



Ohio Department of Health

Child and Family Health Services

FY15 Bidder's Conference

March 5, 2014

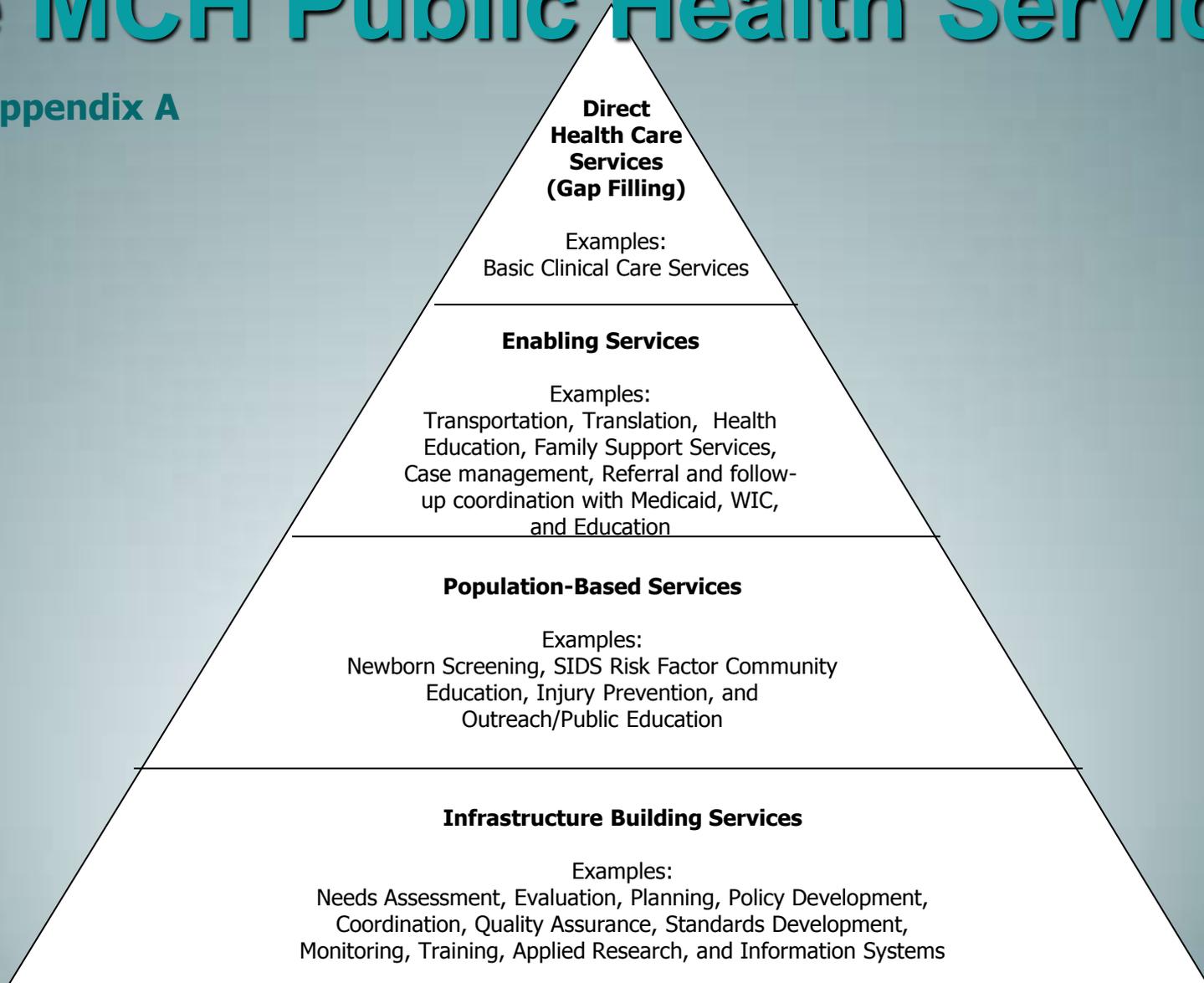
Child and Family Health Services Program

