



Maryland Department of Health Office of Minority Health and Health Disparities

Minority Outreach and Technical Assistance Program (MOTA)

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Ms. Namisa Kramer, Program Administrator

April 15, 2022

Introductions

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Program Staff

- Dr. Arif A. Vega, Program Management, Oversight
- Ms. Diane Walker, Acting Deputy Director, Fiscal Lead
- Ms. Namisa Kramer, MOTA Program Administrator

Webinar Specifics for Participants

- This Training session will be recorded and uploaded on the MHHD website no later than Wednesday, April 20, 2022, C.O.B.
- Although Internet Explorer is a viable application to view this Training, we have been advised by DHMH IT staff that the webinar works best in Chrome.
- If you are unable to get in on Chrome and IE, please call in and listen. The call in number is +1-240-454-0887 PIN: 643 750 634
- **The presentation will be posted on MHHD website.** The chat function is on and will be utilized as a parking lot. Please type all question in the chat and I or Mrs. Diane Walker will respond to each at the close of this presentation during the question-and-answer session. We will make every attempt to answer all questions, however, those that were missed due to time constraints will be answered individually with reference to your proposed program.

Agenda

Overview

- Introductions
- Welcome/Opening Remarks from MOTA Team
- Background and Program Overview
- Review Focus Areas and Key Performance Measures associated with each
- Application Requirement
- All things Fiscal
- Supporting Documentation
- Questions

FY23 MOTA Program Purpose and Structure

1. Program Purpose and Structure

Rationale for focus on Pregnancy and Birth Outcomes and the Targeted Chronic Diseases (mental/behavioral health, cancer, obesity/diabetes).

The purpose of the MOTA program is to improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, technical assistance, and ongoing intervention with individuals with **self-identified** need. The health conditions targeted by the MOTA program have the following significance for Maryland's minority population:

a. **Mental Health**

b. **Cancer**

c. **Obesity/Diabetes**

d. **Pregnancy and Birth Outcomes**

FY 23 MOTA Program-MHHD Expectations & Requirements

The following are MHHD's expectations for every MOTA funded partner in any Maryland Jurisdiction serving racial and ethnic minorities.

Mandatory requirements are:

- a. Partnership and collaboration with Local Health Departments and other MOTA grantees, CBO's, FBO's and FQHC's
- b. Participation in technical assistance, capacity building (workshops, trainings and conferences, etc.) and program sustainability/resource development activities (i.e., grant writing skill building classes, Identifying and increasing funding streams, networking, fundraising, etc.)
- c. Improve insurance enrollment/linkage to health insurance, primary/preventive care and other support services
- d. Case management throughout patient path

Program Description

All Proposed Programs ***must*** Provide community-based health education based on selected disease focus area and implement of best Practices and Engagement models to increase prevention, education, linkage to care, health screening, access to primary care resources for the disease focus area selected.

Program Description

Target Population:

- Minority Communities throughout the state of Maryland

KEY STANDARDIZED PERFORMANCE MEASURES

Mental Health	
# of Encounters (Individuals touched)	
# of individuals that expressed interest in mental health services/resources	
# of linkages to Mental Health Providers	
# of unduplicated (newly enrolled) Participants in mental health services	
# of Individuals completing 60, 90, 120 days of programming	
# of participants who expressed improvement of mental health concerns at treatment end	
# of Individuals who completed exit survey	

KEY STANDARDIZED PERFORMANCE MEASURES

Cancer	
# of Encounters (Individuals touched)	
# of Engagements (exchange of information)	
# of linkages to Provider or FQHC for screening	
# of unduplicated (newly enrolled) Participants	
# of Individuals completing 60, 90, 120 days of programming	
# of participants exhibiting greater knowledge of cancer prevention, education and services at program completion	
# of Individuals who completed exit survey	

KEY STANDARDIZED PERFORMANCE MEASURES

Obesity & Diabetes	
# of Encounters (Individuals touched)	
# of Engagements (exchange of information)	
# of individuals enrolled in weight loss program	
# of individuals who experienced decrease in BMI	
# of Individuals completing 60, 90, 120 days of programming	
# of individuals linked to healthcare professional	
# of Individuals who completed exit survey	

