STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR APPLICATION
FOR
MATERNAL MORTALITY ACTION PROJECT

RFA # 34347-89823
REQUEST FOR APPLICATION
STATE OF TENNESSEE
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I. Introduction:

Maternal Mortality Review (MMR) is the state mandated review process, established in 2017, in which a multidisciplinary team 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 systems 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. 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. Reducing maternal mortality and improving maternal health are national priorities.

In Tennessee, 98 women died while pregnant or within one year of pregnancy in 2020 from both pregnancy-related and non-related causes. A majority of these deaths occurred during the postpartum period. Almost half were pregnancy related, meaning her death would not have occurred had she not been pregnant, and 90% of the pregnancy-related deaths were determined to be preventable.

Throughout the review of 2020 deaths, the multidisciplinary team identified key recommendations with actions that could have possibly prevented these deaths. These recommendations are broken down into four main stakeholder categories: community and statewide agencies, clinic and hospital systems, healthcare providers, and women and families.

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 2022 Tennessee Maternal Mortality Report, Review of 2017-2020 Maternal Deaths. Funding priorities for this cycle will focus on the recommendations below. Proposals should align with one or more of these recommendations.

A. Pregnancy Related Recommendations

1. Community and Statewide Agencies
   a. Agencies should reach out to communities and educate them on the resources related to mental health and addiction. This should address stigma, risks, and treatment options available to all pregnant and postpartum women.
   b. The State should continue to improve access to and availability of mental health providers for outpatient and in-patient treatment of substance use and mental health disorders.

2. Clinics and Hospital Systems
   a. Facilities should support social work and case management services for pregnant and postpartum women in rural settings.
   b. Facilities should increase education on perinatal mental health to patients and providers.
   c. 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.

3. Healthcare Providers
a. Providers should ensure appropriate inpatient care of patients with mental health and substance use disorders by avoiding the prescription of addictive substances and ensuring follow up, referrals and support are arranged before discharge.

b. Providers should ensure appropriate treatment and management of patients with or at high risk for pre-eclampsia following ACOG guidelines during and after pregnancy. High blood pressures should be treated aggressively, and those at high risk should receive 81mg aspirin daily. Critical illness should be observed with surveillance for life threatening complications.

4. **Women and their Friends and Families**

a. Families and pregnant women should communicate all conditions—including any mental health or substance use conditions—with their medical providers regardless of visit reason, to facilitate treatment and referrals.

b. Family should ensure that safety measures are taken to minimize access to firearms specifically when there is a history of major depression or previous suicide attempt.

B. **Pregnancy-associated, but NOT related Recommendations**

1. **Community and Statewide Agencies**

a. Communities and state organizations should educate individuals on domestic violence, sexual abuse, and identifying and seeking assistance while reducing stigma through all phases of life.

b. Organizations and public places (hotels, rest stops, and restaurants) within the community should increase human trafficking awareness through initiatives such as the RedSand project and general education and awareness regarding the dynamics of human trafficking throughout Tennessee.

c. State and community agencies should address communities with increased occurrences of violence by implementing support for pregnant and postpartum women such as shelters and safe havens.

2. **Clinics and Hospital Systems**

a. Hospitals should educate staff annually on mental health and substance use screening. Screenings should be incorporated into care for all patients.
b. Hospitals should educate patients on seatbelt extenders for obese patients.

3. **Healthcare Providers**
   a. Providers should utilize trauma informed practices and screen for domestic violence at every visit throughout a woman’s reproductive years. If domestic violence is suspected or disclosed, a social work consult should be initiated to provide support, education and referral to community-based services.
   b. Emergency and obstetric providers should utilize substance use screenings utilizing SBIRT during pregnancy and postpartum periods and refer to specialists as indicated per the ACOG guidelines.

4. **Women and their Friends and Families**
   a. Individuals and families should seek education on non-violent conflict resolution strategies in childhood and throughout adulthood.
   b. Motor vehicle drivers and passengers should always use seat belts in moving vehicles.

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

1. Develop education and training which reduce stigma surrounding mental health and addiction.
2. Establish mental health services or referral network within healthcare facility.
3. Establish case management for pregnant and postpartum women.
4. Development of protocols, education, and training surrounding the leading causes of pregnancy related death.
5. Development of education to women surrounding all health conditions during pregnancy.
6. Development of program surrounding effective patient provider communication surrounding pregnancy conditions.
7. Training on firearm safety.
8. Training on depression screening; or Domestic violence screening implementation throughout hospital system.
9. Develop human trafficking awareness campaigns and or trainings within the community.

10. Media campaign surrounding Safe Haven and domestic violence shelter to increase awareness of current resources within the community.

11. Implement SBIRT training within your facility.

12. Develop conflict resolution training for at risk communities for domestic violence.

13. Develop education surrounding the importance of seatbelt use for pregnant and postpartum women.

*Please note this list of project concepts is not exhaustive and should only serve as a sampling of the types of proposals that may be considered for funding. We value creativity and encourage you to submit a proposal addressing any of the recommendations on pages 3-4 of this document.

Non-Allowable Costs Include:

- Construction, alteration, maintenance of buildings or building space;
- Dues for organizational membership in professional societies;
- Food and drinks;
- Research projects;
- Lobbying;
- Gift or gas cards;
- Child care 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;
- Anything considered medication;
- Advertising materials and purchase of media time/space that has not been pre-approved by the Tennessee Department of Health;
- Clothing;
- Incentives; and
- Honorariums.

The State is seeking applications to provide the services outlined in this RFA. The State will offer 3 grant(s) for $20,000 each for a total of $60,000. The project period is expected to begin on January 1, 2023 and will last for 9 months. At this time, no additional funding is expected beyond the 9-month project period. The number and
amount of grants awarded will depend on the number and budgets of the Applications received.

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: Please use the Department of Finance and Administration – Policy 03 Schedule A, (please refer to pages 11-16 of that policy) for your use in determining which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf

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 Mortality Action Project. The State reserves the right to adjust the schedule as it deems necessary.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME (Central Time)</th>
<th>DATE (all dates are state business days)</th>
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<tbody>
<tr>
<td>1. RFA Issued</td>
<td></td>
<td>September 30, 2022</td>
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<tr>
<td>2. Pre-response Teleconference</td>
<td>2:30 p.m.</td>
<td>October 11, 2022</td>
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<td>3. Written “Questions &amp; Comments” Deadline</td>
<td>2:00 p.m.</td>
<td>October 13, 2022</td>
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4. State Response to Written “Questions & Comments” | October 18, 2022
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5. Deadline for Applications | 2:00 p.m. | October 25, 2022
6. Evaluation Notice Released | | November 4, 2022
7. Effective Start Date of Contract | | January 1, 2023

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 34347-89823 Teleconference
- Meeting number (access code): 2319 677 1971
- Meeting password: kUdJueEr484
- Meeting Link: https://tn.webex.com/tn/j.php?MTID=m075acce144b9fc8a285e84e26548dff5
- Join by phone: +1-415-655-0003 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.

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 Commitment
- 2-page Budget Form (Attachment 3)
- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) 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 on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

List the criteria that you are wanting from the application process with the scoring component

- 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 Mortality Action Project 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 Mortality Action Project. 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.