- Established 1983
- Community Based Program
- MCH Public Health Pyramid

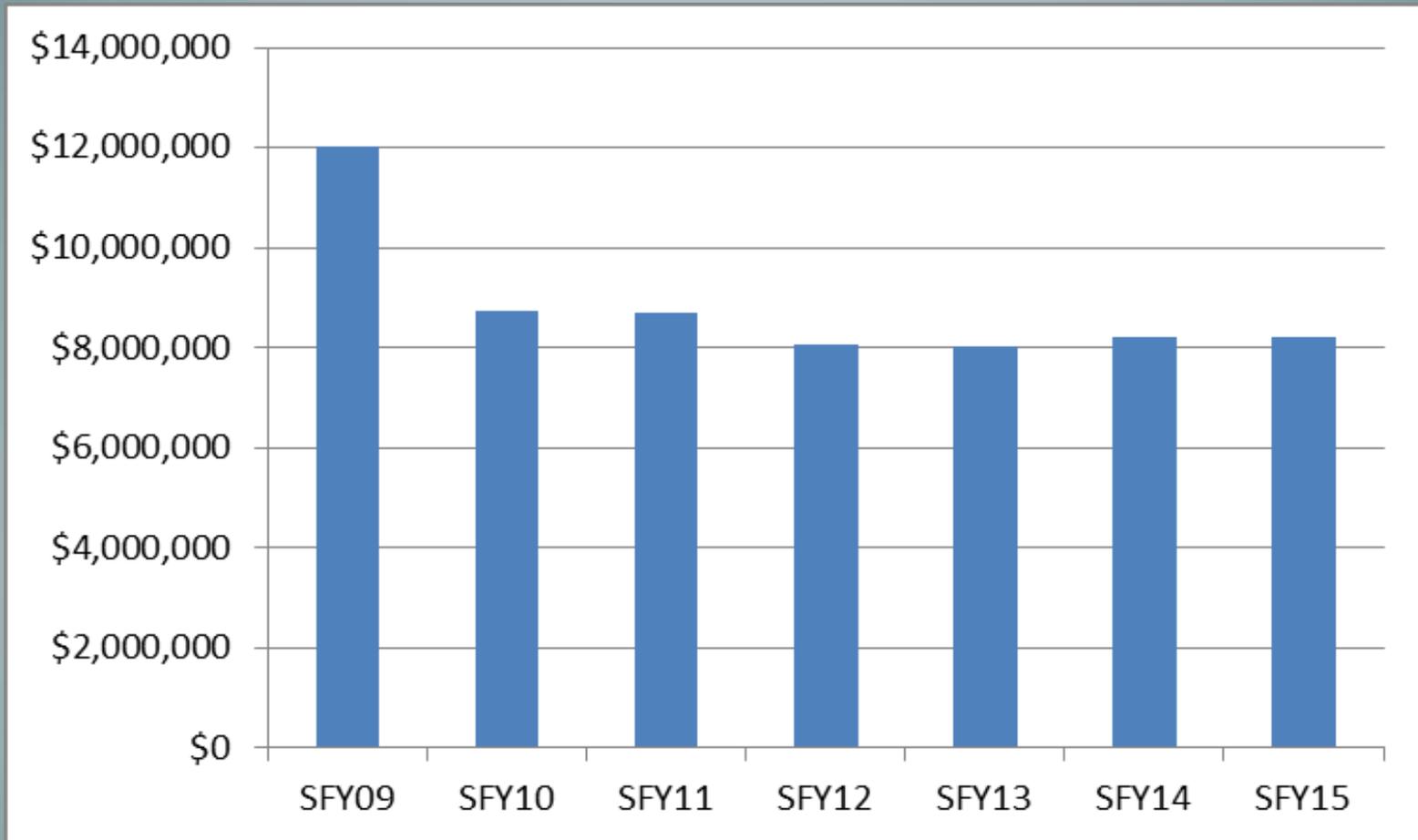


Core MCH Public Health Services

Reference: Appendix A



CFHS Total Grant Dollars (NOA) Notice of Awards



CFHS Goal and Services

The goal of the CFHS Grant Program is to eliminate health disparities, improve birth outcomes, and to improve the health status of women, infants and children in Ohio.

Assessment

- Assess and monitor MCH health status
- Inform and educate the public and families

Policy Development

- Provide leadership

Assurance

- Link to health services, and assure access to comprehensive, quality systems of care
- Evaluate the effectiveness, accessibility, and quality of services

