

Proposal Guidance for the Maternal Child Health Services Contract

**Federal Fiscal Year 2015 through 2017
Contract Period October 1, 2014-September 30, 2017**

To serve as guidance for eligible local public health agencies (LPHA) in preparing a proposal for the Maternal Child Health (MCH) Services Contract for Federal Fiscal Year (FFY) 2015 through 2017.

Contract scope of work, guidance, templates, report forms, and other resources are posted on the Center for Local Public Health Services' Intranet web page at

<http://clphs.health.mo.gov/lphs/lphainfo.php>

Links are provided throughout guidance document as identified in underlined, blue font.

Section One:

Introduction and General MCH Services Contract Information

The Missouri Department of Health and Senior Services (DHSS) conducts a maternal child health needs assessment every five years, as required by the Maternal and Child Health Services Title V Block Grant (MCHBG). The MCHBG assessment document identifies the Missouri MCH priorities and the federal mandated performance measures. These maternal child health issues and health indicators, and the Healthy People 2020 objectives, were considered when determining the priority health issues in this contract.

The FFY 2015-2017 MCH Services contract, will build on the successes of local communities in systems development by continuing to use the Spectrum of Prevention model as a framework for the MCH Services work plan. This model incorporates the ten essential services defined in the *"Public MCH Program Functions Framework: Essential Public Health Services to promote Maternal and Child Health in America"*.

The FFY15-17 contract elements include:

- Multi-year contract – three-year contract
- Three-year work plan which identifies activities each year for each of the six levels (described below) that lead toward accomplishment of System Outcomes by September 30, 2017.
- Fixed-price contract
- LPHA contractor choice of priority health issue to address across their jurisdiction
- LPHA contractor identification of outcomes appropriate for their communities
- Resources, tools, and workforce development provided by the MCH Services Program
- Consultation and technical assistance by program District Nurse Consultants

The Spectrum of Prevention (Cohen, 1999) is a systemic tool that promotes a multifaceted range of activities for effective prevention (Prevention Institute, 2009). Prevention strategies at multiple levels results in a greater impact. The inter-relatedness between levels of the Spectrum, or synergy, enables the community to maximize the result of any one activity by strengthening the linkages between multiple efforts. Using this model will assist with creating sustainable change within the community and provide for simplified tracking to demonstrate progress.

<http://www.preventioninstitute.org/component/jlibrary/article/id-105/127.html>

The levels are as follows:

6. Influencing Policy and Legislation: developing strategies to change laws and policies to influence outcomes
5. Changing Organizational Practices: adopting regulations and shaping norms to improve health and safety
4. Fostering Coalitions and Networks: convening groups and individuals for broader goals and greater impact
3. Educating Providers: informing providers who will transmit skills and knowledge to others
2. Promoting Community Education: reaching groups of people with information and resources to promote health and safety
1. Strengthening Individual Knowledge and Skills: enhancing an individual's capability of preventing injury and illness and promoting safety.

Section Two:

Components and Content of the Proposal

The proposal for the MCH Services Contract must be completed in accordance with, and include, all requirements of the scope of work and guidance. The two components of the proposal are the cover page and the work plan. The cover page is to provide identification for distinguishing eligibility and for providing contact information. In Section Three of the guidance, a checklist description of content and format is provided.

The second and primary component of the proposal is the work plan. The remainder of this section is to provide detailed guidance, resources, tools, and instructions in writing the work plan. The proposed work plan must be written to reflect the contract period of October 1, 2014 to September 30, 2017, to be inclusive of the specifications in the Scope of Work for the MCH Services Contract, and to be in accordance with this guidance. Reference the Glossary for clarification of terminology used within the Scope of Work and guidance.

The proposal will include identification of the Selected Priority Health Issue, Statement of Problem, Goals, Strategies (see Priority Health Issues Guides), and a plan outlining System Outcome(s) (see Priority Health Issues Guides for suggested outcomes) and Activities at each of the six levels of the Spectrum of Prevention. Using the work plan template, complete the following:

LPHA Contractor: Identify agency, or in case of joint submission proposals, the lead contracting agency.

