

## Request for Proposals:

### Michigan Birthing Hospital Planning Mini-grant Funding Period 07/01/14 – 09/30/14

Forms Revised 6/11/14

Issued by:

**Michigan Department of Community Health**  
Bureau of Family Maternal & Child Health  
Division of Family and Community Health

109 West Michigan Avenue  
P.O. Box 30195  
Lansing, MI 48913

Proposals must be received via electronic mail

by 3:00 p.m. EST on

Monday, June 23, 2014

e-mailed to: [infantmortality@michigan.gov](mailto:infantmortality@michigan.gov)

An applicant teleconference call will be held on **Tuesday, June 10, 2014 from 12:00 p.m. - 1:00 p.m.**  
to answer grant application questions.

**Please use teleconference call in number 1-888-557-8511 passcode 1231644#**

MICHIGAN DEPARTMENT OF CUMMUNITY HEALTH  
**Birth Hospital Planning Mini-grant FY 2014**  
Application Cover Sheet

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**Hospital/ Business Name:**

DUNS Number:

Federal ID Number:

Address:

City:

State:

Zip:

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**Authorized Representative:**

Title:

Phone:

Fax:

E-Mail Address:

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**Project Director:**

Title:

Phone:

Fax:

E-Mail Address:

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**Project Name:**

**Service Area:**

**Counties of Residence** (Birth Mother): List White and Black Infant Mortality Rates for counties of residence for all women delivered in 2013. **Complete attached Appendix Z**

Nursery Level (s):

Level I

Level II

**Total Project Cost \$**

MDCH Funding: \$10,000

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**Assurance Statement:**

Our hospital, affirms that:

- A. All reports [summary report, purchase order and Phase II plan] will be submitted by the deadlines specified by MDCH.
- B. Funding will not be used to purchase equipment or for rental fees.

Authorized Representative:

Signature: \_\_\_\_\_

Date:

## **Michigan Birthing Hospital Planning Mini-grant Fiscal Year 2014 Requirements**

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The Michigan Department of Community Health (MDCH), Division of Family and Community Health is pleased to offer one-time mini-grant planning funds of \$10,000 to all Michigan birthing hospitals Level I or Level II nurseries to support their contribution to Michigan's developing Perinatal Care System. It is the goal of the developing Perinatal Care System that all birthing hospitals will refer and link eligible infants to Michigan's Medicaid home visiting program, Maternal Infant Health Program (MIHP), and the Children's Special Health Care Services (CSHCS) Program in order to contribute to the statewide effort to support the surviving and thriving of Michigan's infants by the provision of professional health care follow-up.

The funds are available for each hospital to assess and plan needed modifications of their nursery discharge planning process and identify information technology (IT) /electronic medical record (EMR) information system infrastructure changes that are needed to support a referral/linkage process of eligible families to two key family support services: the MIHP and the CSHCS Program. This funding will support activities to help birth hospitals develop/modify their internal process, including electronic medical record (EMR) changes, and data collection methodology for the assessment and linkage of all infants who qualify for the services of these two programs.

The State of Michigan and its many stakeholders are committed to reducing the infant mortality rate and protecting our babies and our future. We are working to reduce the infant mortality rate that ranks Michigan in 39<sup>th</sup> place or in the last or worst quartile of infant mortality rates in the country. Evidence has demonstrated that family support in the home to at-risk infants changes the trajectory of these babies' health and development outcomes. Evidence-based home visiting programs have proven to make a difference. One of Michigan's many strategies to improve infant health and development is to assure screenings/assessment of need and provide referral and support to eligible families who accept the offer to provide home visiting and/or Children Special Health Care Services. The referrals to these State programs by all birthing hospitals will assure that infants who are Medicaid beneficiaries and their families will have access to the MIHP home visiting support entitled to them by their participation in Medicaid. In 2013, Medicaid was the payor for 51% of Michigan births. Infants who may qualify for CSHCS will be assisted in obtaining additional support, medical care and care coordination services offered by this program. These activities are part of the State of Michigan's Infant Mortality Reduction Plan which includes the reestablishment of the state wide perinatal system of care, also known as the regional perinatal system.

### **BACKGROUND:**

In January, 2009, the Michigan Department of Community Health convened a group of experts to develop recommendations for a regional perinatal system of care in Michigan, pursuant to boilerplate language in the FY 2009 appropriations for the Department. The result was a report, *Perinatal Regionalization: Implications for Michigan*, with eighteen recommendations which were submitted to the Legislature on April 1, 2009.

In 2011, the Michigan Department of Community Health hosted a summit: *A Call to Action to Reduce Infant Mortality in Michigan*. Stakeholders across the state contributed. Based on the stakeholder recommendations, the Infant Mortality Reduction Plan was developed in 2012. Eight strategies were developed, one of which is to implement a regional perinatal system.

A coordinated perinatal care system is defined as a sustainable network of health care and community resources for women and infants within a community integrated health care system for all babies to survive and thrive. One activity identified as required for this system is to assure all birthing hospitals support and/or link eligible mothers and infants to Children Special Health Care Services (CSHCS) (see Appendix A for description) and/or the home visiting services of the Maternal Infant Health Program (MIHP) (see Appendix B for description) or other evidence-based home visiting services available in the community as appropriate (see Appendix F).

CSHCS is a State of Michigan and federally funded program that strives to enable individuals with special health care needs to have improved health outcomes and an enhanced quality of life by providing coverage for specialty health services based on the individual's qualifying diagnoses.

MIHP is the biggest volume evidence-based home visitation program in the state. The purpose of MIHP is to improve the health and wellbeing of Medicaid eligible pregnant women and infants, with the long term goal of reducing infant mortality and morbidity by improving and supporting the health and development of infants.

