances and their infants between **May 15, 2024- June 30, 2028.** This funding opportunity is intended to support new and on-going work in this area.

- **February 20, 2024** Request for Proposals (RFP) released

- **February 29, 2024** Letter of Intent due

- **March 20, 2024** Last day to submit RFP questions

- **March 25, 2024** Proposals due (until 11:59 p.m. CT)

- **May 15, 2024** Grants begin

- Source of funding for awards is state funds. No match funds required.

- Competitive process.

- Each applicant can be awarded up to $123,000 for each fiscal year, anticipated number of awards: 3-4. Funding period is 49 months.

- Final funding determinations will be communicated through award letters. Applicant will enter into a grant agreement with MDH to receive funds.

- MDH anticipates awarding approximately $1,445,000 over the funding period.

Eligible Applicants & Collaboration

- Eligible applicants include community nonprofit organizations and community health boards (CHBs). Applicants must have state or federal recognition as a formal organization or entity. Organizations or groups may apply with a fiscal agent. Applicants must be located in and conduct grant activities in the state of Minnesota, but fiscal agents may be located outside of Minnesota.

- Eligible applicants who wish to work together but have not formed a legal partnership must designate one organization to be the lead organization with which MDH will write the grant agreement.

- Multi-organization collaboration is welcomed and encouraged. MDH recognizes that achieving health equity will happen only as we work together. Organizations that collaborate on proposals are encouraged to compensate partners appropriately for their contributions and to consider equity in deciding how resources are distributed among partner organizations.

Question and Answers

- All questions regarding this RFP must be submitted by email to health.mch@state.mn.us.

- All questions and answers will be posted every Friday on the Maternal Health Webpage.

- Please submit questions no later than 11:59 p.m. Central Standard Time (CST), on March 22, 2023. Questions submitted after this date will not be answered. The final questions and answers will be posted to the website on March 22, 2023.

- To ensure the proper and fair evaluation of all applications, other communications regarding this RFP including verbal, telephone, written or internet initiated by or on behalf of any applicant to any employee of MDH, other than questions submitted as outlined above, are prohibited. **Any violation of this prohibition may result in the disqualification of the applicant.**
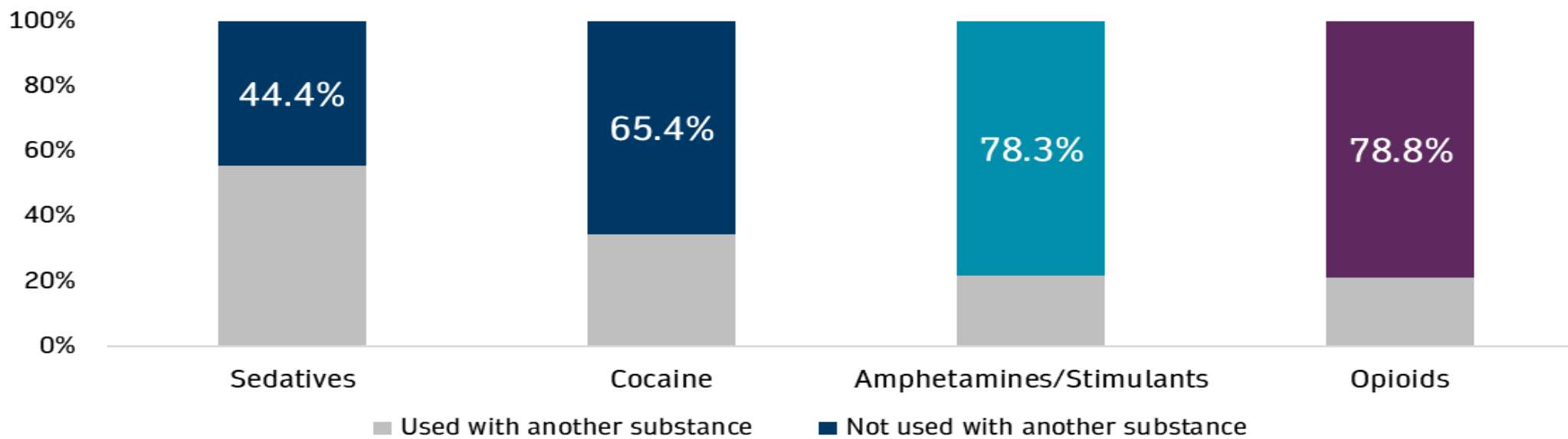
Program Details

Substances were used independently (only one substance used) more often than in combination with another substance.

