Division of Public Health
Agreement Addendum
FY 24-25

Durham County Department of Public Health
Local Health Department Legal Name

Women, Infant, and Community Wellness Section
DPH Section / Branch Name

175 Supporting Women's Health Services
Activity Number and Description

Kristen Carroll/919-707-5685
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DPH Program Contact
(name, phone number, and email)

06/01/2024 – 05/31/2025
Service Period

DPH Program Signature **Date**
(only required for a negotiable Agreement Addendum)

07/01/2024 – 06/30/2025
Payment Period

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

In Session Law 2023-14, Section 4.1, the North Carolina General Assembly established funding to be distributed to local communities to increase contraceptive access and/or to improve maternal and infant health for underserved, uninsured, or medically indigent patients. Under the Supporting Women's Health Services program, funding will be distributed to local health departments/districts to implement evidence-based strategies (EBSs) that have been proven to be an effective means to improve birth and maternal outcomes through addressing pregnancy intendedness, and/or infant or maternal mortality.

Data from the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 777 women who had recently given birth, shows that 24.8% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 16.5% were ambivalent about the pregnancy. Women who were young, black and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes.[1]

In 2021, the infant mortality rate in North Carolina was 6.8 infant deaths per 1,000 live births. The disparity ratio between non-Hispanic White and non-Hispanic African American births remained greater than twofold. The Supporting Women's Health Services program is focusing on this disparity while addressing the overall infant mortality rate.[2]

[1] 2020 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results https://schs.dph.ncdhhs.gov/data/prams/2020/intent3.html

[2] *NC Department of Health and Human Services State Center for Health Statistics, 24JAN2023*

Health Director Signature (use blue ink or verifiable digital signature) Date 2/26/24

LHD to complete:
[For DPH to contact in case follow-up information is needed.]
LHD program contact name: Tonia Luna
Phone and email address: 919-560-8878 tluna@dconc.gov

Signature on this page signifies you have read and accepted all pages of this document.

According to the 2014-2016 data, the Maternal Mortality Rate (MMR) in North Carolina is high among Black pregnant women at 27.7 deaths per 100,000 live births.[3] This rate is 1.8 times higher than the MMR among white pregnant women.[4] Such high rates are particularly concerning provided that the 2014-2016 North Carolina Maternal Mortality Review Report determined that 70% of the pregnancy-related deaths that occurred were preventable.

II. Purpose:

This Agreement Addendum implements the Supporting Women's Health Services program in the Durham County Department of Public Health to conduct at least one out of seven available EBSs, to lower the unintended pregnancy rate, overall infant mortality rate and/or the maternal mortality rate in the county.

The seven available EBSs are: Extended Clinic Hours, Satellite Clinic Locations, Birth Doula Services, Group Prenatal Care, Home Visit for Postnatal Assessment, Community Health Worker Integration, and Behavioral Health/Maternal Mental Health Providers. The Durham County Department of Public Health shall implement the following selected EBSs: Extended Clinic Hours and Community Health Worker Integration.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. Implement the following EBSs:
    a. **Extended Clinic Hours** — In order to increase access to contraceptives to improve unintended pregnancy, patients need convenient access to clinical services. Extending Clinic Hours provides individuals served by the LHD the opportunity to seek out family planning services during times that work for their schedules.
        1. Activities shall include:
            a. Offering family planning services outside of the traditional 8 a.m. to 5 p.m. clinic schedule for underserved, uninsured, or medically indigent patients.
            b. Making Family Planning appointments available on weekdays before 8 am or after 5 pm, and/or available on weekends.
        2. Collect data on the number of patients accessing contraceptive services during the extended hours, and report on an annual basis. Patient data shall include demographic information, insurance status, and contraceptive method choice.
        3. Develop and administer a participant satisfaction survey to evaluate services and submit an annual satisfaction survey summary report. The patient satisfaction survey should measure the patient's expectations for care and if they were met.
        4. Distribute a patient experience survey to patients accessing contraceptive services during extended hours. The patient experience survey measures a patient's perception of interactions of care provided and is developed by the Women, Infant, and Community Wellness Section (WICWS) and a QR code and online link will be provided to the LHD to distribute to patients that volunteer to complete the survey. A summary of responses will be provided annually by the WICWS to the LHD.
        5. Complete the required trainings:
            a. The staff providing contraceptive services with patients are required to complete a contraceptive counseling training through the Reproductive Health National