CFHS Revised Standards

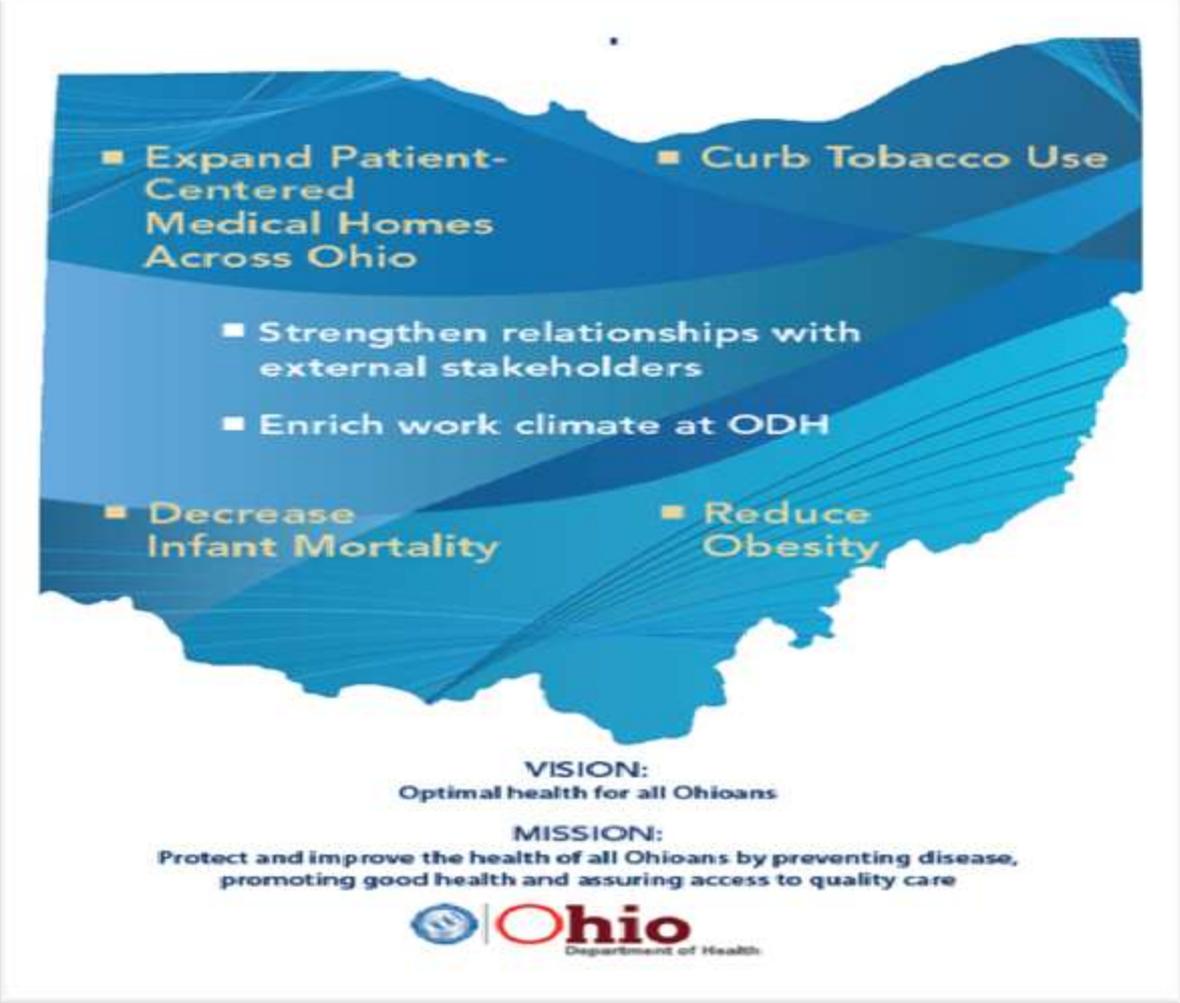
- Introduction & Administration
- Community Health Assessment
- Child and Adolescent Health
- Perinatal Health
- Guidance on Infrastructure/Enabling/Population-based Services
- Ohio Infant Mortality Initiative (OIMRI)
- Ohio Equity Institute (OEI)

http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/standards/cfhs.aspx

Priority Populations

- Low-income children and families in racial and ethnic groups that are disproportionately affected by poor health outcomes
- Geographic areas and populations of highest need
- Collaboration with other MCH programs
- Assurance that services are not overlapping

Ohio's Commitment to Prevent Infant Mortality



- Expand Patient-Centered Medical Homes Across Ohio
- Curb Tobacco Use
- Strengthen relationships with external stakeholders
- Enrich work climate at ODH
- Decrease Infant Mortality
- Reduce Obesity

VISION:
Optimal health for all Ohioans

MISSION:
Protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality care

 **Ohio**
Department of Health

Key Features to FY15 CFHS

- Qualified Applicants
- Service Area
- Available Funds
- Oversight of Funds



References:

Appendix B ODH GMIS 2.0 Training

Attachment #1 CFHS Assurances

Appendix D CFHS Maximum Funds Available

Key Features of FY15 CFHS

CFHS Components

- 1) Community Health Assessment and Planning
- 2) Child & Adolescent Health
- 3) Perinatal Health
- 4) Ohio Infant Mortality Reduction Initiative (OIMRI)
- 5) Ohio Equity Institute (OEI)



Overview of Changes

- Removed
 - Measure: Reduce the rate of preterm births (Perinatal)
 - Measure: Improve women's preconception and inter-conception health
 - Strategy: Conduct outreach for perinatal clients in high risk neighborhoods
- Revised
 - Strengthened benchmarks & minimized appendices
 - Strategy: Work with childcare facilities
 - Measure: Ensure the social/emotional health needs of pregnant women are met
 - Reduce the rate of infant mortality strategies
 - Provide assistance for clients to gain access to Medicaid strategy incorporated in direct care
- Added New Measures (future slides)

Key Features to FY15 CFHS

- Eligibility and justification for all strategies, especially direct care
- Budgeted by components and strategies
- Direct care budgeted and projected by purpose of encounter

References:

Appendix C CFHS Components Grid
Attachment #5 CFHS Budget Summary



Key Features of FY15 CFHS

CFHS Components



Measures



Strategies



Benchmarks

Reference

Appendix C CFHS Components Grid
Attachment #3 CFHS Program Plan

Community Health Assessment and Planning Component



Community Assessment and Planning Component

- The Community Health Assessment and Planning Component of MCH is required to be addressed by all applicants.
- Applicants are not required to request funds for Community Health Assessment.
- http://www.odh.ohio.gov/odhPrograms/cfhs/cf_hlth/cha/commhealth.aspx

Reference

Appendix C: CFHS Components Grid

CFHS Health Status Profiles

CFHS & RHWP Health Status Profile: Pike County, Ohio

Updated February 2014

County Type: Rural Appalachian

County Population:

28,480

Demographics

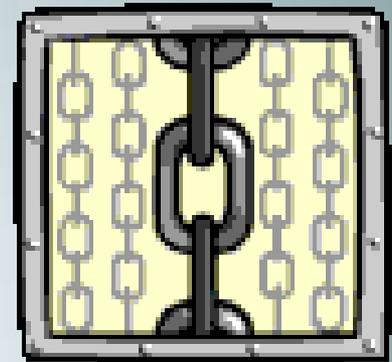
<i>Population by Race/Ethnicity</i>	
White (non-Hispanic) ²	96.5%
Black ²	1.0%
Asian ²	0.2%
Amer. Ind. or Al. Nat. ²	0.6%
Hawaiian or PI ²	0.0%
Multiracial ²	1.7%
Hispanic (any race) ²	0.8%
Non-English at home ²	2.3%

MCH Data, Pike County and Ohio

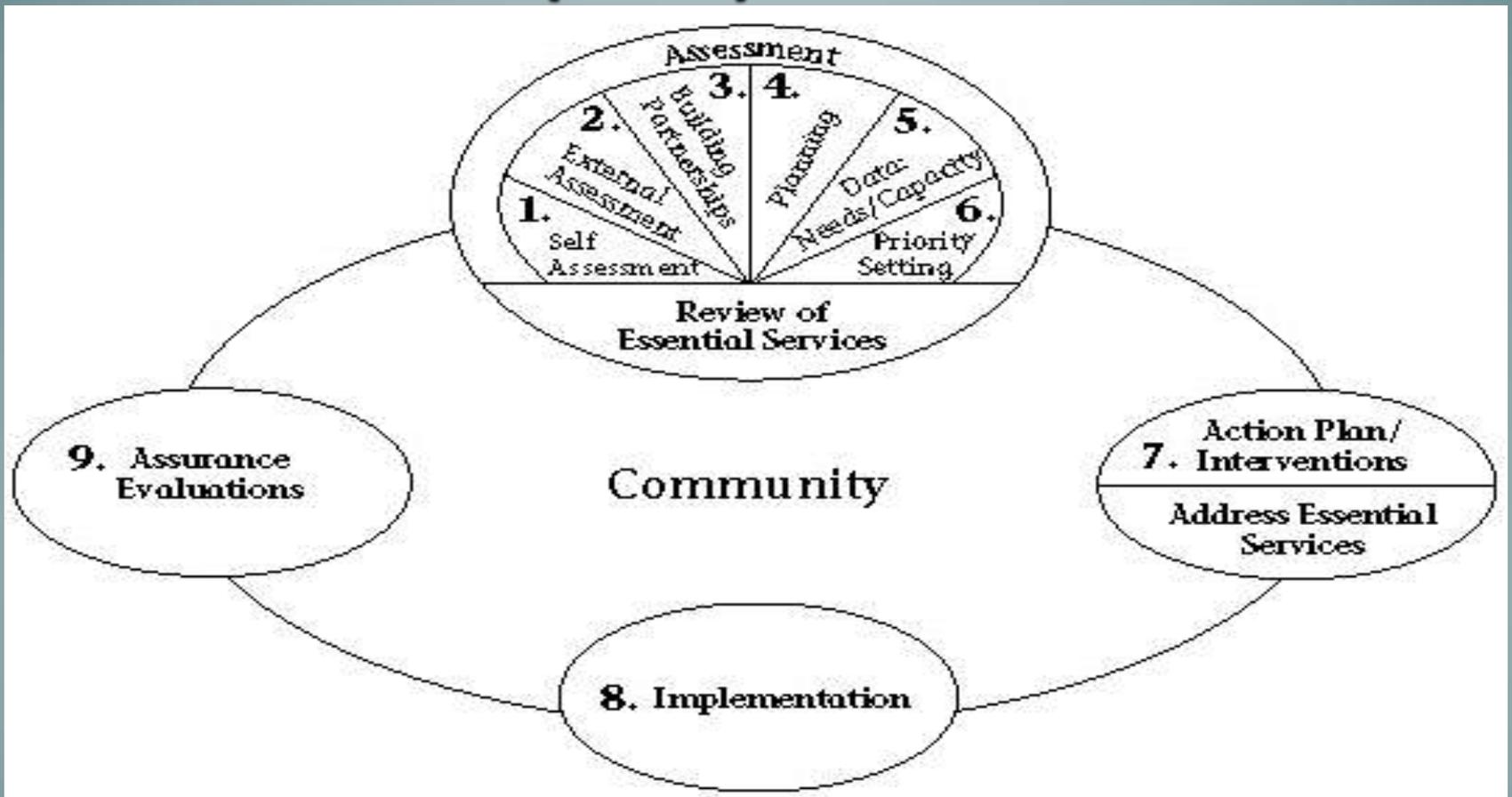
<i>Vital Statistics</i>	<u>Pike</u>	<u>Ohio</u>
Total Births ⁷	338	138,284
% Low Birth Weight ⁷	8.0%	6.8%
% Very Low Birth Weight ⁷	2.1% (7)	1.7%
% Preterm ⁷	11.8%	9.7%
% Very Preterm ⁷	3.6% (12)	2.6%
% Maternal Smoking ⁷	33.1%	16.9%
% 1st Trimester Prenatal ⁷	47.3%	57.9%
% Unmarried ⁷	50.0%	43.2%
Teen Birth Rate (15-17) ⁷	* (5)	12.8