KEY STANDARDIZED PERFORMANCE MEASURES

Pregnancy and Birth Outcomes	
# of Encounters (Individuals touched)	
# of Engagements (exchange of information)	
# of linkages to Provider or FQHC for screening	
# of unduplicated (newly enrolled) Participants	
# of Individuals who completed programming within 90 days	
# Of individuals who successfully completed training (i.e., prenatal care, breastfeeding, parenting, nutrition etc.)	
# of Individuals who completed exit survey	

Application Requirements For Submission

- The Applicant must provide proof with its application that the following Mandatory Requirements have been met:
- The Applicant shall be a Social organization as defined per Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland or a local, state government agency, public college or state university.
- Applicants must maintain an operational office within Maryland. All official records must be maintained at this location and accessible for site visits and audits. Applicants must be a 501c3 or institute of higher education. Applicants must have a certificate of good standing issued by the Maryland State Government.
- Applicants must be registered on eMMA (see <https://procurement.maryland.gov/> for more information). Applicants must have access to relevant data sources, the capacity to deliver planned services, the ability to track performance, and be prepared to submit progress reports on time. Applicants must be able to implement the proposed program/service no later than one month after the Agreement start date.

Application Requirements For Submission (Cont')

The Project Narrative shall include the following documents and information in the order specific as follows:

- A. Transmittal Letter**
- B. Executive Summary**
- C. Application Narrative**
- D. Organizational Capacity**
- E. Program Management**
- F. Partnerships**
- G. Performance Measures**

The Project Narrative Guidelines: *The Project Narrative will be no more than 8 pages (standard letter size). The application will be 12 pt. font, Times New Roman or Calibri, 1-inch margins, double-spaced, and each page numbered sequentially. Information in tables may be 11 pt. font. All following items must be included, using the outline and letter/number order below.*

Event Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
DPP cohort 1 mtg 1 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 1 7 PM to 9PM QRS Library			Healthy Pregnancy 10 AM to Noon Hospital mtg room
9	10	11	12	13	14	15
DPP cohort 1 mtg 2 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 2 7 PM to 9PM QRS Library			
16	17	18	19	20	21	22
DPP cohort 1 mtg 3 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 3 7 PM to 9PM QRS Library			
23	24	25	26	27	28	29
DPP cohort 1 mtg 4 1 PM to 3PM XYZ Church			DPP cohort 2 mtg 4 7 PM to 9PM QRS Library		LHIC Meeting 6 PM to 8 PM Local Health Dept	
30	31					
DPP cohort 1 mtg 5 1 PM to 3PM XYZ Church		NOTES:				

Work Plan

GUIDING GOAL(S):				
TIME PERIOD	PRIMARY OUTPUTS	OBJECTIVES, ACTIVITES & EXPECTED OUTCOMES	RPOC/PARTNERS	PROJECTED EXPENSES
<i>An expected completion date (month & year) must be identified for each output</i>	<i>List each output individually (e.g., intake tool and database)</i>	<ul style="list-style-type: none"> <i>Define each objective of the primary goal</i> <i>List as many activities as necessary by adding rows</i> <i>List expected outcomes directly related to identified Guiding Goals</i> 	LEAD: SUPPORT: PARTNERS:	<i>List all expenses to be incurred directly related to each activity or action item</i>
TIME PERIOD	PRIMARY OUTPUTS	OBJECTIVES, ACTIVITES & EXPECTED OUTCOMES	RPOC/PARTNERS	PROJECTED EXPENSES

SMART Performance



All components of this diagram must be **SMART**:

S - SPECIFIC

M – MEASURABLE

A – ACHIEVABLE

R - REALISTIC

T- TIME SENSITIVE

Please note that for every event/ workshop/ or session the number of individuals reached alongside number of events conducted.