#### **PURPOSE:**

To encourage the participation of all Michigan birth hospital nurseries to participate in the referral of eligible infants into CSHCS or MIHP at discharge. This mini-grant funding will support the assessment and planning (Phase I) of the hospital nurseries infrastructure to provide the determination of the status and make referrals to community providers of these services and establish/support communications of these actions with each baby's primary care provider or medical care home.

There will be two phases to support these activities. This Phase I funding support is a **one-time** allocation to support hospitals, assessment and planning phase. This first planning mini-grant has an operating period of July 1, 2014 through September 30, 2014. Funds must be expended by September 30, 2014.

Funding for Phase II, the implementation phase, **based on the availability of funds** will be awarded in the amount of \$10,000 grant to help with implementation. **Phase II will occur during Fiscal Year October 1, 2014 through September 30, 2015.** The second allocation, Phase II, will be based on the acceptance of the implementation plan developed during this Phase I.

During Phase II, all infants eligible for Children's Special Health Care Services (CSHCS) will be referred to the appropriate Local Health Department (LHD) program (See Appendix E for LHD listing). All Medicaid eligible infants who are not already enrolled in an evidence-based home visiting service are to be referred to a Maternal Infant Health Program (MIHP) in their community. These actions are to be communicated with each infants primary care provider/medical care home. Appendix C and D demonstrate potential decision tree for each action.

One required activity to be developed and included on the work plan form is to select and build into the planning process the selection of quality improvement (QI) process to test and measure success. Plan Do Study Act is one of many QI models to choose from. Health Resources & Services Administration (HRSA) is one of many resources describing the QI method: [www.hrsa.gov/quality/toolbox/methodology/testingforimprovement/part2.html](http://www.hrsa.gov/quality/toolbox/methodology/testingforimprovement/part2.html)

#### **Activity examples, but not limited to the following:**

- Assessment of current nursery referral process for infants in need of MIHP and/or CSHCS referrals
- Enhance current postnatal educational materials for patients to include information about the MIHP and CSHCS programs
- Revise current hospital educational television channel to include messaging regarding the MIHP and CSHCS programs
- Additional staff time to design referral protocols to implement MIHP and CSHCS referrals & tracking mechanisms of MIHP and CSHCS referrals
- Hiring consultants to support the planning or staff training process.
- Staff training/orientation regarding the MIHP and CSHCS programs and referral protocol
- Modify electronic medical records system to communicate MIHP and CSHCS referral information to pediatric primary care providers or pediatric medical home.
- Planning meetings (internal to the institution and/or external with community stakeholders) needed to implement referrals and support referral outcomes to the MIHP and CSHCS programs
- Planning for quality improvement—**required as listed above**

**Activity examples, continued...**

- Reporting plans, outcomes and financial status reports to the Michigan Department of Community Health
- Documenting and reporting mothers and families responses to assist with improving

**\*Phase I exclusions apply – No equipment purchases and no rental fees**

**APPLICATION PROCESS:**

To apply for this mini-grant funding, birthing hospitals must submit an application, which includes the following two (2) components:

- **Work Plan:** Complete and submit the attached work plan form, which should outline the specific activities, timeline, responsible staff, deliverables, and potential collaborators.
- **Budget:** Submit a budget [see attached DCH-0385 and DCH-0386 budget forms] and budget narrative (an explanation of each budget line item and details of the costs that make up the line item). These must correspond to the work plan.
- **Additional Attachments:** Submit any additional applicable supporting documentation with your application.

**REPORTING:**

- **Reporting:** Submit a report by 10-30-14 summarizing the activities completed during this funding period, submit an invoice for reimbursement of expenditures and submit a proposed phase II implementation plan including list of collaborators and quality improvement process.  
[note: should funds become available, a second allocation will be awarded for Phase II funding in the amount of \$10,000 to help with implementation.]

**SUBMISSION AND CONTACT:**

Applications are due via electronic mail by **3:00 PM on Monday, June 23, 2014** and e-mailed to: [infantmortality@michigan.gov](mailto:infantmortality@michigan.gov) subject line should read: **Birthing Hospital Mini-Grant Application FY 2014**

An applicant teleconference call will be held on **Tuesday, June 10, 2014 from 12:00 p.m. - 1:00 p.m.** to answer grant application questions. *Please use teleconference call in number 1-888-557-8511 passcode 1231644#.* Please mute your telephone until you need to speak to reduce background noise to promote quality sound communications for all.

**For information or assistance**, applicants may contact Trudy Esch, at (517) 241-3593 (8 am to 5 pm Monday – Thursday) or at [escht@michigan.gov](mailto:escht@michigan.gov).

This announcement will be available at [www.michigan.gov/infantmortality](http://www.michigan.gov/infantmortality) and [www.buy4michigan.gov](http://www.buy4michigan.gov)

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# WORKPLAN FORM

Hospital Name:

Nursery Level:  I  II

Project Name:

## Work Plan Format

**Project Goal:** To ensure all infants are assessed for eligibility, referral and linkage to MIHP and CSHCS to promote infant health and development by the provision of professional, quality and consistent family health care follow-up after hospital discharge.

**Project Period:** July 1, 2014 through September 30, 2014

Proposed Activities	Person Responsible	Timeline	Deliverables	Potential Collaborators Ex. LHD, MIHP

## Appendix A

### Children's Special Health Care Services (CSHCS)

CSHCS is a State and federally funded program that helps children with special health care needs that have one or more of the 2,700 CSHCS covered diagnoses to which all of the eligibility criteria apply. CSHCS identifies, assists with diagnosis and covers the specialty health care services and some of the transportation costs related to the child's CSHCS qualifying diagnoses. The goal is to support improved health outcomes and a high quality of life. There is no financial limit for participation. All who are eligible can apply regardless of income. A payment agreement is required for those children who do not have Medicaid or MIChild coverage. Usually, the payment agreement is less than the coverage for the condition or the co-pays and deductibles for those with private insurance. There may also be help with private insurance premiums if needed and this cost proves to be a cost-effective benefit.

