

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: April 1, 2019

SUBJECT: Innovative Approaches Grant Award
NC Department of Health & Human Services (NC DHHS)

PRESENTER: Steve Smith, Health Director

ATTACHMENTS: 1. Innovative Approaches Grant Notice of Award
2. NC DHHS Innovative Approaches Grant Agreement

SUMMARY OF REQUEST:

In coordination with multiple community partners, the Henderson County Department of Public Health submitted a proposal for the Innovative Approaches grant in November 2018 at the direction of the Henderson County Board of Health. The department was successful with its grant application and received the formal notice of award in December 2018. As outlined in the agreement addendum, the grant is focused on the development of community-based and family-focused systems of care for families of children and youth with special health care needs. In Henderson County, that population is estimated to be 4,688. The 1st year service period for the grant is June 2019 to May 2020 which will bridge 2 fiscal years. The initial grant award covers a total of 3 years with \$165,500 in funding each of those years. The grant requires a full time position (Human Services Planner II) that will serve as a coordinator for the project.

The Henderson County Board of Health was informed of the award at their January 8, 2019 meeting and provided guidance for the matter to be forwarded to the Henderson County Board of Commissioners for their consideration and approval.

It is requested that the Henderson County Board of Commissioners approve receipt of the grant funds for the intended purposes as outlined in the agreement. No county funds will be required for the initiative.

BOARD ACTION REQUESTED:

The Board is requested to accept the Innovative Approaches grant award and authorize the appropriate budgetary and human resource actions necessary to implement the initiative as outlined in the agreement subject to the funding limitations of the grant.

Suggested Motion:

I move the Board accept the Innovative Approaches grant award for the Henderson County Department of Health and approve the necessary budgetary and personnel actions necessary to implement the initiative subject to funding limitations of the grant.

Steve Smith

From: Austin, Heidi <Heidi.Austin@dhhs.nc.gov>
Sent: Friday, December 7, 2018 7:53 AM
To: Steve Smith; Stacy Taylor
Cc: Tyson, Marshall; Matula, Danielle
Subject: RFA# 360 - Notice of Award
Attachments: Henderson County IA Packet for RFA# A360 Copy.pdf

Importance: High

Steve Smith,

I am pleased to inform you that your application for the 2019-2022 Innovative Approaches funding cycle has been approved.

The Children and Youth Branch appreciates your interest in supporting the development of community-based and family-focused systems of care for families of children and youth with special health care needs. I look forward to working with the Henderson County Department of Public Health as you launch this initiative.

Please let me know who the designated point person is at this time to communicate with regarding Innovative Approaches. I will reach out after the New Year to your designated point person to discuss the proposed FY 19-20 budget and project implementation. Please let me know if I can answer any questions or provide additional information at this time.

Congratulations on your successful application for the 2019-2022 Innovative Approaches funding cycle!

Heidi E. Austin, EdD, MCHES®, CFLE
Director of the North Carolina Innovative Approaches Initiative
Division of Public Health, Children and Youth Branch
[NC Department of Health and Human Services](#)

Office: 919-707-5603
Fax: 919-870-4882
Heidi.Austin@dhhs.nc.gov

5601 Six Forks Road
1928 Mail Service Center
Raleigh, NC 27609-1928



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Division of Public Health

Agreement Addendum

FY 19-20

Henderson County Department of Public Health	Women's and Children's Health Section / Children and Youth Branch
Local Health Department Legal Name	DPH Section / Branch Name
846 Innovative Approaches: Community Systems Building Grants for CYSHCN	Heidi Austin 919-707-5603 Heidi.Austin@dhhs.nc.gov
Activity Number and Description	DPH Program Contact (name, phone number, and email)
06/01/2019 – 05/31/2020	DPH Program Signature Date
Service Period	(only required for a <u>negotiable</u> agreement addendum)
07/01/2019 – 06/30/2020	
Payment Period	
<input checked="" type="checkbox"/> Original Agreement Addendum <input type="checkbox"/> Agreement Addendum Revision # _____	

I. Background:

The Children and Youth Branch is one of five branches in the Women's and Children's Health Section, Division of Public Health. The primary purpose of the Branch is to develop and promote programs and services that protect and enhance the health and well-being of children and families. The Branch is comprised of a wide array of program services and initiatives that plan, develop, and oversee preventive, genetic and specialized services. The programs provide clinical guidance, quality assurance, technical assistance, consultation and training for professionals who provide children's services in the state.

The Branch primarily focuses on ensuring health services for children, including the following: parenting education, nutrition, well child care, school health, genetic services, newborn screening, child care health consultation, developmental screening, early intervention, transition, linkages with medical homes, screening and treatment clinics, resource lines, Health Check/NC Health Choice, and children/youth/families with special health care needs.

