OEI 2.0
Q&A v1
4/3/18 Bidders' Conference
4/6/18

Updates:
1. All submissions must be received via GMIS. (No submissions will be accepted via ground mail.)

2. If an agency wishes to have multiple GMIS users, the *GMIS Training, User Access, Access Change or Deactivation Request* form should be submitted each user.

Questions:
Please note that the questions submitted were not edited before inclusion in this document.

1. Page 22 of the RFS states that the annual report template is due 8/10/2019 but on page 2 of Appendix C1 it states that it is due 11/10/2018. Which date is correct?
   a. The correct date is 8/10/2019.

2. Does the Neighborhood Navigator need to be Full time or Part time?
   a. The RFS does not specify an FTE requirement for a Neighborhood Navigator. Entities should ensure an adequate number of Navigators are hired to reach and serve the minimum required number of women to achieve grant deliverables.

3. In first reading the RFS it looks as if this program would compete with the Pathways HUB as the county referral service for pregnant women. But looking at the data reporting requirement for the epidemiologist, the Pathways HUB and Help Me Grow are two of the programs that the Neighborhood Navigator would refer to. So I think we just need a little more explanation of what exactly the neighborhood navigator will be referring women for. Will it be like a HUB where they determine which "pathways" are opened or can this neighborhood navigator refer directly to programs like the HUB or Help Me Grow and then they work with the women on further assistance?
   a. The second interpretation of the Navigator is correct. Navigators will serve to seek and connect eligible women to services. They will connect women to evidence-based services (such as HMG or the HUB). Direct services will continue to be provided by the identified programs.

4. What is the difference between the budget narrative and fiscal report?
   a. The budget narrative provides a broad overview of money to be allocated to each deliverable. Follow the budget narrative example found in GMIS. The fiscal breakdown is meant to provide a deeper understanding of how deliverable costs were determined and should be submitted as an attachment with your application.

5. It states to identify the PHAB standards that will be addressed in the grant. However, the standards were given in the proposal. Are we to identify the other PHAB standards?
   a. ODH policy requires that ODH provide PHAB standards that will be addressed in the grant. The applicant must use the standards provided in the RFS and may identify other relevant standards.

6. Will the neighborhood navigators be required to conduct home visits?
    a. Neighborhood Navigators will not be required to conduct home visits. Navigators are not expected to operate in the traditional community health worker role. It is not the expectation that Navigators will provide direct service, care coordination or ongoing education. They are expected to identify and connect at-risk women to needed services.

7. It is stated that we have to serve a minimum number of moms. Will there be a training period for the navigators?
    a. Understanding that funded entities may need to hire and onboard new staff, ODH intends to post Notice of Awards 30 days before the start of the grant (9/1/2018). The goal is to allow funded entities to onboard and train navigators quickly, beginning connection to services within the first quarter of the grant cycle.

8. Our intent for the navigator role is to find, assess, and referral for all home visiting programs including Moms & Babies 1st, Help Me Grow and Pathways HUB. Is this an acceptable role for this position? This would be a new position for the health department and does not supplant any current funding.
    a. It is appropriate for the Navigator to identify, assess, and refer to a home visiting program. However, the Navigator should refer to all identified needed clinical and social services in response to the required assessment, not simply home visiting programs. Navigators will develop and utilize a portfolio with the minimum resource requirements as defined in Appendix E5.

9. Why is race not an eligibility requirement for the neighborhood navigator?
    a. Per the RFS, it is expected that 80% of the women served by the Neighborhood Navigator will be African American. Race was not included as an eligibility requirement to provide flexibility to serve women of other races if identified.

10. Will OCHIDS be used by the CHW/Neighborhood Navigator?
    a. The specified data collection platform is not yet finalized. Awarded entities will be informed and provided with guidance and any necessary training.

11. If we are looking for someone with CHW certification to fulfill the navigator role, how is this two different people? Most CHWs with MCH background, are employed in home visiting programs.
    a. It is preferred the Neighborhood Navigators be certified community health workers but not required.

12. Why are we not focusing on comprehensive services?
    a. The portfolio developed and used by the Neighborhood Navigator is expected to be comprehensive. Where necessary, additional resources to the required portfolio are expected to be provided by each funded entity to ensure referral networks are comprehensive.

13. If we have additional positions that would qualify as a neighborhood navigator could their numbers be counted or is it only what this one navigator does?
    a. Only the work conducted by Navigator(s) funded by this project will be counted as work completed for the project. Do not supplant funds or staffing.

14. Is it our understanding that the navigators don't have to be CHW?
    a. This is correct. It is preferred that Neighborhood Navigators be certified community health workers but not required.

15. If we do not have a pathways community hub is it still a required indicator to report
    a. The required data indicators will be developed based on the services available in each community and reflective of the Navigator Resource Portfolio. If a community does not have a Pathways Community HUB, Navigators will not be expected to refer to this resource and data will not be expected to be collected on referrals to this resource.

