

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH**

REQUEST FOR APPLICATION

FOR

MATERNAL HEALTH COMMUNITY PROJECTS

RFA # 34347-94024

REQUEST FOR APPLICATION

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I. Introduction:

Maternal Mortality Review (MMR) is the state-mandated review process established in 2017, in which an interdisciplinary committee reviews all deaths that occur during pregnancy or within a year of pregnancy. The goals of Tennessee's MMR program are to identify and address factors contributing to poor pregnancy outcomes for women and facilitate state system changes to improve the health of women before, during, and after pregnancy.

The central objectives of the MMR process are to:

1. Obtain details of events and issues leading up to the death;
2. Perform a multidisciplinary review of cases to gain a holistic understanding of the issues;
3. Determine the annual number of maternal deaths related and not-related to pregnancy;
4. Identify trends and risk factors among pregnancy-related and not-related deaths;
5. Recommend improvements to care at the individual, provider, and system levels;
6. Recommend strategies for prevention and intervention; and
7. Disseminate the findings and recommendations to a broad array of individuals and organizations.

The death of a woman during pregnancy, childbirth, or within the first year postpartum has immediate adverse impacts on a woman's family and community. Nationally, it is estimated that each year, approximately 700 women in the United States die from pregnancy or pregnancy-related complications.¹ Racial disparities persist in these statistics as non-Hispanic Black women are three to four times more likely to die from a pregnancy-related complication than non-Hispanic White women.² National priorities include Preventing pregnancy complications and maternal deaths and helping women stay healthy before, during, and after pregnancy.³

¹ Nicole L. Davis, M. P., Ashley N. Smoots, M., & David A. Goodman, M. P. (2019). Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008-2017. National Center for Chronic Disease Prevention and Health Promotion Division of Reproductive Health.

² Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>

³ Healthy People 2030 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited 015 August 2023]. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>

In 2021, 134 women in Tennessee died during pregnancy or within a year after the end of their pregnancy.

Two in five (40%) of all 2021 deaths were deemed pregnancy-related while 47% of all deaths were determined pregnancy-associated, but not related. Seven in ten (70%) pregnancy-associated deaths were deemed to be preventable, with 35% having a 'good chance' of being prevented and 65% having 'some chance' of being prevented.

About 3 in 5 (62%) of pregnancy-related deaths occurred in inpatient/hospital settings, seventeen percent of pregnancy-related deaths occurred in an Emergency Department. Seven deaths occurred at home. Over half of these deaths occurred within 42 days postpartum.

The Maternal Mortality Review Committee (MMRC) noted several contributing factors to deaths including substance use disorder (45%), mental health conditions (31%), Discrimination (22%), and obesity (21%).

Throughout the review of 2021 deaths, the multidisciplinary team identified key recommendations with actions that could have possibly prevented these deaths. These recommendations are broken down into the following stakeholder categories: individual/family, community, provider, facility, and system levels.

The Tennessee Department of Health is seeking innovative projects that will reduce the number of maternal deaths. The State intends to award funds for projects that draw upon the prevention recommendations identified in the 2023 *Maternal Mortality in Tennessee, Review of 2021 Maternal Deaths*. Funding priorities for this cycle will focus on the MMRC recommendations below.

Projects should align with one or more of these recommendations:

A. Pregnancy-Related Recommendations

1. Community and Statewide Agencies

- a. The State should improve access to and availability of mental health providers for outpatient and in-patient treatment of substance use and mental health disorders.
- b. Government agencies should promote, encourage, and incentivize people to enter the mental health field immediately to have more access to the growing crisis.
- c. Patients who are incarcerated for substance misuse should be offered routine prenatal care and be provided with care coordination during pregnancy.

2. Clinics and Hospital Systems

- a. Facilities should require delivering providers to maintain competencies in the management of obstetric hemorrhage through Continuing Medical Education (CME) and obstetric simulation to maintain privileges.
- b. Facilities should ensure training, education, and implementation of protocols for all healthcare providers on the management of pregnancy and postpartum complications (up to a year postpartum) in all inpatient and emergency department settings.
- c. Facilities should be equipped with blood products or have quick access to blood products prior to performing surgery on patients at high risk for hemorrhage during delivery or the immediate postpartum period.

3. Healthcare Providers

- a. The COVID-19 vaccine should be offered to all pregnant women and there should be documentation of vaccine decline.
- b. Providers should be aware of the improved outcomes with the use of early ECMO in young patients with COVID-19 during pregnancy.
- c. Providers should offer referral for substance use treatment to those with substance use disorders before discharge from the Emergency Department/Hospital.

4. Women and their Friends and Families

- a. Family and friends should support and identify any mental health concerns or seek assistance on behalf of the patient once identified.

B. Pregnancy-associated, but NOT related Recommendations

1. Community and Statewide Agencies

- a. The State should support provision of naloxone to all households that have a known history of substance use disorder prior to pregnancy, during pregnancy, and at discharge following delivery.
- b. The State should provide outreach and assistance to pregnant women with significant life course issues to ensure they have what they need to care for themselves and their children, such as childcare services, domestic violence resources, and employment services.