This initiative, Innovative Approaches (IA), supports the development of community-based and family-focused systems of care for families of children and youth with special health care needs (CYSHCN).

A system of services that is family centered, well-coordinated, accessible, comprehensive and culturally competent is critical to the success of children and youth with special health care needs and their families. The barriers to the creation of effective systems of care are many: categorical service provision, care that is uncoordinated, categorical funding streams, incompatible data systems, inadequate access to services, and the inability to assess system performance and carry out quality

Health Director Signature	(use blue ink)	Date
Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Stacy Taylor</u> Phone number with area code: <u>828-674-6063</u> Email address: <u>Staylor@hendersoncountync.gov</u>	

improvement activities are just a few of the notable barriers to the creation of effective systems of care that work for families of CYSHCN.

The purpose of the IA initiative is threefold: (1) to thoroughly examine the community system of care for CYSHCN; (2) to facilitate community identification of sustainable system changes and promising practices; and (3) to coordinate the implementation of these practices with agencies, providers, and families in the community.

Innovative Approaches uses a systems change approach rather than a program-based approach to address community improvements for families of CYSHCN. Systems change is the core of Innovative Approaches. IA requires a strong collaborative partnership between local health departments, local primary care providers, and families of CYSHCN as leaders improving the system of care for CYSHCN.

The Federal Maternal and Child Health Bureau (MCHB) defines Children and Youth with Special Health Care Needs (CYSHCN) as “children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” CYSHCN have conditions that are expected to last more than 12 months, are often diagnosed with more than one condition, and frequently experience several functional difficulties, including respiratory problems, learning or behavior problems, difficulty with gross or fine motor skills, or chronic pain. Parents with CYSHCN experience a complex system of uncoordinated services. The goals of IA are based on the national Maternal and Child Health Bureau outcome measure focused on the percentage of children with special health care needs receiving care in a well-functioning system. To ensure access to needed and continuous systems of care for children and youth with special health care needs, IA goals focus on the following components of a well-functioning system:

1. Families of children and youth with special health care needs will partner in decision making at all levels, and will be satisfied with the services they receive.
2. All children and youth with special health care needs will receive coordinated ongoing comprehensive care within a medical home.
3. Families of children with special healthcare needs have adequate health insurance and financing to pay for needed services.
4. All children will be screened early and continuously for special health care needs.
5. Services for children and youth with special health care needs and their families will be organized in ways that families can use them easily.
6. All children and youth with special health care needs will receive the services necessary to make appropriate transitions.

II. Purpose:

Implement the Innovative Approaches initiative to thoroughly examine and foster improvement for community-wide systems of care that will effectively meet the needs of families of children and youth with special health care needs, resulting in increased family satisfaction with services received and improved outcomes for children and youth ages 0 to 21 with special health care needs.

III. Scope of Work and Deliverables:

The Local Health Department shall coordinate and manage the Innovative Approaches initiative. Activities shall include:

1. Recruiting, convening, and coordinating an Innovative Approaches (IA) steering committee of at least 11 individuals serving children and youth with special health care needs and families. Members should include:
 - a. Two to four family members of CYSHCN

- b. Local Health Department Director
- c. Department of Social Services Director
- d. Social service agency representatives (child protective services and/or foster care services)
- e. County Partnership for Children (Smart Start) staff
- f. Mental health agency representative
- g. Two school system representatives (school's Exceptional Children program staff and School Nurse)
- h. Local health care provider
- i. Representatives from other community agencies involved in the Local Health Department's targeted systems changes.

Steering Committee leadership should consist of three co-chairs (one parent, the health director, and the social services director) to lead the committee in the creation and implementation of the systems change IA action plan for fiscal year 2019-2020.

