

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

Tracking #	Contract Title:				
51072	MATERNAL CHILD HEALTH SERVICES				
Contract Start: Contract End: Questions/Ple		Questions/Please C	e Contact:		
10/1/2021	9/30/2023	PROCUREMENT UN	IT @ (573)751-6471		
Contract #:		Amend #:			
DH220051072		02			
	PLEASE VERIFY	COMPLETE - TYPE	OR PRINT - SIGNATURE REQUIRED		
NAME OF ENTITY/I	NDIVIDUAL (Contractor)				
THE CITY OF CO	LUMBIA				
DOING BUSINESS A	S (DBA) NAME				
COLUMBIA/BO	ONE COUNTY PUBLIC HEALT	H AND HUMAN SER	VICES		
MAILING ADDRESS					
1005 WEST WO	ORLEY		P O BOX 6015		
CITY, STATE, and ZI	IP CODE				
COLUMBIA		MO	65205-6015		
REMIT TO (PAYME	NT) ADDRESS (if different from ab	ove)			
CITY, STATE, and Z	IP CODE				
CONTACT PERSON			EMAIL ADDRESS		
PHONE NUMBER	-		FAX NUMBER		
TAXPAYER ID NUM	IBER (TIN)		UEI NUMBER:		
****			WZR4KM9CBTV3		
CONTRACTOR'S AUTHORIZED SIGNATURE			DATE		
$\mathbf{a}$					
PRINTED NAME			TITLE		
De'Carlon	Seewood		City Manager		
	HEALTH AND SENIOR SERVICES ISION OF ADMINISTRATION OR DE	SIGNEE SIGNATURE	DATE		

#### APPROVED AS TO FORM:

Nancy Thompson, City Counselor

#### AMENDMENT #02 TO CONTRACT DH220051072

**<u>CONTRACT TITLE:</u>** Maternal Child Health Services

**<u>CONTRACT PERIOD:</u>** October 1, 2022 through November 30, 2023

The Missouri Department of Health and Senior Services hereby deletes Attachment C in its entirety and replaces with the revised Attachment C, which is attached hereto and incorporated by reference as if fully set forth herein.

All other terms, conditions and provisions of the above referenced contract shall remain the same and apply hereto.

#### Contract Period October 1, 2021-September 30, 2026

LPHA Contractor: Columbia/Boone County Department of Public Health and Human Services

Selected Priority Health Issue: (include targeted national, state, and/or local outcome measure(s) for each PHI selected)

- 1. Promote protective factors for youth and families
- a. National: Suicide and self-harm rate among youth ages 10 through 19
- b. State: Suicide and self-harm rate among youth ages 10 through 19
- c. Local: Suicide and self-harm rate among youth ages 10 through 19

**Statement of the Problem:** (include statistical data to illustrate the scope of the priority health issue in the community, potential root causes and/or other community elements that may contribute to the problem, a discussion of social determinants of health and health inequities in the community, a discussion of existing strengths/weaknesses/gaps in access to care, the unique characteristics of the populations (i.e. income/employment status, geographic location, gender, age, education attainment, and race/ethnicity, etc.), and anecdotal or descriptive elements that give a sense of the story behind the data)

The selection of adolescent mental health/anxiety as a priority issue in Boone County is primarily the result of input from the community health survey. The survey results indicated that 33% of respondents selected child mental health/anxiety as a priority for children ages 0-12, and 53% selected that same priority for adolescents ages 13-19. These numbers indicated a need to look further into this issue and discuss with community partners to get a better understanding of what resources and programs are addressing this. That discussion proved that there are many resources, but that counselor/therapist capacity is low. A representative from the Family Access Center of Excellence of Boone County (FACE) stated that "the need for counselors outweigh what we have available." As of March 10, 2021, FACE served 61 families in their Therapy Access Program (TAP). Furthermore, since April 30, 2020 FACE has had over 550 referrals. In the 2019 year-end report, 72% of families came to FACE for concerns surrounding disruptive behavior, and nearly 70% of those families report this as a concern at school as well (FACE of Boone County year-end report, 2019).