2. Healthcare Providers

- a. Outpatient providers should meet with the patient and family members who actively use and discuss the need for all to be in recovery and provide appropriate resources to help them achieve a sober living environment.
- b. All women should be screened for domestic violence by their provider during every medical visit, especially during prenatal care visits.
- c. Providers should coordinate appropriate follow-up to women who screen positive for domestic violence, including checking for firearm safety and lethality assessment.

3. Women and their Friends and Families

- a. All pregnant women should seek prenatal care and enroll in presumptive eligibility, if needed, for prenatal, delivery, and postnatal care services once pregnancy is confirmed.
- b. Women with chronic illnesses who are on pain management should work with their healthcare providers on medication management to reduce the risk of misusing pain medications.

C. Sample project concepts that may be considered for funding*:

Mental Health and Substance Use Disorder (SUD):

1. Provide naloxone education and dissemination to women with a history of substance use disorder.
2. Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) training within your facility.
3. Provide education to support the needs of mothers and children affected by substance use disorder.
4. Provide services focused on substance use disorder education and treatment planning.
5. Address mental healthcare and substance use disorder management coordination for pregnant women and women of reproductive age.
6. Provide training and education on depression screening.
7. Decrease stigma related to mental health and substance use disorder by equipping healthcare providers with training to use person-centered language and trauma-informed practices
8. Increase comprehensive screening for mental health and SUD using

evidence-based tools

9. Increase access to mental health providers for inpatient and outpatient treatment of mental health and SUD
10. Provide training and education about substance use disorder and medication-assisted treatment to integrate into routine prenatal care for patients with substance-use disorder
11. Provide mental health and SUD education for people who are incarcerated while pregnant through one year postpartum
12. Provide education for mothers and promotion of resources on mental health resources.
13. Provide training to identify risk factors and other behaviors that could contribute to maternal suicide.

Intimate Partner Violence:

1. Implement a tool and screen for intimate partner violence in the prenatal and postpartum care settings.
2. Revise policy and protocol regarding intimate partner violence in the hospital and clinic settings for prenatal and postpartum mothers.
3. Provide training and education on intimate partner violence disclosure interventions in hospital and clinic settings.

Reproductive Health:

1. Provide community education about the importance of preconception care including the optimization of chronic health conditions prior to pregnancy.
2. Provide an educational campaign for prenatal care clinicians on the benefits of low-dose aspirin for the prevention of pre-eclampsia.
3. Increase access to prenatal care by providing transportation resources to those impacted by maternity care deserts.
4. Provide comprehensive prenatal education courses for those at risk for adverse prenatal outcomes.
5. Provide incarcerated pregnant individuals with access to routine prenatal care, including treatment for mental health and substance use disorders, and provide case coordination during pregnancy.
6. Promote vaccination in pregnancy/ postpartum, and prenatal care enrollment, especially for women with a history of substance use

disorder.

7. Conduct community educational outreach programs to increase public awareness of early maternal warning signs and promote awareness of local and state maternal health benefits.
8. Address obesity, diabetes, hypertension, and cardiovascular disease among women of reproductive age and how they can contribute to poor maternal health outcomes.
9. Develop a program to provide effective patient-provider communication surrounding all pregnancy-related conditions.
10. Create and improve training of health care providers on discrimination and implicit bias.
11. Support Medicaid redetermination and postpartum care navigation for pregnant and postpartum individuals and their families.
12. Distribute blood pressure cuffs in prenatal care to pregnant or postpartum individuals at high risk for pre-eclampsia.

**Please note this list of project concepts is not exhaustive and should only serve as a sampling of the types of projects that may be considered for funding. TDH values creativity and encourages the submission of projects addressing any of the recommendations on pages 2-4 of this document.*

In addition to activities conducted under their proposed projects, successful applicants will also be required to perform the following deliverables:

1. Provide a PowerPoint presentation on the funded project during the virtual Maternal Health Task Force meeting pertaining to project success stories and lessons learned.
2. Submit an invoice for reimbursement each month, whether or not there were expenditures during that month.
3. Submit a program progress report no less than 30 days after the end of each quarter.
4. Participate in one in-person site visit with your TDH project officer.

When developing a budget for this grant, Applicants must NOT include the following expenses as they are considered non-allowable costs by the State.

Non-Allowable Costs Include:

- Construction, alteration, and maintenance of buildings or building space;
- Dues for organizational membership in professional societies;
- Food and drinks;
- Research projects;
- Lobbying;
- Gift or gas cards;
- Childcare services;

- Billable services provided by physicians or other providers conducting medical treatment services;
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources;
- Advertising materials and purchase of media time/space that has not been pre-approved by the Tennessee Department of Health;
- Clothing; and
- Honorariums.