Selected Priority Health Issue: Identify the Selected Priority Health Issue that will be addressed from the choices below:

- Prevent and reduce obesity among children, adolescents and women
- Prevent and reduce tobacco use and secondhand smoke exposure among infants, children, adolescents and women
- Prevent and reduce intentional and/or unintentional injuries among infants, children, adolescents and women
- Prevent and reduce adverse birth outcomes

Statement of Problem: The statement of the problem will include a focused local assessment of the Selected Priority Health Issue. The statement should include DHSS and other statistical data to illustrate the scope of the priority health issue in the community and discuss potential root causes and/or other community elements that may contribute to the problem. The description should include information about social determinates related to the health issue in the community, the unique characteristics of the populations (i.e. income/employment status, geographic location, gender, age, education attainment, and race/ethnicity, etc), and may include anecdotal or descriptive elements that give a sense of the story behind the data.

Resource for social determinants and health inequities:

http://www.health.mo.gov/InterventionMICA/AssessmentPrioritization_2.html

Goals: Select goal(s) from list provided for the selected priority health issue in the Priority Health Issues Guide. The Guides are based on national/state goals and recommendations.

Strategies: Select evidence-based strategies from Priority Health Issues Guide. The Guides are based on national objectives and recommendations.

System Outcomes and Activities: Develop a three-year work plan selecting Goal(s) and Strategies that address each level of the Spectrum of Prevention. Consider activities that will show progressive growth toward each level's System Outcome for an

improved coordinated system, and be based on strategies that are evidence-based, field-tested, or validated by expert opinion.

In prioritizing what to include in the proposed work plan, review the statement of the problem, consider community assets, and utilize the 10 Essential Services of Public Health to identify the System Outcomes and Activities needed to strengthen or enhance the local system.

System Outcome(s): The outcomes of the work plan reflect the changes in the community system after three years of effort. Outcome statements should include evidence of accomplishment and/or an expected level of change. The outcome should be the measure that indicates the Activities in the work plan have been effective.

- Each System Outcome must be defined in measurable terms.
- Include at least one System Outcome for each level of the Spectrum of Prevention to be accomplished by September 30, 2017.

Activities: Identify activities at each level of the spectrum for years one (FFY 2015), two (FFY 2016), and three (FFY 2017) that lead to the System Outcome(s). A multifaceted range of activities should progress toward the outcomes to address the priority health issue over each year. Activities for each year will be reported during the Progress, Year End, and Contract Outcome reporting.

Section Three:

Checklist for Content and Format of Proposal Components

Cover page

- ✓ Date
- ✓ Name of the lead agency
- ✓ Contact person(s), telephone number(s), and e-mail address(s)
- ✓ Name of geographical area(s) to be served
- ✓ Name of the agency's administrator and date

Maternal Child Health Services Contract Work Plan template

- ✓ Work plan for the three-year contract period is to be completed in entirety in accordance with scope of work and guidance on the template.
- ✓ Should be simple, direct, and straightforward. The template should be completed with 12-point font size and 1-inch page margin.

- Letters of Agreement for joint submission proposals

Section Four:

Proposal Submission Guidelines

Submit proposal to regional MCH Services Program District Nurse Consultant (DNC) for approval by **April 18, 2014.**

- Submit all proposal documents electronically via e-mail attachment.
- For a joint submission proposal, Letters of Agreement shall be included as part of the proposal as required in the definition. For joint submission proposals that have a geographic area over two MCH Services Program districts, the proposal shall be submitted to the DNC in the district in which the lead agency resides.

The MCH program/DHSS reserves the right to clarify or verify any component of the proposals. Once all reviews of the proposal are complete, the program will start DHSS procedures to initiate contracts.

Section Five:

Contract Schedule

Contract Proposal Deadline

Submit to assigned MCH Services Program' DNC electronically via e-mail attachment

MCH Services Contract for FFY 2015-2017 begins

October 1, 2014

Invoices submitted to MCH Services Program in Jefferson City

no later than 15th of each month

Progress Report

Submit to MCH Services Programs' assigned DNC electronically via e-mail attachment

no later than February 15th (each year)

Year-End Report with Match Funding

Submit to MCH DNC electronically via e-mail attachment

no later than 31st of October (1st and 2nd years)

Contract Outcome Report with Match Funding

Submit to MCH Services Programs' assigned DNC electronically via e-mail attachment

no later than October 31st, 2017 (3^d year)