Gaps in care can include access to services, lack of time and insurance, and information that may not be in plain language on websites. It was mentioned in the community partner meeting that we need more than just counseling for

kids, and that providing self-calming or anxiety-reducing techniques should also be a focus. Evidence-based prevention programs can be utilized when working to close some of those gaps. Prevention programs may also alleviate the high rate of referrals to counselors/therapists. The Centers for Disease Control and Prevention website states that children are particularly vulnerable to the mental health effects of the pandemic resulting from school closures and the suspension of social activities. They go on to say that youth are also affected by the stress their parents are experiencing (CDC, 2020). Stigma about mental health/anxiety and depression also plays a big role when receiving or seeking out care. The International Journal of Mental Health published an article that stated the knowledge and attitudes of adults in the adolescent's life may affect whether or not help is sought, and how guickly (International Journal of Mental Health Systems, 2019). In the meeting with community partners, it was pointed out that children who already struggled with anxiety before the pandemic will now have amplified anxiety once they return to in-seat classes full-time. They stated that there are many students - from all demographics - who feel uncomfortable about being in the classroom after not having been in school for a year. It was also mentioned that we are only at the beginning stages of this health issue. According to the Center for Disease Control and Prevention Youth Risk Behavior Surveillance Data, suicide-related behaviors are a growing problem for adolescents. In 2019, approximately 1 in 6 youth reported making a suicide plan in the past year (CDC, 2019). From 2009-2019, Boone County had 11 instances of suicide (MICA). Although this number is low, contrary to beliefs, suicides are preventable with timely evidence-based interventions.

Goal(s): (for addressing the stated problem based on the targeted national, state, and/or local outcome measure(s)

Increase the number of children and adolescent who are utilizing mental health strategies

Increase community awareness and access to mental health programs and resources

Increase systems of support for families who may be experiencing challenges with mental health/anxiety and depression

Address and work to eliminate the stigma of mental health

**Evidence-Based Strategies:** (include evidence-based strategies that will be used to address the problem, the identified health inequities, and the existing weaknesses/gaps in access to care)

Implement strategies for adolescents to develop coping skills

Adopt policies into schools and out of school organizations that focus on mental health

Partner with organizations to help increase awareness and access to care

Create supportive environments that promote healthy and empowered individuals, families, and communities.

Foster positive public dialogue, counter shame, prejudice, and silence; and build public support for suicide prevention.

Address the needs of vulnerable groups, tailoring strategies to match the cultural and situational contexts in which they are offered, and seek to eliminate disparities.

Coordinate and integrate existing efforts addressing adolescent health and behavioral health to ensure continuity of care.

Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems.

Collaborate with behavioral health agencies/partners

Promote efforts to reduce access to lethal means among individuals with identified suicide risks.

Apply the most up-to-date knowledge base for suicide prevention.

Implement and spread evidence-based suicide and self-harm prevention strategies and programs.

Strengthen collaboration across agencies, develop new tools and capacity, and implement evidence-based change in suicide and self-harm prevention strategies.

Implement and spread evidence-based prevention and emergency mental health programs.

Build program and policy evaluation capacity.

Instructions: Develop a five-year work plan for actions in each level of the Spectrum of Prevention for each contract period year that progress toward the planned System Outcomes, giving consideration to the Life Course Framework and issues in Risk and Protective Factors (see MCH Services Contract Proposal Guidance).

Spectrum of Prevention	System Outcomes by Sept. 30, 2026	Activities
Influence Policy and Legislation Develop strategies to change laws and policies to influence outcomes in health, education, and justice	Sept. 30, 2026 SMART Objectives with specific target outcomes (% or #). Increase the number of schools/organizations adopting curriculum that promotes mental health awareness and well-being for children/teens. Evaluation Plan • <u>Outcome Measure</u> Number of schools/organizations adopting curriculum that promotes mental health awareness and well-being for children/teens.	<ul> <li>FFY 2022: <ol> <li>Research benefits of curriculum that promote youth mental health awareness and well-being of youth.</li> <li>Conduct assessment to determine the current number of schools who are utilizing similar curriculum</li> </ol> </li> <li>FFY 2023: Reach out to schools/organizations to educate them about research findings and the benefits of adopting a curriculum that promotes youth mental health awareness and well-being of youth. FFY 2024: Coordinate with schools/organizations to assist their adoption and implementation of curriculum FFY 2025:</li></ul>
	• <u>Method</u>	Continue coordinating with schools to assist implementation of curriculum