The first stage occurs when medical report(s) are submitted to CSHCS from a pediatric specialist. The medical eligibility is determined before moving forward on the rest of the process.

#### **The types of CSHCS covered conditions include:**

**Diseases:** arthritis & rheumatism, blood and blood forming organs, burns, cancer, central nervous system, circulatory, gastrointestinal, kidney & urinary, ear, eye, metabolic, musculoskeletal, newborn related, nutritional deficiencies, respiratory, skin and subcutaneous tissue, etc.

**Additional conditions:** congenital anomalies, lacerations and open wounds of limbs, late effects of complications of fractures & trauma, signs/symptoms & ill-defined conditions, disorders of peripheral nervous system, etc.

#### **To be eligible, the child must meet the following criteria:**

- be under 21 years of age (except for hemophilia and cystic fibrosis which is covered for life), and
- have at least one of the over 2,700 CSHCS qualifying diagnoses, and
- the condition meets the required severity and chronicity levels, and
- requires the services of a pediatric specialist for the diagnosis, and
- be a Michigan resident, and
- be a US citizen or a non-citizen lawfully admitted for permanent residence (also eligible if parents or court ordered guardians meet citizenship requirements if the minor does not have either status)

**In addition to the many other specific services and help, CSHCS enrollment helps families by assisting with payment for the following when it is related to CSHCS qualifying condition:**

- office visits to specialists, and emergency department,
- medications and specialized equipment such as wheelchairs,
- travel and lodging expenses,
- prior medical bills for a child who would have been eligible for CSHCS but has recently died.

Local health departments, covering every county in the State, help families in acquiring a diagnosis, the use of the CSHCS system of care, and coordination of services and assistance finding community resources. The local health department in the county of residence is a good place to start the process.

## Appendix B

### MATERNAL INFANT HEALTH PROGRAM (MIHP) FACT SHEET

#### What Is the Maternal Infant Health Program (MIHP)?

- Michigan Medicaid Fee for Service home visiting program
- Coordinated, monitored and certified by the Division of Family and Community Health/Michigan Department of Community Health
- Largest home visitation program in the state
- Approximately 130 MIHPs
- All counties in Michigan have MIHP provider

#### What Does It Do?

- It provides home visitation support and care coordination for pregnant women and infants on Medicaid.
- Services are intended to supplement regular prenatal/infant care and to assist healthcare providers in managing the beneficiary's health and wellbeing.

#### What Are Its Purposes?

- To promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.
- To improve the health and well-being of Medicaid eligible pregnant women and infants through a standardized, system-wide process.
- To decrease infant mortality as part of Michigan's strategic plan.

#### What Are The Program Components?

- Requires services provided by Registered Nurse and a Licensed Social Worker.
- May also have a Registered Dietitian (requires physician order) and Infant Mental Health Specialist as part of the team.
- Uses evidence based, comprehensive Maternal and Infant Risk Identifiers.
- Determines the maternal or infant risks based on an algorithm designed into the database plus professional observation.
- Consists of standardized trainings, forms, interventions and plan of cares.
- Uses a Care Coordination approach.
- Requires communication with Medicaid Providers and Medicaid Health Plans.
- Has a state wide database for Risk Identifiers and Discharge Summaries (a lot of data!!)

#### What Does The Participant Receive?

- Risk Identifier and up to nine visits for the mom.
- Risk Identifier and up to nine visits for the infant and an additional nine with a physician's order. Substance exposed infants may receive up to 18 additional visits.
- Assistance with childbirth/parenting education and transportation.

## **MATERNAL INFANT HEALTH PROGRAM (MIHP) FACT SHEET CONT.**

### **Who Provides The Services?**

- Federally Qualified Health Centers
- Home Health Agencies
- Hospital based clinics
- Native American tribes
- Private providers
- Local and regional public health department

### **What Type of Model Is It?**

- It is population-based management model, meaning that the health of the entire target population is addressed in addition to the health of individuals within the population.
- Standardized, appropriate services are provided based on a beneficiary's needs and risks no matter the location within the state.

### **Which Medicaid Populations Does MIHP Serve?**

- All Medicaid pregnant women and infants including:
  - Minorities
  - Teens
  - High risk psychosocial and economic
  - Homeless
  - Special populations
  - Rural and urban

### **What Are The MIHP Maternal Risk Domains?**

- Family Planning
- Prenatal Care
- Food/Nutrition
- Housing
- Transportation
- Social Support
- Smoking/Second Hand Smoke Exposure
- Alcohol
- Drugs
- Stress/Depression/Mental Health
- Domestic Violence
- Chronic Disease (Diabetes, Hypertension, Asthma)