Supporting Documentation

Supporting Documentation Letters of Commitment: A letter of commitment from each partner or collaborator must be submitted

- Local Health Department Support Letter: There must be one (1) letter of support from the local health officer, or other representative from the local health department in the focal jurisdiction
- Letter of Good Standing: Applicants **MUST include a letter of good standing with Maryland State Government in the proposal.**

Project Budget and Fiscal Forms

- Submit completed MDH Forms
 - MDH 432B
 - MDH 432D
 - MDH 432E
 - MDH 432 F
 - MDH 432H
- Provide correct contact information
 - Name
 - Address
 - Federal ID Number

All Things Fiscal

Ms. Diane D. Walker, Acting Deputy Director, Fiscal Lead

MDH 432B

PROGRAM BUDGET (MDH 432B)

PROGRAM ADMINISTRATION: _____

GRANT NUMBER: _____ DATE SUBMITTED: _____

CONTRACT PERIOD: _____ FISCAL YEAR: _____

ORGANIZATION: _____ PHONE #: _____

STREET ADDRESS: _____

CITY, STATE, _____ ZIP: _____

PROGRAM TITLE: _____

CHARGEABLE SERVICES (Y/N) _____ MDH PROVIDES 50% OR MORE OF FUNDING (Y/N) No

FOR MDH USE ONLY _____

OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	0	0	0	0	0
FRINGE	0				0
CONSULTANTS	0				0
EQUIPMENT	0				0
PURCHASE OF SERVICE	0				0
RENOVATION	0				0
CONSTRUCTION	0				0
REAL PROPERTY PURCHASE	0				0
UTILITIES	0				0
RENT	0				0
FOOD	0				0

MDH 432D

MDH 432D

SCHEDULE OF SALARY
COSTS



MERIT SYSTEM _____

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	GRADE AND STEP	HOURS PER WEEK	TYPE OF SERVICE	SALARY MDH FUNDING	SALARY TOTAL PROGRAM BUDGET

MDH 432E

SCHEDULE OF CONSULTANT COSTS MDH 432E

NAME OF CONSULTANT	PROFESSIONAL AREA	HIGHEST DEGREE HELD	HOURLY RATE	TOTAL HOURS	TOTAL MDH COSTS	TOTAL PROGRAM BUDGET

MDH 432F

SCHEDULE OF EQUIPMENT COSTS (MDH 432F)

			MDH FUNDING	TOTAL PROGRAM BUDGET
LIST OF MISCELLANEOUS EQUIPMENT COSTING UNDER \$500 EACH				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
				0.00
LIST BELOW EACH EQUIPMENT ITEM COSTING OVER \$500				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		

MDH 432G

**PURCHASE OF SERVICE
MDH 432G**

SERVICE	VENDOR	PERFORMANCE MEASURES NUMBER UNITS PURCHASED (e.g., HRS, VISITS, ETC.)	DOLLARS	
			MDH	TOTAL

MDH 432H

ANTICIPATED SOURCES OF FUNDING MDH 432H

SOURCES	AMOUNT
MDH AWARD	0
MDH SUPPLEMENT	
LOCAL GOV'T	
OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)	
FEES	
MDH CLIENT FEE COLLECTIONS	
OTHER CLIENT FEE COLLECTIONS	
MEDICAID PAYMENTS	
MEDICARE PAYMENTS	
INSURANCE/PRIVATE	
SSI	
OTHER - IDENTIFY	
FUNDRAISING/DONATIONS	
UNITED CHARITIES	
INTEREST	
Total Funding (Must Equal Total Costs in Total Program Budget on Budget Face Sheet)	0.00
IN-KIND CONTRIBUTIONS (IDENTIFY)	VALUE

Evaluation of Applications

- Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below
- The Evaluation Committee will review Applications and provide input to the Grant Officer and Program Manager.
- The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.
- All Applications will be graded on a point system. If any of the requirements have not been met or documents included, points will be deducted from each application.

Question and Answer Period

Thank You

Questions?

We are available to answer all questions, please send us an email to mdh.healthdisparities@maryland.gov