2. Hiring one full-time, qualified staff person or one full-time equivalent (1 FTE), to serve as IA Coordinator, to lead the development of the IA needs assessment for fiscal year 2019-2020 and the IA action plan for fiscal year 2019-2020. The DPH Program Contact will be involved in the hiring process for all project staff, including developing job descriptions, interviewing, and assisting in final staff selection.
3. Participating in monthly IA Coordinator calls facilitated by the DPH Program Contact in which local IA Coordinators provide site updates and share information with their peer counterparts across the state.
4. Coordinating formal mechanisms to receive input from parents of CYSHCN regularly. Family surveys and/or focus groups should occur at a minimum of two times per year. Family survey tools assess the prevalence and impact of special health care needs and evaluate change over time. Focus groups provide a structured format to further explore CYSHCN topic specific issues with parents and professionals working with CYSHCN.
5. Developing a current and comprehensive needs assessment for the county at the Agreement Addendum's initiation and updating it annually as per the requirements outlined in the IA Implementation Manual. The needs assessment report is to be submitted on or before the Quarter 3 reporting deadline (as stated in Section IV, Paragraph 2b) for review, feedback, and approval by the DPH Program Contact.
6. Developing and maintaining an IA action plan for fiscal year 2019-2020 to include system change objectives, action steps, and results using the specified Children and Youth Branch IA action plan template utilizing The Rensselaerville Institute framework. This framework provides the methodology to define, project, track, and report the results of all IA projects within an IA results focused IA action plan. This framework also utilizes milestone management to test key assumptions, identify needed course corrections, and make effective project course corrections.
 - a. For a new IA site, an initial IA action plan is to be submitted on or before the Quarter 3 reporting deadline for review, feedback, and approval by the DPH Program Contact.
 - b. For a continuing IA site, an updated IA action plan is to be submitted each quarter (September, December, March, and June) which provides information about the IA action plan's progress as well as newly identified system change objectives. Action plans are reviewed and approved by the DPH Program Contact and feedback is provided quarterly.

7. Developing a sustainability plan for fiscal year 2019-2020 for the Local Health Department's county at the Agreement Addendum's initiation and updating the plan quarterly. The sustainability plan is to be submitted with quarterly progress reports (as stated in Section IV, Paragraph 2b). The sustainability plan should include strategies for the following beyond the period of funding availability:
 - a. Identification and coaching of a county lead agency by the Local Health Department to continue IA work
 - b. Funding sources to provide a stable base of resources
 - c. Transfer of assets, if applicable, from the Local Health Department to the newly identified agency
 - d. Securing broad based community support for involvement in CYSHCN projects
 - e. Use of CYSHCN data and research to shape policy in response to changing community conditions
 - f. Assuring families ongoing and meaningful input into systems for CYSHCN.
8. Managing all financial aspects of the IA, including meeting expenses, expert faculty, participant reimbursements, and subcontracts.
9. Assuring IA steering committee member attendance at all planning and professional development training sessions coordinated by the Division of Public Health as communicated via monthly mandatory IA Coordinator calls.
10. Attending and purchasing all required Division of Public Health training sessions, technical assistance, and evaluation efforts.
11. Providing mentoring assistance to other counties' local health departments as requested by the Division of Public Health.

IV. Performance Measures/Reporting Requirements:

1. Performance Measures
 - a. All eleven Scope of Work Deliverables are maintained throughout the Agreement Addendum period and all specified reporting deadlines are met as per the schedule listed in Paragraph 2.a below.
 - b. All activities and subcontracts are to be executed in a fiscally responsible manner that assures the fidelity of project deliverables as established by the approved IA action plan.
 - c. All work must be family driven as evidenced by CYSHCN family involvement and leadership in the IA steering committee and its subcommittees, and by family participation in focus groups and surveys.
 - d. The IA Coordinator will utilize The Rensselaerville Institute framework to:
 1. Define, project, track and report the results of all IA projects within an IA results focused IA action plan.
 2. Utilize milestone management to test key assumptions, identify needed course corrections, and make effective project course corrections.
2. Reporting Requirement
 - a. Submit quarterly financial reports and progress reports to the DPH Program Contact that detail progress toward this Agreement Addendum's overall IA action plan deliverables, following this schedule:

- Quarter 1 June to August – Report due September 30
 - Quarter 2 September to November – Report due December 30
 - Quarter 3 December to February – Report due March 30
 - Quarter 4 March to May – Report due June 30
- b. Submit a sustainability plan and a needs assessment as outlined in Section III, Paragraphs 5 and 7. Reports will be submitted within 30 days following the end of each quarter in a format determined by the Best Practices Unit, Children and Youth Branch, following this schedule:
- Quarter 1 June to August – Report due September 30
 - Quarter 2 September to November – Report due December 30
 - Quarter 3 December to February – Report due March 30
 - Quarter 4 March to May – Report due June 30

V. Performance Monitoring and Quality Assurance:

1. Performance Monitoring

- a. Deliverables shall be monitored by site visits, required quarterly financial and progress reports, and monthly IA Coordinator calls. Progress is evaluated on a quarterly basis to denote progress on the IA action plan. DPH Program Contact will provide written feedback and recommendations based on quarterly financial and progress reports to the local Innovative Approaches Coordinator. This feedback is to ensure adequate performance.
- b. The Local Health Department agrees to participate in periodic site visits as needed, with a minimum of one per year, as determined by the DPH Program Contact. If the Local Health Department is deemed out of compliance, program staff shall provide technical assistance, and funds may be withheld until the Local Health Department is in compliance with deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated.
- c. While not necessarily an indicator of inadequate performance, a Local Health Department's inability to spend allocated funds could result in an assessment and potential reduction of funds for reallocation to other local health departments.