## MATERNAL INFANT HEALTH PROGRAM (MIHP) FACT SHEET CONT.

### What Are the MIHP Infant Risk Domains?

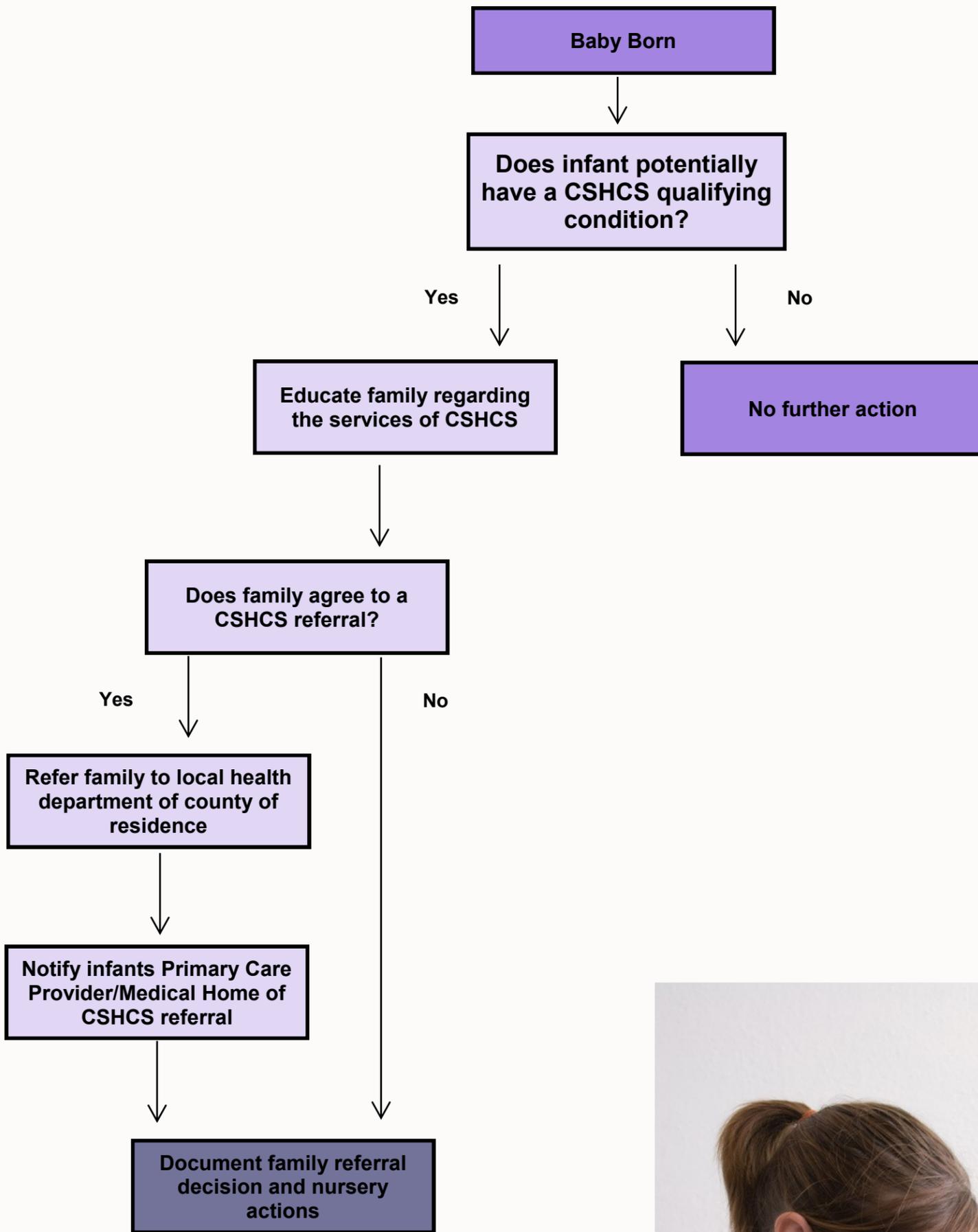
- Health Care
- Family, Social Support, Parenting and Child Care
- Breast Feeding
- Safety
- Feeding
- Development
- Substance Exposed:
  - Positive at Birth
  - Primary Caregiver Use
  - Environment
- Maternal Considerations
  - Examples: Smoking; Alcohol/Drug Use; Stress/Depression and Domestic Violence