CFHS Community Health Assessment Data Resources

- U.S. Census Bureau
- Guttmacher Institute
- Health Policy Institute of Ohio
- The Ohio Department of Job and Family Services
- The Ohio Department of Health



Community Health Improvement Cycle (CHIC) Model



Reference
CFHS Community Health Assessment Standards

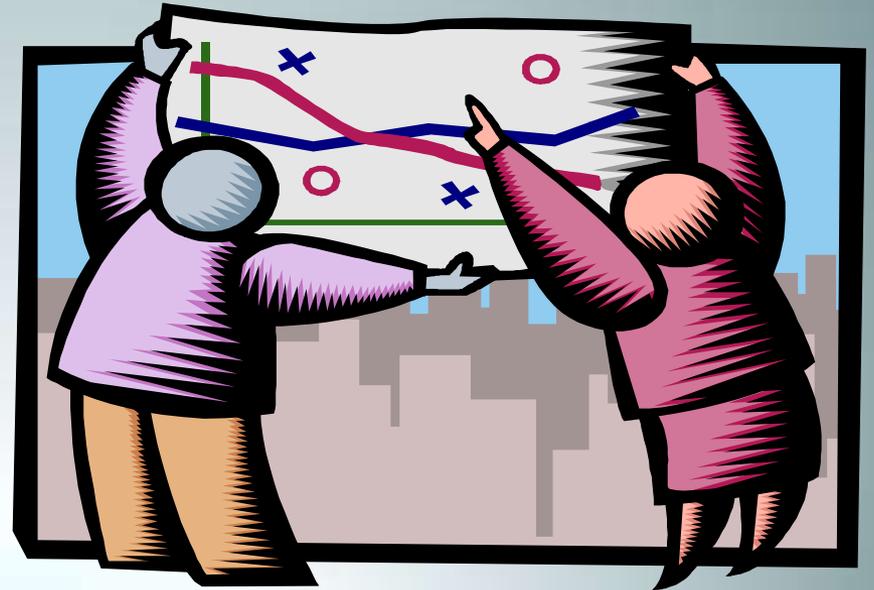
Community Health Assessment and Planning Component

Measure:

Perform ongoing community health assessment and planning.

Strategies:

- Build Partnerships
- Conduct Planning
- Assess Data Needs/Capacity
- Conduct Prioritization
- Plan Interventions
- Plan Implementation
- Conduct Evaluation



Reference

Appendix C CFHS Components Grid

Attachment #3 CFHS Program Plan

Attachment #5 CFHS Budget Summary

http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cha/commhealth.aspx

Results of CHA and Planning

Needs Assessment Findings

- Overweight children
- Childhood lead poisoning
- Smoking
- Mercury poisoning
- Dental caries
- Infant mortality



CFHS Components & Measures

- (look at RFP)
- Overweight children
- Smoking
- Infant mortality



Other Funding Sources

- Childhood lead poisoning
- Mercury poisoning
- Dental caries

Child and Adolescent Health Component



Child and Adolescent Health Component

Measures

- Improve access to child and adolescent health services
- Ensure the socio-emotional health and/or addiction needs of children and adolescents are met
- Reduce the rate of smoking and increase smoking cessation among teenagers
- Reduce the percentage of children who are overweight
- Reduce the rate of infant mortality

Reference

Appendix C CFHS Components Grid
Attachment #3 CFHS Program Plan
Attachment #5 CFHS Budget Summary
Attachment #6 CFHS Site and Services Form



Perinatal Health Component



Perinatal Care Component

Measures

- Improve access to perinatal care
- Reduce the rate of smoking among pregnant women and women of childbearing age
- Ensure that social/emotional health and addiction needs of pregnant and post-partum women are met

Reference

Appendix C CFHS Components Grid
Attachment #3 CFHS Program Plan
Attachment #5 CFHS Budget Summary
Attachment #6 CFHS Site and Services Form



Ohio Infant Mortality Reduction Initiative (OIMRI) Component



Ohio Infant Mortality Reduction Initiative (OIMRI)

- CFHS Measure:
- Improve birth outcomes in an at-risk, African-American community through care coordination.