16. What is meant by unique women?
    a. Appendix E6 lists the minimum number of unique women to be served by Neighborhood Navigators, by county. These women must be newly identified. Each woman may only be counted once, regardless of the number of identified needs/referrals.

17. Is the progress report referred to in this RFS the same that is currently being used by MCH OEI grantees?
    a. The progress report may look similar, but will not be the same as the progress report used by currently funded entities.

18. It says CHW certification is a minimum requirement for navigator position.
    a. It is preferred that Neighborhood Navigators be certified community health workers, but not required.

19. If we do not have a progesterone intervention are we still required to report on that indicator?
    a. The required data indicators will be developed based on the services available in each community. It is expected, however, that Neighborhood Navigators will refer to all available clinical and social services. For example, a Navigator may refer to a provider who offers progesterone, even if it is not a formally coordinated infant vitality intervention.

20. Who should serve on the SDOH team?
    a. The RFS does not dictate who is expected to serve on the social determinants of health team. The applicant should identify relevant partners based on the needs of their community.

21. Can you provide examples of practices/policies that impact SDOH?
    a. There are a wide range of avenues to pursue in this work. Examples may include:
       • Changing the scheduling of Centering cohorts to a time that is more accessible to community members;
       • Streamlining access to services; and
       • Adopting a health in all policies framework/procedure.

       Practices/policies adopted should be responsive to the needs in your community.

22. For the new grant, there is no co-leads, correct?
    a. The structure provided in the RFS is a minimum expectation to have a Project Coordinator, Epidemiologist, and Neighborhood Navigator(s). Applicants may identify staffing in addition to the minimum positions.

23. Clarify the requirement for the epidemiologist assigned to the OEI project to have a Master's degree.
    a. The epidemiologist assigned to the OEI project is not required to have a Master's degree. Sample position descriptions were developed for all positions to demonstrate skills that will benefit the OEI teams. ODH understands that organizations have their own standard position descriptions and does not expect the provided position descriptions to be used verbatim.

24. PAMR is a new area for OEI. Please describe what this will look like.
    a. The OEI team will not be expected to conduct Pregnancy Associated Mortality Reviews (PAMR), but will have the opportunity to use PAMR as an additional available data source to guide their work.

25. Will targeted hotspots be by zip code or census tract?
    a. As defined in the RFS, hotspots will be at the zip code level.

26. You ask us to note how many and what FTE's are proposed- You are only funding 3 FTE's, correct?
    a. The number of FTEs is not dictated as this is a deliverables-based grant. Entities may structure their team how they see fit with the expectation that there will, at a minimum be:
        - One (1) FTE Project Coordinator;
        - One (1) FTE Epidemiologist; and
        - Neighborhood Navigator(s).

27. Where in the application should the "fiscal breakdown" document be located?
    a. The Fiscal Breakdown should be submitted as an attachment in GMIS.

28. Why is this funding/program cycle only for one year?
    a. ODH requires that the funding be announced for one grant year. Because this is a competitive solicitation, it is expected that funding for continuation will be provided.

29. Do you have an idea when the NOA's would be posted if our proposal is accepted? If we would need to hire by October 1, we just wanted to know a timeframe.
    a. According to ODH's Grants Services Unit, Notices of Award will be posted September 1, 2018 (30 days before the start of the grant).

30. Will the data platform also have a referral mechanism for all of the available home visiting and/or care coordination services within our counties? (Help Me Grow, Moms and Babies First, the Pathways HUB, etc.)
    a. The data platform is not yet defined, but ODH is being thoughtful of the mentioned components.

31. How does ODH envision the navigator finding women?
    a. As defined in the Application Review Form, applicants should describe how they will identify and engage eligible women and be considerate of their communities.

32. Is it required that the 1FTE coordinator be only one person or can the role be shared?
    a. The role can be shared. Per the RFS, all sub-grantees shall employ or contract the equivalent of one (1) FTE Project Coordinator.

33. How is this program going to be successful if there is not follow up with the clients?
    a. The scope of work for the Neighborhood Navigator includes the expectation that the Navigator will follow up with women served. See page 19 of the RFS.

34. Do current grantees get preference?
    a. No. As this is a competitive solicitation, current grantees will not receive any preference. Complete scoring criteria are defined in Appendix D, Application Review Form.

35. What are the grants for?
    a. Goals of this project include the reduction of low birth weight, very low birth weight, preterm birth and very preterm birth among women served in targeted counties.
        • Achieve 7.8% low birth weight and 1.4% very low birth weight among women served by OEI Neighborhood Navigators. (Healthy People 2020 Objectives)
        • Achieve 9.4% preterm birth and 1.5% very preterm birth among women served by OEI Neighborhood Navigators. (Healthy People 2020 Objectives)

    In this project, the subrecipient shall leverage the resources and services developed and/or coordinated in the first iteration of the Ohio Equity Institute (SFY14-18) with the objective of connecting the most at-risk women from target hotspots to evidence-based clinical and social service resources.