### Is MIHP Effective?

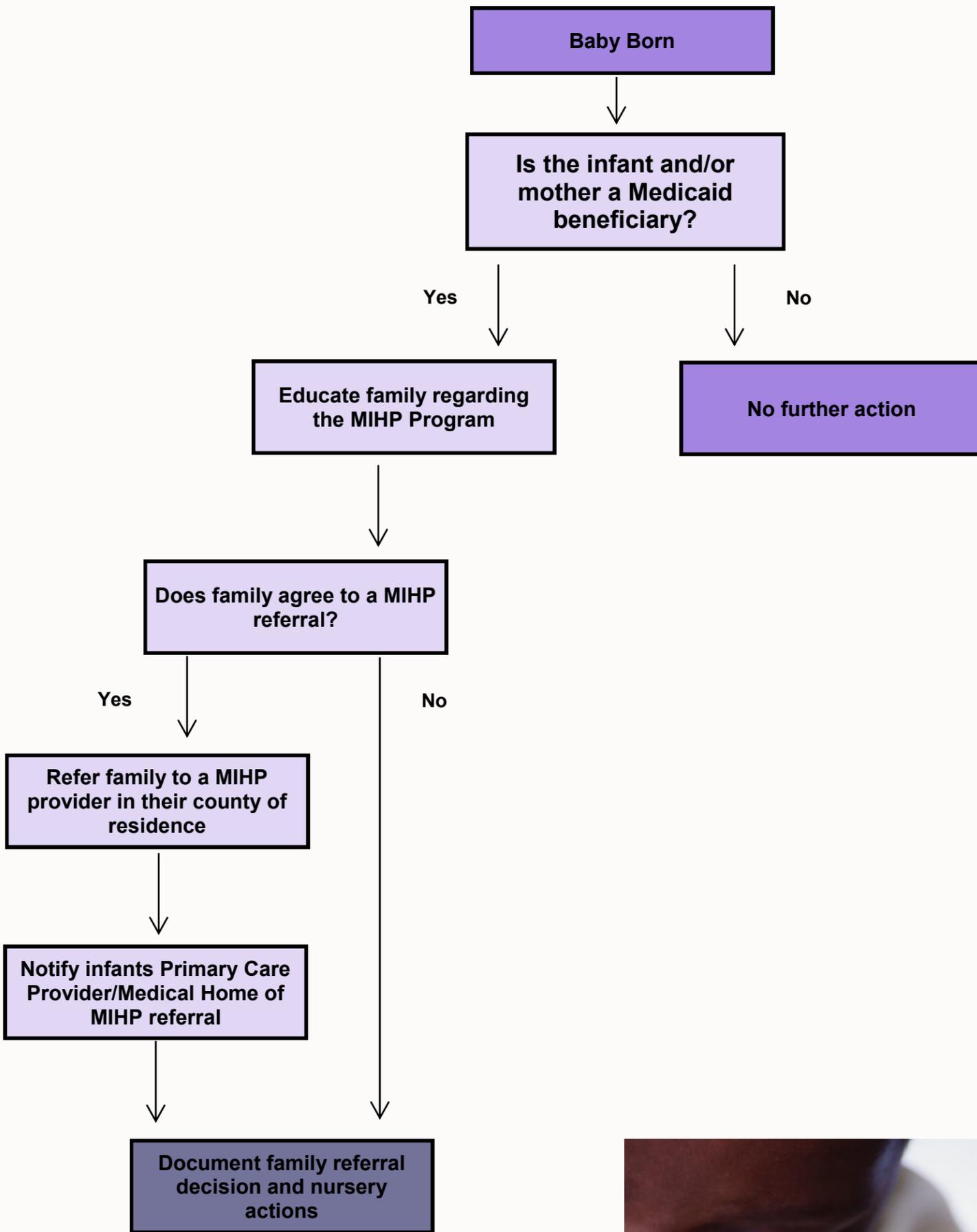
- Yes, it improves maternal and infant healthcare utilization and health outcomes beginning during pregnancy, continuing at birth, and sustained through the first year of life.
- Participation in MIHP increases the odds of receiving any prenatal care, the adequacy of prenatal care, and the odds of new mothers receiving appropriate postnatal visits.
- Participation in MIHP increases odds of ever presenting for well-child visits and of receiving the appropriate number of such visits over the first year of life.
- Participation in MIHP reduces the risk for adverse birth outcomes (prematurity, extreme prematurity, low birth weight, very low birth weight), with particular advantage for Black women.
- Published research led by Cristian Meghea, PhD, Institute for Health Policy and Department of Obstetrics, Gynecology, and Reproductive Biology (Medicaid Home Visitation and Maternal and Infant Healthcare Utilization. American Journal of Preventive Medicine, Volume 45, Issue 4 , Pages 441-447, October 2013) and Lee Anne Roman, MSN, PhD, Department of Obstetrics, Gynecology, and Reproductive Biology Michigan State University, College of Human Medicine (A Statewide Medicaid Enhanced Prenatal Care Program: Impact on Birth Outcomes. JAMA Pediatrics, 2013. (In print).
- A quasi-experimental design was used to assess the effects of MIHP on maternal and infant healthcare utilization and health outcomes.
- Specifically: matched comparison group methodology was used to compare the outcomes of MIHP participants with a matched group of non-participants.

For more information, visit: <http://www.michigan.gov/mdch/mihp.html>

# CSHCS Referral Decision Tree



# MIHP Referral Decision Tree



## APPENDIX E Local Health Department Listing

Health Department	Telephone/Fax
<a href="#">Allegan County Health Department</a> 3255 122 <sup>nd</sup> Ave., Suite 200 Allegan, Michigan 49010	Ph: (269) 673-5411 FAX: (269) 673-4172
<a href="#">Barry-Eaton District Health Dept.</a> 1033 Health Care Dr. Charlotte, Michigan 48813	Ph: (517) 485-7110 FAX: (517) 543-7737 or (517) 543-0451
<a href="#">Bay County Health Department</a> 1200 Washington Avenue Bay City, Michigan 48708	Ph: (989) 895-4009 FAX: (989) 895-4014
<a href="#">Benzie-Leelanau District H. D.</a> 6051 Frankfort Highway, Ste. 100 Benzonia, MI 49616	Ph: (231) 882-4409 FAX: (231) 882-2204
<a href="#">Berrien County Health Department</a> 769 Pipestone St., P.O. Box 706 Benton Harbor, Michigan 49023	Ph: (269) 926-7121 FAX: (269) 926-8129
<a href="#">Branch-Hillsdale-St. Joseph</a> Human Services Building 570 Marshall Road Coldwater, Michigan 49036	Ph: (517) 279-9561 FAX: (517) 278-2923
<a href="#">Calhoun County Health Dept.</a> 190 E. Michigan Avenue, Ste A-100 Battle Creek, Michigan 49014	Ph: (269) 969-6370 FAX: (269) 966-1489
<a href="#">Central Michigan District Health Dept</a> 2012 E. Preston Avenue Mt. Pleasant, Michigan 48858 (Arenac, Clare, Gladwin, Isabella, Osceola, Roscommon)	Ph: (989) 772-8147 FAX: (989) 773-4319
<a href="#">Chippewa County Health Dept.</a> 508 Ashmun Street, Suite 120 Sault Ste. Marie, Michigan 49783	Ph: (906) 635-1566 FAX: (906) 635-1701
<a href="#">City of Detroit Department of Health and Wellness Promotion</a> 1600 W. Lafayette, Suite 200 Detroit, Michigan 48216	Ph: (313) 876-4301 FAX: (313) 871-5363
<a href="#">Public Health Delta &amp; Menominee</a> 2920 College Avenue Escanaba, Michigan 49829-9597	Ph: (906) 786-4111 Fax: (906) 786-7004