Opioids and amphetamines/stimulants were used alone 78% of the time at time of delivery hopsitalization and in combination with one of the other three substances 22% of the time.

Source: Minnesota hospital discharge data

	Sedatives	Cocaine	Amphetamines/Stimulants	Opioids
Not used with another substance	44.4%	65.4%	78.3%	78.8%

Legend: Used with another substance | Not used with another substance

The annual rate of NAS-related hospital visits (per 1,000 live births) has varied since 2016, ranging from 5.3 in 2018 to 7.3 in 2022

Number and rate of Neonatal Abstinence Syndrome (NAS)-related hospital visits, Minnesota residents, 2016-2022
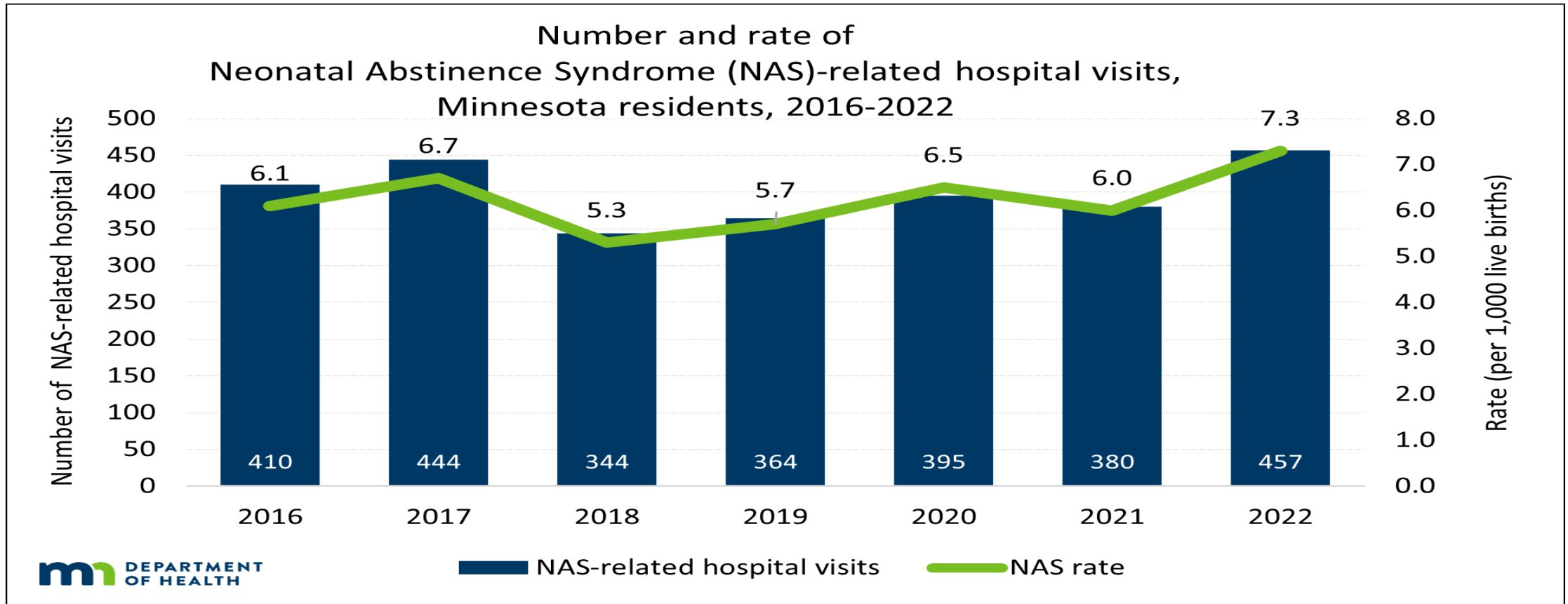
SOURCE: Hospital Discharge Data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2022

Recommendations from Minnesota Maternal Mortality Review

Birthing people and their support people

1. Provide information on signs and symptoms of possible overdose and access to education on Narcan use.
2. Provide information with signs and symptoms of postpartum depression, so birthing people and their support system can call hotlines or seek referral if experiencing sadness during and after pregnancy.
3. In collaboration with community groups, work on harm reduction programs and education in a trauma-informed care approach. Health care teams

Facilities

1. Provide services such as the integration of harm reduction models, telehealth, and coordination with treatment facilities and residential programs. Use social workers, care coordinators, and doulas while in the hospital to identify needs of birthing people.
2. Provide access to doula or community health worker services during and after pregnancy, with a connection to peer recovery specialist and programs.