[3] *NC Maternal Mortality Review Report*
[4] *NC Maternal Mortality Review Report*

Training Center titled "Contraceptive Counseling and Education eLearning".[5] Any staff member that completed the training during FY24 is not required to repeat the training.

b. The staff working with this EBS are required to complete a community engagement training to assist with increasing awareness of extended hours in the community.

b. **Integrate a Community Health Worker (CHW)** — A CHW is a trusted member of the community served and/or have a close understanding of the community served, which enables the CHW to serve as a liaison/link/intermediary between health/social services and the community. This also enables the CHW to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs are qualified to work with individuals of reproductive age, their children, and families in efforts to improve community outcomes for maternal and infant health.

1. Activities include:
    a. For new sites,
        1) Integrating a CHW model into at least one existing LHD evidence-based strategy or program area aimed to improve reproductive life planning and maternal and/or infant health.
        2) Developing a plan for CHW integration and implementation that includes:
            a) A description of the program in which CHW will be integrated
            b) Scope of practice for CHW
            c) Additional training to be provided to CHW.
        3) Hiring at least one CHW to carry out the selected program area (Paragraph a. above).
        4) Registering for NC Community Health Worker Association sponsored training, if needed. Each CHW must complete one of the training tracks within nine months of registration date.
    b. For sites which started in FY24,
        1) Continuing to integrate the CHW model into the identified LHD program.
        2) Continuing to implement the plan outlined for CHW integration into an existing LHD program.
        3) If not completed in FY24, hiring at least one CHW to carry out the selected program area.
        4) If not completed in FY24, registering for the NC Community Health Worker Association sponsored training, if needed. Each CHW must complete one of the training tracks within nine months of registration date.
2. Educating pregnant and postpartum program participants about 12-month postpartum Medicaid coverage, application process for Medicaid, and re-certification for Medicaid
3. Making referrals based on participant need for resources.
4. Collect data on program participants and service deliverables and report on an annual basis. Program data shall include demographic information on clients receiving CHW services.

[5] https://rhntc.org/resources/contraceptive-counseling-and-education-elearning

2. Ensure all program staff complete at least 4 hours of training (in-person or virtual) that is focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity by May 31, 2025. Documentation of training completion shall be submitted upon request to the DPH Program Contact and/or be made available for review during the monitoring visit.

3. Notify the DPH Program Contact in writing when changes occur to program staff responsible for implementing the selected EBSs, no later than 7 days after the change occurs. In the event of staff turnover, the LHD should submit a coverage plan to the DPH Program Contact outlining the plan for completing program activities during that time.

4. Participate in program webinars and meetings as required by the DPH Program Contact.

5. Participate in all evaluation and program activities as required by the DPH Program Contact.

6. Maintain the confidentiality of program participants' records and secure in locked storage.

7. Adhere to the following service quality measures:
   a. All services will be provided in a culturally and linguistically appropriate manner.
   b. Educational materials that are utilized for the program are recommended to be developed at or below the sixth-grade reading level.

IV. Performance Measures / Reporting Requirements:

1. Performance Measures

   a. Extended Clinic Hours
      1. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.
      2. 100% of clinical staff providing contraceptive services shall complete a contraceptive counseling training in FY24 or FY25.

   b. Integrate a CHW
      1. 100% of CHWs hired will get registered for the CHW training by May 31, 2025.
      2. 100% of clients who engage with the CHW will be educated about 12-month postpartum Medicaid coverage, application process for Medicaid, and re-certification for Medicaid.