Reference

Appendix C, CFHS Components Grid
OIMRI Standards

Ohio Infant Mortality Reduction Initiative Component

Strategies:

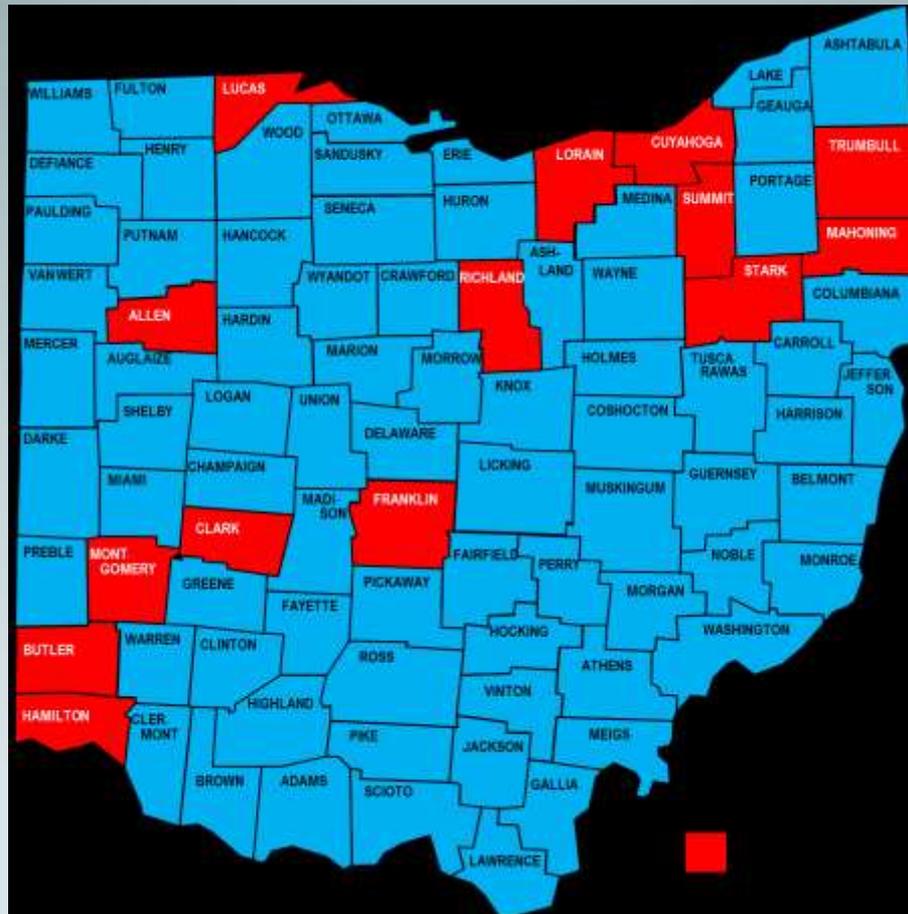
- Conduct planning efforts
- Ensure ongoing training
- Provide adequate supervision
- Ensure that standardized care processes are followed
- Ensure on-going data collection and evaluation



Reference

Appendix C CFHS Components Grid
Attachment #3 CFHS Program Plan
Attachment #5 CFHS Budget Summary
Attachment #6 CFHS Site and Services Form

14 OIMRI Counties



Ohio Equity Institute (OEI)



Ohio Institute for Equity In Birth Outcomes (OEI)



- #38 in white infant mortality
- #47 in overall infant mortality
- #49 in black infant mortality

OEI Cohort

- Butler County
- Canton – Stark County
- Cincinnati – Hamilton County
- Columbus-Franklin County
- Cleveland – Cuyahoga County
- Youngstown – Mahoning County
- Dayton – Montgomery County
- Summit County
- Toledo - Lucas County



OEI Cohort

We want to move Ohio's black infant mortality from among the worst in the nation to among the best: and in the process, create a roadmap for other states to follow.