Systems

1. Connect people with comprehensive outreach and housing programs and resources for daily cares (safe home, transportation, childcare, food) during and after pregnancy.
2. Increase availability of trauma-informed and culturally-appropriate mental health care and addiction programs. Enhance training to allow community focused and diverse workforces in behavioral health specialties, train more BIPOC mental health/drug counselors.

DEPARTMENT OF HEALTH

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity, and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

This grant will serve:

- Racial and ethnic communities, including American Indians.

- LGBTQI communities.

- Disability status.

- Geographic diversity within and across Minnesota – including Greater MN, urban/metropolitan areas.

Grant outcomes will include:

- The number of evidence-based care models implemented by grantees.

- The number of SUD related recommendations from Maternal Mortality Review Committee implemented by grantees (Appendix J).

- The number of promising practices implemented by grantees.

- Projects must identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth and their infants through multitiered approaches that may:

  - promote medication-assisted treatment options;

  - support programs that provide services in accord with evidence-based care models for mental health and substance use disorder;

  - collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder; and

  - implement substance use disorder-related recommendations from the maternal mortality review committee, as appropriate.

Projects should address the social determinants of health contributing to these risk factors in addition to any individual contributors.

Key Strategies

Key Strategies for grant activities should focus on addressing and preventing the negative impacts of drug overdose and morbidity for those who are pregnant or have just given birth and their infants. Examples of potential key strategies for these grant awards include:

- Community outreach and other efforts addressing the root causes of drug overdose and morbidity

- Identifying risk and protective factors relating to drug overdose and morbidity that contribute to identification, development, or improvement of prevention strategies and community outreach

- Developing or providing trauma-informed drug overdose and morbidity prevention and services

- Developing or providing culturally and linguistically appropriate drug overdose and morbidity prevention and services, and programs that target and serve historically underserved communities

- Working collaboratively with educational institutions, including school districts, to implement drug overdose and morbidity prevention strategies for students, teachers, and administrators

- Working collaboratively with sovereign Tribal nations, care providers, nonprofit organizations, for-profit organizations, government entities, community-based organizations, and other entities to implement substance misuse and drug overdose prevention strategies within their communities

Possible outcomes with examples of paired strategies and activities for eligible applicants are listed below. This list is not exhaustive and other projects that address risk factors will also be considered. Applicants must select one of the following activities and at least one MMRC recommendation (Appendix J) to implement with grant funds.

1. Outcome: Increased organizational capacity to facilitate warm hand offs and referrals to social supports for pregnant/postpartum families impacted by substance use disorders.

2. Outcome: Increased knowledge of substance use disorder prevention and treatment of NAS/NOWS in individuals providing services to pregnant/postpartum families impacted by substance use disorders.

3. Outcome: The number of people during the perinatal period who were prescribed medications for opioid use disorder (MOUD).

4. Outcome: Improved attitudes towards harm reduction practices in individuals providing services to pregnant/postpartum families impacted by substance use disorders.

If Awarded

- First six months develop a logic model

MDH seeks to fund proposals that convey implementation connecting individuals and families to services and measuring outcomes. Proposals are highly encouraged to convey ability of implementing strategies and activities to improve determine outcomes

Ineligible Expenses

Ineligible expenses include but are not limited to:

- Expenses not directly related to the approved work plan and not in the approved budget.

- Expenses incurred prior to receiving grant agreement.

- Any expenses that do not directly contribute to the activities in the grantee's work plan.

- Any individual piece of equipment that costs more than $5,000.

- Bad debts, late payment fees, finance charges, or contingency funds.

- Fundraising.

- Lobbyists, political contributions.

- Purchase of vehicle(s) for program use.

- Taxes, except sales tax on goods and services.

- Land acquisition.

Grant Management Responsibilities

Grant Agreement

- Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation of the project. Grantee should read the grant agreement, sign, and once signed, comply with all conditions of the grant agreement.

- No work on grant activities can begin until a fully executed grant agreement is in place and the State's Authorized Representative has notified the Grantee that work may start.