2. Reporting Requirements

   a. Submit **Quarterly Data Reports** to the DPH Program Contact, according to the following schedule:

Reporting Interval	Report Due Dates
June – August 2024	September 15, 2024
September – November 2024	December 15, 2024
December 2024 – February 2025	March 15, 2025

   (The information provided for the final quarter is to be provided as part of the Annual Program Report in Subparagraph b. below.)

   The quarterly data report provides participant data to demonstrate the LHD progress for each selected EBS. Data report templates detailing what data to provide will be provided by the DPH Program Contact.

   b. Submit an **Annual Program Report** to the DPH Program Contact by June 15, 2025.

The annual program report provides detailed information on program deliverables, performance outcome measures, community-level activities, and program participant data for each selected EBS. Program report templates will be provided by the DPH Program Contact.

c. Submit **Monthly Itemization Reports** (IR) that list monthly expenditures by each line item from the approved budget. An IR template will be provided to the LHD by the DPH Program Contact by June 15, 2024. The IR is to be submitted by email to the DPH Program Contact by the 20th of each month following the month expenses were incurred. If funds in the original approved budget need to be realigned, the LHD must submit a budget realignment to the DPH Program Contact. Submission of a budget realignment request must be at least 30 days before funds are requested to be realigned. No funds should be moved or expended before written approval is received from the DPH Program Contact. Budget realignments need to be submitted by April 30, 2025.

d. Submit one **annual participant satisfaction survey summary report** for each EBSs: Extended Clinic Hours and Community Health Worker Integration to the DPH Program Contact by June 15, 2025. Original copies of the participant satisfaction surveys are to be available for review during every site visit.

V. Performance Monitoring and Quality Assurance:

1. The WICWS will monitor the LHD by:

   a. Reviewing the required monthly IR reports to determine whether the funding is being spent appropriately. If funding does not seem appropriate, the DPH Program Contact will request documentation for expenses in question.

   b. Reviewing the required quarterly data reports to determine whether the LHD is on track to meet program deliverables. If data does not demonstrate the program is moving forward, the DPH Program Contact will follow up to determine if technical assistance is needed.

   c. Conducting periodic site visits as needed (minimum of one per year) as determined by the DPH Program Contact. These site visits will assess if program funds are used appropriately, and services are provided effectively through the review of fiscal and programmatic records. Prior notification will be given as to the specific fiscal and programmatic documents to be reviewed during the remote review.

   d. If there are findings during the site visit that warrant corrective action, a corrective action plan (CAP) will be developed with timelines given for completion by the LHD. The CAP will be included in the site visit report and sent to the LHD within 14 days of the review. If there are no adverse findings during the site visit, the site visit report will be sent to the LHD within 30 days of the site visit.

2. If the LHD is deemed out of compliance with contract deliverables, the DPH Program Contact shall provide technical assistance and funds may be withheld until the LHD is back in compliance with program deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated.

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 of Public Health 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 of Public Health 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.