<a href="#">Dickinson-Iron District Health Dept.</a> 601 Washington Avenue Iron River, Michigan 49935	Ph: (906) 265-9913 FAX: (906) 265-2950
<a href="#">District Health Department #2</a> 630 Progress St. West Branch, MI 48661 (Alcona, Iosco, Ogemaw, Oscoda)	Ph: (989) 345-5020 FAX: (989) 343-1899
<a href="#">District Health Department #4</a> 100 Woods Circle Alpena, Michigan 49707 (Alpena, Cheboygan, Montmorency, Presque Isle)	Ph: (989) 356-4507 FAX: (989) 356-3529
<a href="#">District Health Department #10</a> 3986 N. Oceana Drive Hart, Michigan 49420 (Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, Wexford)	Ph: (231) 873-2193 FAX: (231) 873-4248
<a href="#">Genesee County Health Dept.</a> 630 S. Saginaw Street Flint, Michigan 48502-1540	Ph: (810) 257-3612 FAX: (810) 257-3147
<a href="#">Grand Traverse Co. Health Dept.</a> 2600 LaFranier Rd., Suite A Traverse City, Michigan 49686	Ph: (231) 922-4831 FAX: (231) 922-4629
<a href="#">Huron County Health Department</a> 1142 S. Van Dyke Bad Axe, Michigan 48413	Ph : (989) 269-9721 FAX : (989) 269-4181
<a href="#">Ingham County Health Department</a> 5303 S. Cedar, P.O. Box 30161 Lansing, Michigan 48909	Ph: (517) 887-4311 FAX: (517) 887-4310
<a href="#">Ionia County Health Department</a> 175 East Adams Street Ionia, Michigan 48846	Ph: (616) 527-5341 FAX: (616) 527-5361
<a href="#">Jackson County Health Department</a> 1715 Lansing Avenue, Suite 221 Jackson, Michigan 49202	Ph: (517) 788-4420 FAX: (517) 788-4373
<a href="#">Kalamazoo County Health .</a> 3299 Gull Road, P.O. Box 42 Nazareth, Michigan 49074-0042	Ph: (269) 373-5200 FAX: (269) 373-5363

<a href="#"><u>Kent County Health Department</u></a> 700 Fuller Avenue Grand Rapids, Michigan 49503	Ph: (616) 632-7100 FAX: (616) 632-7083
<a href="#"><u>Lapeer County Health Department</u></a> 1800 Imlay City Road Lapeer, Michigan 48446	Ph: (810) 667-0391x7 FAX: (810) 245-4525
<a href="#"><u>Lenawee County Health Department</u></a> 1040 S. Winter, Suite 2328 Adrian, Michigan 49221-3871	Ph: (517) 264-5202 FAX: (517) 264-0790
<a href="#"><u>Livingston County Health Dept.</u></a> 2300 East Grand River, Suite #102 Howell, Michigan 48843-7578	Ph: (517) 546-9850 FAX: (517) 546-6995
<a href="#"><u>Luce-Mackinac-Alger-Schoolcraft</u></a> 14150 Hamilton Lake Road Newberry, Michigan 49868	Ph: (906) 293-5107 FAX: (906) 293-5453
<a href="#"><u>Macomb County Health Dept.</u></a> 43525 Elizabeth Road Mt. Clemens, Michigan 48043	Ph: (586) 469-5235 FAX: (586) 469-5885
<a href="#"><u>Marquette County Health Dept.</u></a> 184 U.S. 41 Highway Negaunee, Michigan 49866	Ph: (906) 475-9977 FAX: (906) 475-9312
<a href="#"><u>Mid-Michigan District Health Dept.</u></a> 615 N. State Road, Suite 2 Stanton, Michigan 48888	Ph: (989) 831-5237 FAX: (989) 831-5522 (Clinton, Gratiot, Montcalm)
<a href="#"><u>Midland County Health Department</u></a> 220 W. Ellsworth Street Midland, Michigan 48640-5194	Ph: (989) 832-6380 FAX: (989) 832-6628
<a href="#"><u>Monroe County Health Department</u></a> 2353 S. Custer Road Monroe, Michigan 48161	Ph: (734) 240-7800 FAX: (734) 240-7815
<a href="#"><u>Public Health – Muskegon County</u></a> 209 East Apple, Suite D104 Muskegon, Michigan 49442	Ph: (231) 724-6246 FAX: (231) 724-6674
<a href="#"><u>Health Dept. of Northwest Michigan</u></a> 220 W. Garfield Charlevoix, Michigan 49720	Ph: (231) 547-6523 FAX: (231) 547-6238 (Antrim, Charlevoix, Emmet, Otsego)