The State is seeking applications to provide the services outlined in this RFA. The project period for each grant may not extend beyond 16 months. While funding amounts for projects will vary by circumstance and need, projects may not exceed \$249,900 for the project period. The project period is expected to begin on June 1, 2024, and end on September 30, 2025. TDH reserves the right to issue subsequent requests for applications for MMR action projects at any time during or after this application process. At this time, no additional funding is expected beyond the 16-month project period. The number and funding allocation of grants awarded will be contingent upon the volume of applications received and the respective budgets.

II. APPLICATIONS:

To respond to this Request for Application, please complete the **Application and Competitive Requirements**. See also IRS Form W9 and State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions for completion. The **Application** contains detailed questions about your organization's background and the specifics of your proposed project. Please provide a project narrative (Exhibit 1), goals and activities template (Exhibit 2), performance indicator checklist (Exhibit 3), and a letter of commitment from participating partners detailing the services they will provide to your organization and their willingness to continue to provide those services.

Attachment 3 is the Grant Budget. This section shall contain all information relating to cost, based on a line-item budget. Complete the Grant Budget form and the attached Line-Item Details form. A description of how dollars will be used must be provided for each line item completed with a superscript 2 on the end, as applicable for the Budget form.

Note: Each expense object line-item is defined by the *U.S. OMB's Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E Cost Principles* (posted on the Internet at: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E>) and CPO Policy 2013-007 (posted online at <https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-.html>).

Given the limited amount of available funding and the nature of these applications, priority will be given to applications that minimize indirect costs.

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the Maternal Health Community Projects. The State reserves the right to adjust the schedule as it deems necessary.

EVENT	TIME (Central Time)	DATE (all dates are state business days)
1. RFA Issued		March 19, 2024
2. Pre-response Teleconference	2:00 p.m.	March 21, 2024
3. Written “Questions & Comments” Deadline	2:00 p.m.	March 25, 2024
4. State Response to Written “Questions & Comments”		March 27, 2024
5. Deadline for Applications	2:00 p.m.	April 10, 2024
6. Evaluation Notice Released		April 17, 2024
7. Effective Start Date of Contract		June 1, 2024

Pre-response Teleconference:

A Pre-response Teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the Pre-response Teleconference is as follows:

Meeting Name: RFA #34347-94024 Teleconference

Meeting number (access code): 2316 105 4375

Meeting password: PQnXgJfD864

Meeting Link: <https://tn.webex.com/tn/j.php?MTID=m6e0a5b5727a601e9126bbf2bbbefaea4>

Join by phone: +1-415-655-0001 US TOLL

Any applicant desiring to submit an application in response to this RFA is encouraged to have at least one (1) representative on the teleconference, however, attendance is not mandatory. If you cannot participate, please direct your questions by the scheduled deadline as indicated above, to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events.

Questions may be emailed to the Competitive Procurement Coordinator. The State's responses will be emailed and posted as an Amendment to the following website: <https://www.tn.gov/health/funding-opportunities.html>.

The deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of APPLICATIONS:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: <https://www.tn.gov/health/funding-opportunities.html>

The Competitive Procurement Coordinator at the address shown is the sole point of contact for this competitive process. **The APPLICATION and all attachments must use 12-point font.**

Melissa Painter Competitive Procurement Coordinator
Service Procurement Program Division of Administrative Services
Andrew Johnson Tower, 5th Floor
710 James Robertson Parkway
Nashville, TN 37243
Phone: (615) 741-0285
Fax: (615) 741-3840
Email: Competitive.Health@tn.gov

Checklist for Submission of Applications:

- Application (**Attachment 1**) (Expand up to max of 5 pages if needed)
- Competitive Requirements
- Project Narrative (**Exhibit 1**)
- Goals and Activities Template (**Exhibit 2**)
- Performance Indicator Checklist (**Exhibit 3**)
- Letters of Support
- 2-page Budget Form (**Attachment 3**)
- State of Tennessee, Department of Finance and Administration Automated Clearing House (ACH) Credits and Instructions (**Mailed per instructions on form.**)
- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification (**Mailed with ACH form.**)

V. Application Evaluation:

An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications based on the information requested in the RFA. Applications will be evaluated based on the following criteria:

- *Alignment with the maternal mortality recommendations*
- *Detailed goals and activities*
- *Proposed expenses and cost-effectiveness*
- *Expertise of staff involved*
- *Level of projected impact*
- *Targeted approaches to address health disparities (disproportionately affected populations and disproportionately affected geographic areas)*
- *Reasonable performance indicators*
- *Letters of support to demonstrate planned partnership*
- *Achievable timeline*

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health, the applications which are most responsive to the State's needs.

B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. Sample Grant Contract:

Following the State's evaluation, grant contracts will be prepared as shown in the **Sample Grant Contract**.

It is imperative that each applicant review the entire Sample Contract with their legal counsel prior to submitting an application for a Maternal Health Community Projects grant award and notify the State *in advance* if it cannot accept any terms or conditions. Please submit any exceptions to contract language with the Application for Maternal Health Community Projects. **Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be considered.**