	List of	FFY 2026:
	schools/organizations who choose to adopt curriculum • <u>Data Source</u> List of schools/organizations	Continue coordinating with schools to assist implementation of curriculum
Change Organizational Practices Adopt regulations and norms to improve health and safety and creating new models	<ul> <li>SMART Objectives with specific target outcomes (% or #).</li> <li>Increase the number of schools/organizations who adopt practices that promote youth mental health awareness and/or wellbeing.</li> <li>Evaluation Plan <u>Outcome Measure</u></li> <li>The number of schools/organizations who adopt practices that promote youth mental health awareness and/or wellbeing.</li> </ul>	<ul> <li>FFY 2022:</li> <li>Complete research and gather information on best practices to promote youth mental health awareness and/or well-being for youth in schools/organizations.</li> <li>FFY 2023:</li> <li>Share research findings with schools/organizations; discuss ideas for implementation of practices</li> <li>FFY 2024:</li> <li>Assist schools/organizations and provide support as they adopt new practices to promote youth mental health awareness and/or well-being.</li> <li>FFY 2025:</li> <li>Continue to assist schools/organizations and provide support as they adopt new practices to promote youth mental health awareness and/or well-being.</li> <li>FFY 2025:</li> <li>Continue to assist schools/organizations and provide support as they adopt new practices to promote youth mental health awareness and/or well-being.</li> <li>FFY 2026:</li> <li>Continue to assist schools/organizations and provide support as they adopt new practices to promote youth mental health awareness and/or well-being.</li> </ul>
	<u>Method</u>	

	Number of schools/organizations who adopt practice(s) • <u>Data Source</u> List of schools/organizations	
	SMART Objectives with specific target outcomes (% or #). Collaborate with 2 coalitions and networks to provide an opportunity for joint planning, and	<ul> <li>FFY 2022: Collaborate with community partners in order to actively participate in a coalition that is working on youth mental health</li> <li>FFY 2023: Collaborate with community partners in order to actively participate in a coalition that is working on youth mental health</li> <li>FFY 2024: Continue to actively participate and partner with community coalitions</li> </ul>
Foster Coalitions and Networks Bring together groups and individuals for broader goals and greater impact	<ul> <li>system-wide problem solving.</li> <li>Evaluation Plan         <ul> <li><u>Outcome Measure</u> Number of coalitions collaborating with</li> </ul> </li> <li><u>Method</u> Utilize the Community Coalition Partner list to track coalitions we've networked with</li> <li><u>Data Source</u> Community Coalition</li> </ul>	FFY 2025:       Maintain partnerships with community coalitions         FFY 2026:       Maintain partnerships with community coalitions

	<ul> <li>SMART Objectives with specific target outcomes (% or #).</li> <li>1) Increase the number of caring adults who receive certification in Youth Mental Health First Aid (YMHFA) or other youth mental health training.</li> </ul>	<ul> <li>FFY 2022: <ol> <li>Assess training needs; Reach out to Youth Mental First Aid facilitators and trauma-informed training facilitators to begin the process of coordinating with them to plan a training for local caring adults.</li> </ol> </li> <li>FFY 2023: <ol> <li>Promote and hold YMHFA trainings and</li> <li>Promote and hold School of Hard Talks - Motivational Interviewing for Loved Ones (MILO) program</li> </ol> </li> <li>FFY 2024:</li> </ul>
Educate Providers Inform influential organizations and leaders to transmit skills and knowledge to others	<ul> <li>2) Increase the number of caring adults who have received training on being trauma-informed.</li> <li>3) Increase the number of caring adults who participate in programs that enhance coping skills, reduce stress and anxiety and support having better conversations among youth and adults.</li> </ul>	<ol> <li>Assess interest to see if additional YMHFA trainings should be held.</li> <li>Continue to promote and hold MILO program</li> </ol> FFY 2025: <ol> <li>Hold additional YMHFA trainings, if needed.</li> <li>Assess interest of MILO program and continue to hold, if needed.</li> </ol> FFY 2026: <ol> <li>Hold additional YMHFA trainings, if needed.</li> <li>Continue to promote and hold MILO program</li> </ol>
	Evaluation Plan	