<a href="#"><u>Oakland County Health Dept.</u></a> 1200 N. Telegraph Road, Dept.432 Pontiac, Michigan 48341-0432	Ph: (248) 858-1280 FAX: (248) 858-5639
<a href="#"><u>Ottawa County Health Department</u></a> 12251 James Street, Suite 400 Holland, Michigan 49424	Ph: (616) 396-5266 FAX: (616) 393-5643
<a href="#"><u>Saginaw County Health Department</u></a> 1600 N. Michigan Avenue Saginaw, Michigan 48602	Ph: (989) 758-3800 FAX: (989) 758-3750
<a href="#"><u>St. Clair County Health Department</u></a> 3415 28th Street Port Huron, Michigan 48060	Ph: (810) 987-5300 FAX: (810) 985-2150
<a href="#"><u>Sanilac County Health Department</u></a> 171 Dawson Street Sandusky, Michigan 48471	Ph: (810) 648-4098 FAX: (810) 648-2646
<a href="#"><u>Shiawassee County Health Dept.</u></a> 149 E Corunna Ave., 2 <sup>nd</sup> Floor Corunna, Michigan 48817	Ph: (989) 743-2318 FAX: (989) 743-2357
<a href="#"><u>Tuscola County Health Department</u></a> 1309 Cleaver Road Caro, Michigan 48723-8114	Ph: (989) 673-8114 FAX: (989) 673-7490
<a href="#"><u>Van Buren-Cass District Health Dept</u></a> 57418 County Road 681 Hartford, Michigan 49057	Ph: (269) 621-3143 FAX: (269) 621-2725
<a href="#"><u>Washtenaw County Health Dept.</u></a> 555 Towner, P.O. Box 915 Ypsilanti, Michigan 48197-0915	Ph: (734) 544-6700 FAX: (734) 544-6706
<a href="#"><u>Wayne County Health Department</u></a> 33030 Van Born Road Wayne, Michigan 48184	Ph: (734) 727-7006 FAX: (734) 727-7043
<a href="#"><u>Western Upper Peninsula Health</u></a> 540 Depot Hancock, Michigan 49930 (Baraga, Gogebic, Houghton, Keweenaw, Ontonagon)	Ph: (906) 482-7382 FAX: (906) 482-9410

Michigan Department of Community Health  
Local Health Services, Public Health Administration  
Capitol View Building, 201 Townsend., Lansing Michigan 48913  
05/08/2014

## Appendix F Other Home Visiting Programs

For more information on home visiting models in Michigan, visit:

[http://www.michigan.gov/homevisiting/0,5450,7-314-66229\\_66231\\_66680-313112--,00.html](http://www.michigan.gov/homevisiting/0,5450,7-314-66229_66231_66680-313112--,00.html)

There are other evidence-based home visiting programs that mothers and infants may be participants. If the family is already enrolled in a program, it promotes duplication of services to refer families to enroll in MIHP and is not encouraged. These programs are quality services however are not as widely available as MIHP. We encourage you to identify home-visiting programs if any are available in your community.

### Nurse Family Partnership (NFP)

Nurse-Family Partnership enrolls low-income; first-time moms during their pregnancy prior to 28 weeks, delivering public health nurse visits beginning in early pregnancy until the baby turns two years old.

NFP's goals are to:

- Improve pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances;
- Improve child health and development by helping parents provide responsible and competent care; and
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

NFP sites currently serve clients in the cities of Detroit and Pontiac and in the counties of Berrien, Calhoun, Genesee, Ingham, Kalamazoo, Kent and Saginaw.

For more information, visit: <http://www.nursefamilypartnership.org/>

### Healthy Families America (HFA)

HFA is the signature program of Prevent Child Abuse America (PCA America). It is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.

HFA builds upon dyadic, attachment, and bio-ecological systems theories, interactions between direct service providers and families are relationship-based; designed to promote positive parent-child relationships and healthy attachment; strengths-based; family-centered; culturally sensitive; reflective, in order to promote the development of autonomous, qualified, and self-directed professionals; and mindful of a child's interrelated environmental systems.

HFA includes (1) screenings and assessments to determine families most likely to benefit from services, and (2) home visiting services. In addition, many HFA sites offer services such as parent support groups and father involvement programs. HFA allows local sites to formulate program services and activities that correspond to the specific needs of their communities and target populations. HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency is determined by local programs and is based on families' needs. Typically, home visits last a minimum of one hour.

HFA programs begin to provide services prenatally or at birth and continue through the first three to five years of life. Each local program determines the length of the program. Healthy Families America sites currently serve clients in the counties of Huron, Kent, Kalamazoo, Muskegon, Washtenaw and Wayne.

For more information, visit: <http://www.healthyfamiliesamerica.org/home/index.shtml>

## **Parents as Teachers (PAT)**

PAT is designed to ensure that young children are healthy, safe, and ready to learn. PAT affiliate programs select the specific characteristics and eligibility criteria of the target population they plan to serve. Such eligibility criteria might include children with special needs, families at risk for child abuse, income-based criteria, teen parents, first-time parents, immigrant families, low literate families, or parents with mental health or substance abuse issues.

The PAT model aims to (1) increase parent knowledge of early childhood development and improve parenting practices, (2) provide early detection of developmental delays and health issues, (3) prevent child abuse and neglect, and (4) increase children's school readiness and school success.

The PAT model has four components that all affiliate programs are required to provide: (1) one-on-one personal (or home) visits, (2) group connections (or meetings), (3) health and developmental screenings for children, and (4) a resource network for families. The model is designed to serve families from pregnancy through kindergarten entry.

Parents as Teachers currently serves clients in the counties of Barry, Bay, Berrien, Calhoun, Cass, Charlevoix, Chippewa, Clare, Clinton, Delta, Eaton, Genesee, Grand Traverse, Huron, Ingham, Ionia, Kalamazoo, Kent, Lenawee, Luce, Macomb, Mackinac, Menominee, Missaukee, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Shiawassee, St. Clair, Van Buren, Washtenaw, Wayne and Wexford.

**For more information, visit:** <http://www.parentsasteachers.org/>

## **Early Head Start- (home-visiting option)**

Early Head Start–Home Visiting is a comprehensive, two-generation federal initiative aimed at enhancing the development of infants and toddlers while strengthening families.

Early Head Start–Home Visiting targets low-income pregnant women and families with children birth to age 3 years. To be eligible for Early Head Start–Home Visiting, most families must be at or below the federal poverty level. Early Head Start–Home Visiting programs must make at least 10 percent of their enrollment opportunities available to children with disabilities who are eligible for Part C services under the Individuals with Disabilities Education Act in their state. Each individual Early Head Start–Home Visiting project is allowed to develop specific program eligibility criteria, aligned with the program's performance standards.