- Application Fee
- FIMR Implementation
- Upstream & Downstream Interventions



Request for Proposal Guidance



Request for Proposal Guidance

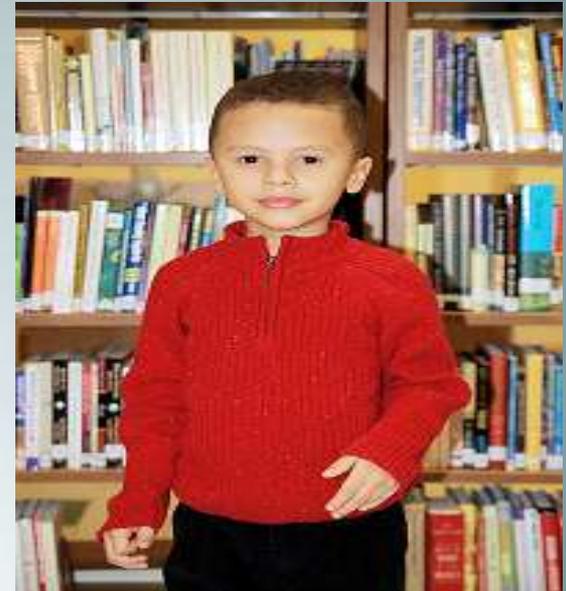
Table of Contents



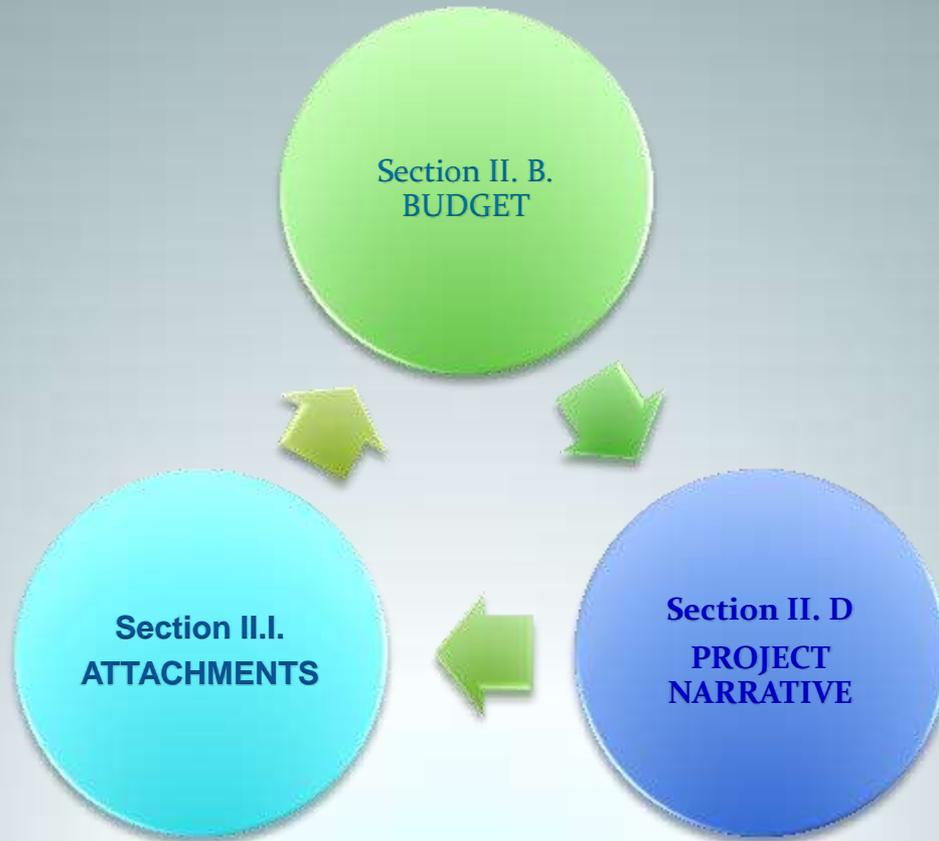
I. Application Summary and Guidance

II. Application Requirements and Format

III. Appendices



Request for Proposal Guidance



Request for Proposal Guidance

II. B. Budget

1. Primary Reason and Justification Narrative
2. Personnel, Other Direct Costs, Equipment, Contract
3. Compliance Section D
4. Funding Cash Needs and Budget Summary

Reference

Appendix D Maximum Funds Available
Attachment #3 CFHS Program Plan
Attachment #5 CFHS Budget Summary



Request for Proposal Guidance

II. D. Project Narrative

1. Executive Summary
2. Description of Applicant Agency
3. Problem/Need (*Eligibility and Justification Narrative*)
4. Methodology (*Attachment #3 CFHS Program Plan*)
5. Cultural Competency (CLAS)

II. D. Project Narrative 4. Methodology

CFHS COMPONENTS GRID Child and Adolescent Health Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <i>(met by end of year FY2015 program year).</i> <small>Please note that proposed Benchmarks cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed Benchmarks.</small>
Reduce the rate of infant mortality.	Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants between 1 month and 1 year of age. Babies who sleep in unsafe ways are much more likely to die of SIDS than	Infant Safe Sleep (PB) and (IN) activities require development of a tracking system to record all activities (name, location, date, person in charge, numbers reached, results, barriers) and	<ul style="list-style-type: none"> Tracking system developed. Evaluation plan developed. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p>

CFHS Components Grid Appendix C is used to populate

CFHS Program Plan Attachment #3

Project describes activities, person responsible and timeline

CFHS Program Plan EXAMPLE

CFHS Subgrantee Agency Name: Buckeye LHD GMS 01110011MC0415 Date: 04-01-14

This document is being submitted as: *(please check one)*

Initial Program Plan Revised Program Plan
 Mid-Year Progress Report (MYPR) Annual Progress Report (APR)