Accountability and Reporting Requirements

- Submit written progress reports at least annually until all grant funds have been expended and all the terms in the grant agreement have been met. For this grant program, grantees will submit **five written progress reports, including reporting outcome data,** and conduct **twenty check-in calls** during the grant period.

Grant Monitoring

- One monitoring visit during the grant period on all state grants over $50,000

- Annual monitoring visits during the grant period on all grants over $250,000

- Conducting a financial reconciliation of grantee's expenditures at least once during the grant period on grants over $50,000

The monitoring schedule will be based upon the applicant's risk assessment, which includes consideration of prior performance and previous experience with state grants and will be specified in the grant agreement. At minimum, there will be one monitoring visit and financial reconciliation of one invoice during the grant period. A financial reconciliation is an in-depth review of all the expenses submitted on a selected invoice. Grantee will need to submit all supporting documentation that shows how those expenses were calculated.

Grant Management Responsibilities Continued

Technical Assistance

MDH will provide technical assistance to grantees to support them in fulfilling their grant objectives. MCH staff will be available to provide guidance and assistance on topics, including budgeting, invoicing, data collection, evaluation, and other effective practices.

Grant Payments

Per State Policy on Grant Payments, reimbursement is the method for making grant payments. All grantee requests for reimbursement must correspond to the approved grant budget. The State shall review each request for reimbursement against the approved grant budget, grant expenditures to-date and the latest grant progress report before approving payment.

- Contracts and Bidding Requirements

- Conflicts of Interest

- Public Data and Trade Secret Materials

- Audits

- Affirmative Action and Non-Discrimination Requirements for all Grantees

Review Process

Funding will be allocated through a competitive process with review by a committee of representatives from MDH, local public health agencies, and community-based organizations with relevant content expertise as well as community members with lived experiences relevant to the subject matter. The review committee will evaluate all eligible and complete applications received by the deadline.

MDH will review all committee recommendations and is responsible for final award decisions. **The award decisions of MDH are final and not subject to appeal.** Additionally:

- MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria.

- The RFP does not obligate MDH to award a grant agreement or complete the project, and MDH reserves the right to cancel this RFP if it is considered to be in its best interest.

- It is important that all applicants ensure that all sections of their application are complete to avoid the possibility of failing an evaluation phase or having their score reduced for lack of information.

Selection Criteria and Weight

Each reviewer will review and score the applications assigned to their team individually using the score sheet provided (refer to Appendix C for a sample score sheet). Reviewers will score each applicant on a 100-point scale. The review teams will then participate in a review meeting where applications are discussed as a team. Reviewers will be able to modify their individual scores based on discussions at the review meeting. At the end of the meeting, team members will make recommendations to MDH based on the scoring criteria and discussion.

MDH will make final decisions on all applications and will balance the recommendations by the review teams with other factors including, but not limited to:

- Review team scores

- Representativeness of the populations served by applicants

- Representativeness of risk factors addressed by applicants

- Geographic distribution of services

- Total funding available

Grantee Past Performance and Due Diligence Review Process

• It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

• State policy requires states to conduct a financial review prior to a grant award made of $25,000 and higher to a nonprofit organization, in order to comply with Policy on the Financial Review of Nongovernmental Organizations.

Notification

• MDH anticipates notifying all applicants of funding decisions by emailing award letters by May 1, 2024.

• Work plan and/or budget have been agreed upon, a grant agreement can then be executed with the applicant agency being awarded the funds.

• The effective date of the agreement will be May 14, 2024, or the date on which all signatures for the agreement are obtained, whichever is later. The grant agreement will be in effect until June 30, 2028, contingent on satisfactory grantee performance and funding availability.

Application and Submission Instructions

Applicants are encouraged to submit a Letter of Intent (LOI) to apply for funding under this RFP. Submitting a LOI does not obligate the sender to submit an application.

Letters of Intent should include:

- Applicant legal name.

- Plan key activities, strategies (from outcomes listed in section 2.3), and maternal mortality recommendations for implementation.

- Brief description of the proposed communities and/or priority populations to be served.

- Brief description of the geographic area to be served.

- The anticipated amount of funding the applicant will request for funding activities.

- Letters of Intent must be submitted electronically by 11:59 p.m. (CST) on February 29 to the grant interface portal, Foundant (https://www.grantinterface.com/Home/Logon?urlkey=mdcfh).