DPH-Aid-To-Counties | For Fiscal Year: 24/25 | Budgetary Estimate Number : 0

Activity 175 Service Period Payment Period		AA	133000 2B15110 2000000000 06/01-05/31 07/01-06/30	Total Allocated	Proposed Total	New Total
01 Alamance	*	0	85,000	$0.00	85,000	85,000
D1 Albemarle	*	0	150,000	$0.00	150,000	150,000
02 Alexander			0	$0.00	0	0
04 Anson			0	$0.00	0	0
D2 Appalachian			0	$0.00	0	0
07 Beaufort			0	$0.00	0	0
09 Bladen			0	$0.00	0	0
10 Brunswick			0	$0.00	0	0
11 Buncombe			0	$0.00	0	0
12 Burke			0	$0.00	0	0
13 Cabarrus	*	0	150,000	$0.00	150,000	150,000
14 Caldwell			0	$0.00	0	0
16 Carteret			0	$0.00	0	0
17 Caswell			0	$0.00	0	0
18 Catawba			0	$0.00	0	0
19 Chatham			0	$0.00	0	0
20 Cherokee			0	$0.00	0	0
22 Clay			0	$0.00	0	0
23 Cleveland			0	$0.00	0	0
24 Columbus			0	$0.00	0	0
25 Craven			0	$0.00	0	0
26 Cumberland			0	$0.00	0	0
28 Dare			0	$0.00	0	0
29 Davidson			0	$0.00	0	0
30 Davie			0	$0.00	0	0
31 Duplin	*	0	125,000	$0.00	125,000	125,000
32 Durham	*	0	150,000	$0.00	150,000	150,000
33 Edgecombe			0	$0.00	0	0
D7 Foothills			0	$0.00	0	0
34 Forsyth			0	$0.00	0	0
35 Franklin	*	0	115,000	$0.00	115,000	115,000
36 Gaston	*	0	130,000	$0.00	130,000	130,000
38 Graham			0	$0.00	0	0
D3 Gran-Vance			0	$0.00	0	0
40 Greene			0	$0.00	0	0
41 Guilford			0	$0.00	0	0
42 Halifax			0	$0.00	0	0
43 Harnett			0	$0.00	0	0
44 Haywood			0	$0.00	0	0
45 Henderson			0	$0.00	0	0
47 Hoke			0	$0.00	0	0
48 Hyde			0	$0.00	0	0
49 Iredell			0	$0.00	0	0
50 Jackson			0	$0.00	0	0
51 Johnston			0	$0.00	0	0
52 Jones			0	$0.00	0	0
53 Lee			0	$0.00	0	0
54 Lenoir			0	$0.00	0	0
55 Lincoln			0	$0.00	0	0
56 Macon			0	$0.00	0	0
57 Madison			0	$0.00	0	0
D4 M-T-W			0	$0.00	0	0
60 Mecklenburg			0	$0.00	0	0
62 Montgomery			0	$0.00	0	0
63 Moore			0	$0.00	0	0

64 Nash			0	$0.00	0	0
65 New Hanover			0	$0.00	0	0
66 Northampton			0	$0.00	0	0
67 Onslow	*	0	150,000	$0.00	150,000	150,000
68 Orange			0	$0.00	0	0
69 Pamlico			0	$0.00	0	0
71 Pender			0	$0.00	0	0
73 Person			0	$0.00	0	0
74 Pitt			0	$0.00	0	0
75 Polk			0	$0.00	0	0
76 Randolph			0	$0.00	0	0
77 Richmond			0	$0.00	0	0
78 Robeson	*	0	150,000	$0.00	150,000	150,000
79 Rockingham			0	$0.00	0	0
80 Rowan			0	$0.00	0	0
82 Sampson	*	0	150,000	$0.00	150,000	150,000
83 Scotland			0	$0.00	0	0
84 Stanly			0	$0.00	0	0
85 Stokes			0	$0.00	0	0
86 Surry			0	$0.00	0	0
87 Swain			0	$0.00	0	0
D6 Toe River			0	$0.00	0	0
88 Transylvania			0	$0.00	0	0
90 Union			0	$0.00	0	0
92 Wake			0	$0.00	0	0
93 Warren			0	$0.00	0	0
96 Wayne			0	$0.00	0	0
97 Wilkes			0	$0.00	0	0
98 Wilson	*	0	150,000	$0.00	150,000	150,000
99 Yadkin			0	$0.00	0	0
00 Yancey			0	$0.00	0	0
Totals			1,505,000	0	1,505,000	1,505,000

Sign and Date - DPH Program Administrator Kristen Carroll 01/29/24 | 11:53 AM EST	DocuSigned by: Sign and Date - DPH Section Chief Belinda Pettiford 01/29/24 | 11:55 AM EST DocuSigned by 0032845A12814
Sign and Date - DPH Budget Office – ATC Coordinator 1/29/2024	Sign and Date - DPH Budget Officer 2/6/2024