Component: Community Health Assessment & Planning Child & Adolescent Health Perinatal Health OIMRI

CFHS Measure: Reduce the rate of Infant Mortality Funding requested: \$75,000

Eligibility & Justification: In 2012, Ohio's infant mortality rate (IMR) was 7.6 deaths per 1,000 live births, and in 2011, it was 7.7. Buckeye County's 2012 IMR was 8.42. According to the Ohio CFR 13th Annual Report, more than 3 OH infant deaths each week are sleep-related. If the sleep-related deaths were prevented, the 2011 OH IMR would have been reduced from 7.8 to 6.6 deaths. <http://www.odh.ohio.gov/odhprograms/cfhs/octpim/infantmortality.aspx>
<http://www.odh.ohio.gov/odhprograms/cfhs/cfhlth/cha/hsprofiles.aspx> <http://www.odh.ohio.gov/odhprograms/cfhs/cfhsrpt.aspx>

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Conduct focused community education campaign regarding infant safe sleep messages. (PB)	1. Write articles on infant safe sleep (ISS) for local newspaper	Joe White, Clerk	1. 10/2014 & 4/2015	<ul style="list-style-type: none"> 100 families are reached with culturally appropriate ISS messages. 20 organizations trained regarding ISS strategies 2 retailers sell only safe sleep only bedding 2 newspaper articles published 4 displays and 10 videos in 10 family-focused businesses 10 restaurants using placemats with ISS messaging 5 baby retailers distributing handouts with infant product purchase; 1 hospital distributes at discharge 	<p><i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i></p>
	2. Place safe sleep display/video in waiting rooms of local businesses serving families; policies implemented	Mary Smith, Social Worker	2. On-going		
	3. Place ISS messages on placemats in community restaurants in the Fall	Sue Jones, Health Educator	3. Fall 2014		
	4. Create safe sleep awareness slides for movie theater; run during the month of May	Joe White	4. March-May 2015		
	5. Create a display/distribute brochures at Buckeye art second-hand stores	Mary Smith	5. November 2014-April 2015		
	6. Create billboard to be displayed for month of October and April	Sue Jones	6. 10/2014 & 4/2015		
	7. Post safe sleep messages on health	Mary Smith	7. On-going		
8. Partner with Cribs for Kids® (CFK)		Mary Smith	8. On-going		

Accomplishments column to be completed for Mid-Year and Annual Progress Reports

Request for Proposal Guidance

Attachments as Required by Program – Hard copy

Provide original and one (1) hard copy of the following attachments:

- Attachment 1, ODH Child and Family Health Services Program Assurances
- Attachment 7, OEI Assurances *(for OEI applicants)*
- Health and Social Service Providers Letter of Support *(for regional applicants)*
- Help Me Grow Letter of Support *(for OIMRI)*

Request for Proposal Guidance

Attachments as Required by Program - GMIS

Provide the following attachments through the GMIS system:

- CFHS Program Assurances (*Attachment 1*)
- CFHS Program Income (*Attachment 2*)
- CFHS Program Plan (*Attachment 3*)
- CFHS CLAS Strategic Plan (*Attachment 4*)
- CFHS Budget Summary (*Attachment 5*)
- CFHS Site and Service (*Attachment 6*)
- CFHS OEI Assurances (*Attachment 7*)
- Position description/responsibilities, for each CFHS funded staff

Request for Proposal Guidance

Program Reports

On-Going

- IPHIS Reports (Perinatal Direct Care)

Each Quarter

- MATCH Reports (Child and Adolescent Direct Care)
- OIMRI Reports

By February 1, 2015

- Mid-Year Progress Report for FY15

By August 1, 2015

- Annual Progress Report for FY15
- Annual CLAS Report for FY15



Review of Grant Applications



Grant Review Process

- Purpose
- External Objective Review
- Internal Reviews
- Review Tool

Reference

Appendix F CFHS Grant Application Review Form



FY2015 Competitive Application Timeline

RFP Posted to Web	February 27, 2014
Bidder's Conference	March 5, 2014
Notice of Intent to Apply for Funding*	March 7, 2014
Application Due	April 7, 2014
New Grant Cycle Begins	July 1, 2014

*submit EFT, W9, Liability & Non-profit with NOIAF

Last Words...

- Read, reread, and reread the RFP and highlight/mark down key information
- Review the unallowable costs/unallowable strategies
- Assume person reviewing application knows nothing about your program
- Study the review criteria
- Proof read your proposal/application, make sure the proposed Budget → Project Narrative → Attachments align
- Make sure the application, including attachments /submissions are complete
- Submit FY2015 Attachments, not old forms
- Cite all data sources
- Push the send button by the deadline!

Questions

Dyane.GoganTurner@odh.ohio.gov