Outcome Measure -     1) The number of     caring adults who     receive certification in     Youth Mental Health     First Aid (YMHFA) or     other youth mental     health training.	
<ul> <li>2) The number of caring adults who have received training on being trauma-informed.</li> <li>3) The number of caring adults who participate in programs that enhance coping</li> </ul>	
skills, reduce stress and anxiety and support having better conversations among youth and adults	
• <u>Method</u>	

	<ul> <li>Number of caring adults trained</li> <li>Number of caring adults that participate in program</li> <li><u>Data Source</u> Attendance lists</li> <li>Pre and Post MILO</li> </ul>	
	survey results	
<b>Promote Community Education</b> Reach groups of people with information and resources to promote health and safety	<ul> <li>SMART Objectives with specific target outcomes (% or #).</li> <li>1) Increase the number of community events promoting child/adolescent mental health</li> <li>Evaluation Plan <u>Outcome Measure</u></li> <li>1) The number of community events promoting child/adolescent mental health</li> </ul>	<ul> <li>FFY 2022:</li> <li>1) Create and/or obtain materials to hand out at community events; attend various community events; provide information to community members about youth mental health awareness and/or mindfulness tips.</li> <li>2) Research best practice methods to reach youth and adults through social media campaigns related to mental health; create messaging for youth and adult campaign materials; finalize designs for campaign materials.</li> <li>FFY 2023:</li> <li>1) Attend various community events; provide information to community members about youth mental health awareness and/or mindfulness tips.</li> <li>2) Publish campaign materials on various social media platforms best suited to reach target audiences.</li> <li>3) Incorporate social media campaign into schools/organizations by providing flyers and displaying videos on TVs in common areas.</li> </ul>

FFY 2022-2026

### Maternal Child Health Services Contract Work Plan

	<ul> <li>2) The number of social media platforms</li> </ul>	4) Create and distribute mindfulness kits to schools and other youth serving organizations
	promoting	FFY 2024:
	child/adolescent mental health	1) Attend various community events; provide information to community members about youth mental health awareness and/or mindfulness tips.
	<ul> <li>3) Number of flyers distributed to local schools/organizations</li> </ul>	2) Re-evaluate campaign messages - adjust messaging and materials, as needed. Continue running campaign on various social media platforms and providing materials to schools/organizations.
•	<ul> <li>4) Number of mindfulness kits distributed to local</li> </ul>	3) Review kit feedback from schools/organizations and qr code survey - continue to distribute kits accordingly FFY 2025:
	schools and/or youth serving organizations	1) Attend various community events; provide information to community members about youth mental health awareness and/or mindfulness tips.
•	<ul> <li><u>Method</u></li> <li>1) List of community</li> </ul>	<ol> <li>Continue running campaign on various social media platforms and providing materials to schools/organizations.</li> </ol>
	events attended where child/adolescent	3) Continue to review kit feedback and create and distribute as needed <b>FFY 2026:</b>
	mental health was promoted	1) Attend various community events; provide information to community members about youth mental health awareness and/or mindfulness tips.
	2) Number of social media platforms promoting	2) Continue running campaign on various social media platforms and providing materials to schools/organizations.
	child/adolescent mental health	3) Continue to create and distribute mindfulness kits as needed
	·	