Early Head Start–Home Visiting aims to (1) promote healthy prenatal outcomes for pregnant women, (2) enhance the development of very young children, and (3) promote healthy family function. Early Head Start programs include home- or center-based services, a combination of home- and center-based programs, and family child care services (services provided in family child care homes). Early Head Start–Home Visiting home-based services include (1) weekly 90-minute home visits, and (2) two group socialization activities per month for parents and their children.

Services are provided to eligible pregnant women and families with children from birth to 3 years of age.

Early Head Start currently serves clients in the counties of Alcona, Alger, Alpena, Antrim, Benzie, Berrien, Calhoun, Charlevoix, Cheboygan, Crawford, Delta, Dickinson, Emmet, Genesee, Grand Traverse, Hillsdale, Houghton, Huron, Ingham, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Keweenaw, Lapeer, Leelanau, Livingston, Macomb, Marquette, Mecosta, Midland, Missaukee, Montmorency, Oakland, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Saginaw, St. Clair, Tuscola, Wayne and Wexford.

Early Head Start Tribal currently serves clients in the counties of Antrim, Charlevoix, Chippewa, Emmet and Mackinac.

**For more information, visit:** <http://www.ehsnrc.org/>

**Appendix Z**

<b>Number of Births at your birthing hospital</b>		
<b>2011</b>	<b>2012</b>	<b>2013</b>

MDCH Vital Statistics— Infant Mortality Rates by county and race can be found by visiting:  
[http://www.michigan.gov/mdch/0,4612,7-132-2944\\_4669\\_4694---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2944_4669_4694---,00.html)

<b>State of Michigan Infant Mortality Rate 2012</b>		
<b>MI Overall</b>	<b>MI White</b>	<b>MI Black</b>
6.9	5.5	13.5

<b>Infant Mortality Rate 2012</b>			
<b>County Of Residence (Birth Mother)</b>	<b>County overall</b>	<b>County White</b>	<b>County Black</b>

## PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use **WHOLE DOLLARS** Only

**ATTACHMENT B.1**

<b>PROGRAM</b>			<b>DATE PREPARED</b>	Page	Of
<b>CONTRACTOR NAME</b>			<b>BUDGET PERIOD</b>		
			<b>From:</b>	<b>To:</b>	
<b>MAILING ADDRESS (Number and Street)</b>			<b>BUDGET AGREEMENT</b>		<b>AMENDMENT #</b>
			<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>FEDERAL ID NUMBER</b>		
<b>EXPENDITURE CATEGORY</b>				<b>TOTAL BUDGET</b>	
				(Use Whole Dollars)	
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
<b>8. TOTAL DIRECT EXPENDITURES</b>					
<small>(Sum of Lines 1-7)</small>					
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
<b>10. TOTAL EXPENDITURES</b>					

**SOURCE OF FUNDS:**

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
<b>16. TOTAL FUNDING</b>					

**AUTHORITY:** P.A. 368 of 1978

**COMPLETION:** Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity employer, services and programs provider.

DCH-0385(E) (Rev. 02/13) (Excel) Previous Edition Obsolete.

**PROGRAM BUDGET - COST DETAIL SCHEDULE**

**ATTACHMENT B.2**

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

<b>PROGRAM</b>		<b>BUDGET PERIOD</b>		<b>DATE PREPARED</b>
		<b>From:</b>	<b>To:</b>	
<b>CONTRACTOR NAME</b>		<b>BUDGET AGREEMENT</b>		<b>AMENDMENT #</b>
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
<b>1. SALARY &amp; WAGES:</b>				
<b>POSITION DESCRIPTION</b>	<b>COMMENTS</b>	<b>POSITIONS REQUIRED</b>	<b>TOTAL SALARY</b>	
<b>1. TOTAL SALARY &amp; WAGES:</b>			<b>\$</b>	<b>-</b>
<b>2. FRINGE BENEFITS: (Specify)</b>				<b>Composite Rate %</b>
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS		
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
<b>2. TOTAL FRINGE BENEFITS:</b>			<b>\$</b>	<b>-</b>
<b>3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)</b>				
			<b>3. TOTAL TRAVEL:</b>	<b>\$ -</b>
<b>4. SUPPLIES &amp; MATERIALS: (Specify if category exceeds 10% of Total Expenditures)</b>				
			<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>	<b>\$ -</b>
<b>5. CONTRACTUAL: (Subcontracts/Subrecipients)</b>				
<u>Name</u>	<u>Address</u>			<u>Amount</u>
			<b>5. TOTAL CONTRACTUAL:</b>	<b>\$ -</b>
<b>6. EQUIPMENT: (Specify)</b>				
			<b>6. TOTAL EQUIPMENT:</b>	<b>\$ -</b>
<b>7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)</b>				
Communication:			<b>Amount</b>	
Space Cost:				
Others (explain):				
			<b>7. TOTAL OTHER EXPENSES:</b>	<b>\$ -</b>
<b>8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES</b>		<b>\$ -</b>
<b>9. INDIRECT COST CALCULATIONS:</b>				
Rate #1	Base \$	x Rate	=	\$ -
Rate #2	Base \$	- x Rate	=	\$ -
<b>9. TOTAL INDIRECT EXPENDITURES:</b>			<b>\$</b>	<b>-</b>
<b>10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)</b>				<b>\$ -</b>
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding.		Use Additional Sheets as Needed		
DCH-0386(E) (Rev 02/13) (EXCEL) Previous Edition Obsolete				