Application and Submission Instructions

Application Deadline

- **All applications must be received by MDH no later than 11:59 p.m. Central Time, on March 25, 2024Late applications will not be accepted**

Application Submission Instructions

- Applications must be submitted to the grant interface portal, https://www.grantinterface.com/Home/Logon?urlkey=mdcfh Applicants will receive an email verification of their submission within two business days. If applicants do not receive this email contact 651-201-3650.

Application Instructions

MDH reserves the right to reject any application that does not meet these requirements. By submitting an application, each applicant warrants that the information provided is true, correct, and reliable for purposes of evaluation for potential grant award. The submission of inaccurate or misleading information may be grounds for disqualification from the award, as well as subject the applicant to suspension or debarment proceedings and other remedies available by law.

- New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

- Existing Users: Please enter your credentials and log in. If you forgot your password, use the "Forgot your Password?" link to the left on the logon screen to reset your password.

- Not Sure: If you think that you or someone at your organization has already registered in Foundant, do not create a new account. Please contact our MDH Maternal and Child Health staff at health.MCH@state.mn.us for assistance.

Then select the "Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders" application.

1. Form A: Organization Information (online entry; not scored)

    1. Grant Applicant Face Sheet, essential organization information

2. Form B: Project Narrative (online entry/upload; scored)

    1. The project narrative describes population served focusing on pregnant/postpartum people and their families impacted by SUD. Clearly defines measures, outcomes, and goals applicable to maternal mortality recommendations, and determine outcomes for grant.

3. Form C: Workplan (Excel Workbook/upload; scored)

4. Form D: Budget Details and Justification (Excel Workbook/upload; scored)

    1. Full budget period for grant period

5. Supplemental Documents

    1. Due Diligence, conflict of interest form, indirect cost questionnaire.

- Current Grantees: go to SWIFT (http://mn.gov/supplier) and login and confirm that your organization's name, address, phone numbers, and other contact information is correct.

- Conflict of Interest Form – Located on Grant Resources webpage Grant Applicant Face Sheet – Current grantees: the information you put on the Face Sheet must match what is in SWIFT

- MDH Due Diligence (not-for-profit applicants only) – Located on Grant Resources webpage Project Narrative

- Work Plan

- Budget Justification

- Budget Summary

- MDH Indirect Cost Questionnaire

Section I – Organizational Capacity

1. Provide a brief overview of the lead organization, including history, geographical reach, and current staffing model. Describe the organization's relevant experience working the community/communities served addressing health disparities, and conducting activities related to the proposed project. (500-word limit)
2. Describe the staff who will be involved in the proposed projects, including training, expertise, and capacity to deliver the activities. Explain how staff are qualified to work with the community/communities to be served, for instance having staff that reflect the community (400-word limit)
3. Describe your organization's experience providing service to pregnant/postpartum individuals usings substances and their infants (300-word limit)

Section II – Statement of Need

1. Describe the community/communities who will be served by the proposed project, including demographics and geographical area.
2. Explain how the proposed project will address health disparities in pregnant/postpartum birthing people and their infants in the target community/communities. Describe any gaps in services and/or resources that the project will fill.
3. How will the project identify and engage the population(s) of focus? How did the input of people with lived experience inform this plan? (400-word limit)

Section III – Project Description

 1. Summarize the overall goals and objectives of the proposed project and include the maternal mortality recommendations that is the focus of the grant proposal as well as key strategies from section 2.3.

 2. Briefly describe the project activities, including any planned collaboration with community partners. Explain how the project activities will impact individuals impacted by SUD in the target community/communities. Discuss how you will maintain the project once grant funding has ended.

 3. Demonstrate how the proposed project represents a community-driven approach to addressing SUD. Include information about how the community to be served has been involved in project development, how activities reflect community priorities and cultural considerations, and how community members will participate in implementation of the project.

Section IV- Health Equity and Evaluation

1. Describe the applicant's history of working to eliminate health disparities and advance equity for the identified focus populations of birthing people with a substance use disorder, history or substance use disorder, or infants impacted by NAS/NOWS particularly individuals who identify as American or American Indian communities. (300-word limit)

2. Describe the applicant's skills and experience providing culturally responsive care and/or services to the focus population. (300-word limit)

3. How will applicant's organization use program data and input from program participants and staff to monitor program outcomes and adjust strategies or services? (300-word limit)

Instructions: Add or delete objectives, strategies, tables, and rows in tables as needed according to the proposed project. The proposed project must include objectives, strategies, and activities addressing at least one of the target risk factors for preventing infant mortality. Delete the placeholders in each cell of the table and fill in the relevant information.