36. Is this funding opportunity only available to the current OEI subgrantees in each of the 9 counties?
    a. No, funding is not only available to the current OEI subgrantees. This is a competitive solicitation, open to all qualified applicants. Current subgrantees will not receive preference in application review.

37. What is the make-up of the CAT (Community Action Team)?
    a. The CAT structure is different in each county. It is expected that the Project Coordinator will participate on the county's CAT.

38. Appendix E13 states eligible women are those that gave birth in 2016 and have one of risk factors. Are pregnant women not eligible?
    a. Appendix E13 provides counts of eligible women by zip code from 2016 to help you determine hotspots and targeted service areas. Appendix E2 defines eligibility requirements to receive services from a Neighborhood Navigator, and being pregnant is the first requirement on the list.

39. Can you explain the difference within the work plan between the roles (Project Coordinator, Epi etc.) and the goals (goal 1, 2 etc.)

a. The workplan templates provided are two options for submission. An applicant may decide to submit a workplan that is organized by role (Project Coordinator, Epidemiologist, Navigator, etc.) or by overarching project goals and objectives.

40. Is this navigator role supposed to work in conjunction with Central Coordination?
    a. It is not dictated that the Navigator will work in conjunction with Central Coordination. Entities are expected to be inclusive of existing resources within their communities.

41. Why is there an age limit?
    a. There is no age limit. A woman being pregnant under the age of 25 years is identified as a risk factor that makes her eligible for services from a Neighborhood Navigator. If a woman is over age 25 and possesses another defined risk factor, she is eligible to receive services. See Appendix E2 for complete eligibility requirements to receive services from a Neighborhood Navigator.

42. Can we partner with home visiting programs to fulfill the navigator roles? Asking because it may be challenging to hire someone with one year of funding.
    a. There can be no supplanting of funds. It is expected that the women served will be new, unique women not currently receiving services.

43. Could you please clarify the sentence regarding the minimum number of women statement under Appendix E6?
    a. The sentence reads "Minimum number of women to be served determined by proportion (25%) of Non-Hispanic African American women, by county of residence, who gave birth 2016 and met OEI 2.0 eligibility." This sentence explains the data source and calculations used to determine the minimum number of unique women to be served per county for the total grant cycle and per quarter as shown in the table.

44. When Central Coordination is functional, do you see the Navigator as the recipient of the local referrals so that we can ensure reaching the number of women intended?
    a. No, Central Coordination will not refer to Neighborhood Navigators. It is possible that a Navigator would refer women to Central Coordination depending on their identified needs.

45. Can the navigator find women who are already receiving services (WIC for example) and refer them to other services?
    a. The intent is for the Navigator to find new women who are not receiving services and connect them to needed services.

46. If we don't hit the quarterly targets would we get a part of the funding outlined in deliverable 9 or would we get no funding for deliverable 9 that quarter.
    a. There will not be partial payments provided for Deliverable 9 if quarterly targets are not reached.

47. So, if a woman is receiving WIC services for instance that would not count in the total number of women that need to be served in a quarter? Even if screened and referred to a HV program or additional services?
    a. ODH expects that WIC actively refers to home visiting programs and additional services. Entities should consider external recruitment strategies to identify at-risk women.

48. What do you foresee us doing with our current workplans and logic model for this grant year?
    a. Currently funded OEI entities must continue to fulfill the work outlined in their workplans and logic models. Completing these deliverables is required for payment, and the work to be completed serves as an important foundation for OEI 2.0.

49. How can you determine the number of eligible women in a zip code that are pregnant and not enrolled in any program? If they are in healthy start home visiting for example, they may not be in an ODH database.
    a. As defined in the Application Review Form, applicants should describe how they will identify and engage eligible women and be considerate of their community's current services.

50. To be clear, these funds are primarily focused on connecting pregnant at-risk women to services, correct? There doesn't appear to be any focus on preconception health or fatherhood...
    a. The Project Coordinator will lead the "upstream" social determinant of health work, informed by the lessons learned from Neighborhood Navigators and the community at large. Depending on the needs identified in a community, the social determinants of health work could impact policies or practices related to these issues. Additionally, preconception health funding opportunities can be found within the competitive Maternal and Child Health Program (MP) grant.

51. Can you explain the logic of using 25% of pregnant women in 2016 to identify targets for FY19 but yet we have to identify unserved women when we don't know what percent of pregnant women who are already receiving services?
    a. This goal was set with the understanding that there may be a need to overreach or oversample. 2016 data was the most recent data available. 2017 data will soon be available to help drive your programmatic decisions.

52. Can funding be allocated to "part 2" for upstream efforts?
    a. Yes, the Project Coordinator role is responsible for the adoption or improvement of a policy or practice related to the social determinants of health. Funds can and should be applied to these upstream efforts.

53. Should the fiscal breakdown include unit costs for monthly reimbursements?
    a. No. The fiscal breakdown should show how the cost of each deliverable was determined.

54. Can funds from OEI 2.0 be used to support the FIMR program?
    a. No. FIMR is housed in the MP grant and should be supported with those funds.