2. Quality Assurance

- a. All work plan activities shall be provided in a linguistically and culturally appropriate manner.
- b. All work plan activities shall be provided by appropriately trained staff.
- c. The Children and Youth Branch should be recognized in all public presentations and published materials. The suggested citation is "This initiative is supported through the NC Division of Public Health, Children and Youth Branch."

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are

revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

2. Funding may not be used for activities other than those specifically identified in this Agreement Addendum or in the approved IA action plan.
3. All subcontracts must receive prior written approval from the DPH Program Contact and must be executed and monitored in a fiscally responsible manner in accordance with the North Carolina Office of the State Auditor.
4. All payments to subcontractors for services rendered shall be on a reimbursement basis.
5. Changes to your approved Innovative Approaches 2019-2020 budget must receive prior approval by the DPH Program Contact.
6. Funding may not be used for training, technical assistance, or evaluation activities other than those specifically identified in this Agreement Addendum or the approved 2019-2020 budget.
7. Funds may be used for purchase of gift cards, meals at state rates, use of paid student interns, and office furniture as outlined in the *IA Implementation Manual*, which is provided at every new IA Coordinator orientation.
8. Expenditures for equipment exceeding \$2,500 require prior written approval from the DPH Program Contact.
9. Funding may be increased or decreased, based on the funding level needed to implement the IA action plan, and based on funding availability.

FY20 Activity: 846 Innovative Approaches: Community Systems Building Grants for CYSHCN

Supplement 1

Supplement reason: In AA+BE or AA+BE Rev -OR- -

CFDA #: 93.994 Federal awd date: 11/26/18 Is award R&D? no FAIN: B04MC32561 Total amount of fed awd: \$ 4,356,881

CFDA name: Maternal and Child Health Services
 Fed award project description: Maternal and Child Health Services
 Fed awarding agency: DHHS, Health Resources and Services Administration
 Federal award indirect cost rate: n/a %

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	=	Jackson	019728518	=	=
Albemarle	130537822	=	=	Johnston	097599104	=	=
Alexander	030495105	=	=	Jones	095116935	=	=
Anson	847163029	=	=	Lee	067439703	=	=
Appalachian	780131541	=	=	Lenoir	042789748	=	=
Beaufort	091567776	=	=	Lincoln	086869336	=	=
Bladen	084171628	=	=	Macon	070626825	=	=
Brunswick	091571349	=	=	Madison	831052873	=	=
Buncombe	879203560	=	=	MTW	087204173	=	=
Burke	883321205	=	=	Mecklenburg	074498353	=	=
Cabarrus	143408289	165500	165500	Montgomery	025384603	=	=
Caldwell	948113402	=	=	Moore	050988146	=	=
Carteret	058735804	=	=	Nash	050425677	=	=
Caswell	077846053	=	=	New Hanover	040029563	=	=
Catawba	083677138	=	=	Northampton	097594477	=	=
Chatham	131356607	=	=	Onslow	172663270	=	=
Cherokee	130705072	=	=	Orange	139209659	=	=
Clay	145058231	=	=	Pamlico	097600456	=	=
Cleveland	879924850	=	=	Pender	100955413	=	=
Columbus	040040016	=	=	Person	091563718	=	=
Craven	091564294	=	=	Pitt	080889694	=	=
Cumberland	123914376	=	=	Randolph	027873132	=	=
Dare	082358631	=	=	Richmond	070621339	=	=
Davidson	077839744	=	=	Robeson	082367871	165500	165500
Davie	076526651	=	=	Rockingham	077847143	=	=
Duplin	095124798	=	=	Rowan	074494014	=	=
Durham	088564075	=	=	RPM	782359004	=	=
Edgecombe	093125375	=	=	Sampson	825573975	=	=
Forsyth	105316439	=	=	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	=	=
Gaston	071062186	=	=	Stokes	085442705	=	=
Graham	020952383	=	=	Surry	077821858	=	=
Granville-Vance	063347626	165500	165500	Swain	146437553	=	=
Greene	091564591	=	=	Toe River	113345201	=	=
Gulford	071563613	=	=	Transylvania	030494215	=	=
Halifax	014305957	=	=	Union	079051637	=	=
Harnett	091565986	=	=	Wake	019625961	=	=
Haywood	070620232	=	=	Warren	030239953	=	=
Henderson	085021470	165500	165500	Wayne	040036170	=	=
Hoke	091563643	=	=	Wilkes	067439950	=	=
Hyde	832526243	=	=	Wilson	075585695	=	=
Iredell	074504507	=	=	Yadkin	089910624	=	=