Project Objectives

For each target risk factor for the project, list the project objectives. ***Objectives are major steps the program will take to reach its goal of reducing disparities in the risk factor(s) chosen***. Make each objective SMART:

- **S**pecific: concrete and well-defined
- **M**easurable: can determine what changed and how much it changed
- **A**chievable: feasible to put into action
- **R**ealistic: considers constraints such as resources, personnel, cost, and time frame
- **T**ime-Bound: time frame for the objective

One way to create an objective is, "By (date), (amount of change) of (what population) will (action of change)." For example: By June 30, 2023, 20% of people living in Duluth who smoke will attempt to quit."

Project Strategies

For each objective, specify strategies. ***Strategies are general approaches to meet an objective***. Think of strategies as the "how" of the project while activities are the "what."

For example: Provider education on smoking cessation programs and treatment

Project Activities –Work Plan Tables

The work plan tables must include all activities planned for the duration of the grant. ***Activities are "what" of the project will do to meet the "how" of the strategies***. For each activity, include the: activity, staff and community partners involved, start and end date, and outputs (such as 20 participants will complete the program).

For example: Create handouts with information about various smoking cessation treatment plans.

Budget Summary and Justification

Budget Template				
Please read these instructions carefully. There are 4 tabs on this workbook (refer to the bottom of the spreadsheet to identify the different tabs).				
Tab 1: Instructions (this tab)				
Tab 2: MDH Policy and Guidance on Indirect Costs				
Tab 3: Itemized Budget (complete this tab)				
Tab 4: Budget Summary (this tab automatically fills information from tab 3)				
Tab 3 Instructions: Please complete all white cells with anticipated expenses over the grant period. Shaded cells will autocalculate. Each budget category should include all anticipated expenses over the grant period (through July 31, 2025).				
This budget should represent your best anticipation of needed expenses at this time. However, budgets may be revised (with approval from your grant manager) at a later date if anticipated expenses change.				
Per MDH policy, grantees may modify any line item in the most recently agreed-upon budget by up to 10 percent without prior written approval from MDH. Grantees must notify MDH of any modifications up to 10 percent in writing no later than the next invoice. Grantees must obtain prior written approval from MDH for line-item modifications greater than 10 percent. A grantee's failure to obtain MDH's prior approval may result in denial of modification request, loss of funds, or both.				

- Will post questions posed during session on MDH Website by end of day Friday

Letter of Intent

1. **Can an organization still apply without submitting a Letter of Intent?**

a. Yes, LOI is optional.

1. **1. Is a letter of intent required for this application?**

   1. No, letter is encouraged but not required. In order to apply for the proposal you must acknowledge the LOI portion of Foundant, by completing steps identified in question 2.

2. **I am unable to view the application in Foundant, how can a respondent get to the application submission environment?**

   1. Due to the upload of the application as a new practice at MDH, applicants will need to submit a blank LOI. For this submission, please include organization name, address, and anticipated funding request. An example for an applicant to submit if they are not formally sending a letter:

      1. Applicant Legal Name: *Minnesota Department of Health*
      2. Applicants Business: *625 Robert Street.*
      3. Key activities and strategies: n/a
      4. Geographic area: n/a
      5. Communities and/or priority populations served: n/a
      6. Anticipated funding request: *$100*

3. **Application states character limits. Is this a word count or character count?**

   1. Applicants will have a word count limit. Foundant notes this is characters, this has been updated to reflect word count for narrative writing.

1. **Outcomes 2 and 3 and associated strategies (p. 14 of rfp) seem to pertain primarily to training or education of providers of various sorts who serve, encounter or treat pregnant and postpartum families impacted by substance use disorder. Is that accurate?**

    1. Yes.

2. **Is staff time to provide direct services related to the grant outcomes an eligible expense?**

    1. If direct service costs are covered by insurance, this would be considered supplanting, and would not be an eligible cost.

3. **Could we use grant funds to expand education about MOUD and the use of MOUD within our organization through increasing staff development/training regarding MOUD and staff able to prescribe MOUD?**

    1. Yes.

4. **Could we use grant funds to increase staff (such as adding Peer Recovery Specialists or Case Managers) who can facilitate warm hand offs and referrals to social supports (Outcome 1)?**

    1. Yes.

Thank You!

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