	<ul> <li>3) Number of flyers distributed</li> <li>4) Number of kits distributed and/or qr code survey results</li> <li>Data Source Community events list</li> <li>Number of social media platforms</li> <li>Counting of flyers</li> <li>Mindfulness kit distribution list</li> <li>SMART Objectives with specific target outcomes (% or #).</li> </ul>	FFY 2022: Receive training in the Sources of Strength program FFY 2023: Prepare National Alliance on Mental Illness (NAMI) Ending the Silence (ETS) presentation. Reach out to schools/organizations and
Strengthen Individual Knowledge and Skills Enhance an individual's capability for health and safety	<ul> <li>Increase the number of students who show improvements in their knowledge, attitudes and help-seeking preparedness related</li> </ul>	
	to mental health conditions. Evaluation Plan	focused on youth mental health

	Outcome Measure	
•	The percentage of	
	students who report	
	improvements in	
	knowledge, attitudes,	
	and help-seeking	
	preparedness related	
	to mental health	
	conditions.	
•	Method	
	Number of students	
	who participate in the	
	NAMI Ending the	
	Silence (ETS)	
	presentation or other	
	youth mental health	
	presentation	
	p	
•	Data Source	
	NAMI ETS survey	
	results or other youth	
	mental health survey	
	results	

APPROVED Marcy Ohinn BSN, RN

**Revision Date:** 2/7/2023 (Complete ONLY for an amendment)



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) identifies the total amount of funding and federal funding source(s) expected to be used over the life of this contract. The CFDA number is the pass-through identification number for your Schedule of Expenditures of Federal Awards (SEFA), if one is required. You may reconcile your financial records to actual payment documents by going to the vendor services portal at https://www.vendorservices.mo.gov/. If the funding information is not available at the time the contract is issued, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

		1						
Tracking # 51	072		State: 0%	\$0.00	Federal: 100%	\$143,796.39		
Contract Title: M	ATERNAL CH	IAL CHILD HEALTH SERVICES						
Contract Start: 10	/1/2021	Contract End:	9/30/2023	<b>Amend#:</b> 02	Contract #	: DH220051072		
Vendor Name: TH	IE CITY OF CO	DLUMBIA						
<b>CFDA:</b> 93.994	Researd	ch and Developn	nent: N					
CFDA Name:	MATERN	IAL AND CHILD HE	ALTH SERVICES I	LOCK GRANT TO THE S	TATES			
Federal Agency:					URCES AND SERVICES A	MINISTRATION		
Federal Award:		40144-01, 6B04M		,				
Federal Award Nar		, IAL AND CHILD HE						
Federal Award Yea		<b>DHSS</b> #: 2		Fe	ederal Obligation:	\$71,288.42		
<b>CFDA:</b> 93.994	Researc	ch and Developn	nent: N					
CFDA Name:	MATERN	IAL AND CHILD HE	ALTH SERVICES	BLOCK GRANT TO THE S	STATES			
Federal Agency:	DEPART	MENT OF HEALTH	AND HUMAN SE	RVICES / HEALTH RESO	URCES AND SERVICES A	DMINISTRATION		
Federal Award:	1B04MC	45226-01, 6B04M	C45226-01					
Federal Award Na	ne: MATERN	IAL AND CHILD HE	ALTH SERVICES					
Federal Award Yea	r: 2022	<b>DHSS #:</b> 2	2MCH	F	ederal Obligation:	\$0.00		
<b>CFDA:</b> 93.994	Researc	Research and Development: N						
CFDA Name:	MATERN	IAL AND CHILD HE	ALTH SERVICES	BLOCK GRANT TO THE S	STATES			
Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH RESOURCES AND SERVICES ADMINISTRATION					DMINISTRATION			
Federal Award:		1B04MC47428-01						
Federal Award Na	ne: MATERN	MATERNAL AND CHILD HEALTH SERVICES						
Federal Award Yea	ir: 2023	<b>DHSS #:</b> 2	23MCH	F	ederal Obligation:	\$72,507.97		

\* The Department will provide this information when it becomes available.

#### Project Description:

The purpose of this contract is to support a leadership role for LPHAs at the local level to: build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues; provide and assure mothers and children access to quality MCH services; reduce health disparities for women, infants, and children, including those with special health care needs; promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women; and promote the health of children by providing preventive and primary care services for low income children.