

MEMORANDUM

Date: March 21, 2011

To: Prospective Child and Family Health Services Program Grantees

From: Karen Hughes, MPH, Chief *KAH*
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year MC12
July 1, 2011-June 30, 2016 Child and Family Health Services Program

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services (BCFHS), announces the availability of grant funds to support the Child and Family Health Services (CFHS) Program in Ohio. The Child and Family Health Services Program is designed to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants and children in Ohio. These goals will be addressed by assessing and monitoring maternal and child health status; informing and educating the public and families about maternal and child health issues; providing leadership to assure the health of women, children, youth, and their families; linking women, children, and youth to services, and assuring access to health care; and evaluating the effectiveness, accessibility, and quality of health care services. Applicants may apply for up to four (4) components: 1) Community Health Assessment and Planning, 2) Child and Adolescent Health Services, 3) Perinatal Health Services and the 4) Ohio Infant Mortality Reduction Initiative.

To obtain a grant application packet:

1. Go to the ODH website at www.odh.ohio.gov;
2. From the home page click on "Funding Opportunities" (located under "At a Glance");
3. From the next page click on "ODH Grants;"
4. Next click on "Grant Request for Proposals", this will give you a pull down menu with current RFPs by name;
5. Select and highlight the Child and Family Health Services Program RFP and click "Submit". This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired.

All interested parties must submit a Notice of Intent to Apply for Funding (attached), no later than **Friday, April 15, 2011**, to be eligible for these funds.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on **Thursday, March 31, 2011 from 10:00 to 11:30**. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals. Potential applicants should note their intent to attend the Bidders' Conference on the Notice of Intent to Apply for Funding. Information regarding the time and instructions on accessing the webinar will be posted to the ODH-Bureau of Child and Family Health Services website at http://www.odh.ohio.gov/odhPrograms/cfhs/cf_hlth/bidders.aspx.

All applications and attachments are due by **4:00 p.m. on Monday, May 23, 2011**. Electronic applications received after Monday, May 23, 2011 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Attachment #1) no later than Friday, April 15, 2011 to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Beverly Wargo, MCH Supervisor, by phone at (614) 644-0139, or by e-mail at Beverly.Wargo@odh.ohio.gov.

NOTICE OF AVAILABILITY OF FUNDS

Ohio Department of Health
Division of Family and Community Health Services
Bureau of Child and Family Health Services

Child and Family Health Services Program Competitive Grant Applications for State Fiscal Year 2012

Introduction/Background

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services (BCFHS), announces the availability of grant funds to support activities for the Child and Family Health Services (CFHS) Program. The CFHS Program is designed to eliminate health disparities, improve birth outcomes, and to improve the health status of women, infants and children in Ohio. These goals will be addressed by assessing and monitoring maternal and child health status; informing and educating the public and families about maternal and child health issues; providing leadership to assure the health of women, children, youth, and their families; linking women, children, and youth to services, and assuring access to health care; and evaluating the effectiveness, accessibility, and quality of health care services. Applicants may apply for up to four (4) components: 1) Community Health Assessment and Planning; 2) Child and Adolescent Health, 3) Perinatal Health and the 4) Ohio Infant Mortality Reduction Initiative. The population of interest continues to be low-income women and children in racial and ethnic groups that are disproportionately affected by poor health outcomes. The focus will be on geographic areas and populations of highest need. The Ohio Infant Mortality Reduction Initiative (OIMRI) component continues to be focused on those populations at the greatest risk of poor birth outcomes.

Since its inception in 1983, the CFHS Program has been a network of local consortia of health and social service agencies that identify health needs, service gaps, and barriers to care for families and children and plan community public health and clinical services to fill those needs. CFHS agencies have filled a critical gap over the years by providing child, adolescent and perinatal health care services for Medicaid-eligible families and those who are uninsured and underinsured. For FY2012, ODH has refined the focus of the CFHS Program to become even more accountable for the use of public monies, the assurance of quality in the provision of programs and services, and the measurement of the effectiveness of those programs and services. In addition, ODH seeks to encourage and support programs that achieve measurable improvements in women's and children's healthcare and outcomes through quality improvement science. The CFHS Program will ensure that outreach is to appropriate populations and that measurable benchmarks are achieved based on identified priorities.

Eligibility

Eligible applicants are public or not-for-profit agencies operating in the State of Ohio. Only one applicant per county will be funded. An applicant may apply for a county in which they are not physically located. Applications to serve multiple counties will be accepted. Appendix B lists the maximum dollars which may be available for **each** county. Applicants proposing to serve multiple counties may apply for the sum of the funds available for each county to be served. Dollars designated for a county must be spent to specifically address health issues in that county. This must include community health assessment and planning as well as the administrative and operating costs of programs and services for all counties included in the proposal.

Program Period and Award Amounts

Up to 88 grants may be awarded for a total amount up to \$8,000,000. Eligible agencies may apply for the amount listed in Appendix B. Eligible applicants who apply for the Ohio Infant Mortality Reduction Initiative component may apply for additional funds. The program period begins July 1, 2011 and ends June 30, 2016. The budget period begins July 1, 2011 and ends June 30, 2012.

To Obtain a Grant Application Packet

1. Go to the ODH website at www.odh.ohio.gov; from the home page click on “Funding Opportunities” (located under “At a Glance”); from the next page click on “ODH Grants”; next click on “Grant Request for Proposals”, this will give you a pull down menu with current RFPs by name; select and highlight “Child and Family Health Services RFP” and click “Submit”. This process invokes Adobe Acrobat and displays the entire RFP. You can then read and/or print the document as desired. In the application packet you will find:
 - a. **Request for Proposals (RFP)** – This document outlines detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, and general information and requirements associated with the administration of the grant.
 - b. **Notice of Intent to Apply for Funding** - The purpose of this document is to ascertain your intent to apply for available grant funds. Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than **Friday, April 15, 2011** to be eligible for these funds.
2. When you have accessed the application packet:
 - a. Review the RFP to determine your organization’s ability to meet the requirements of the grant and your intent to apply.
 - b. After your RFP review, if you want to submit an application for the grant, complete the *Notice of Intent to Apply for Funding* form in the application packet. Mail, e-mail or fax to ODH, per the instructions listed by **Friday, April 15, 2011**. The *Notice of Intent to Apply for Funding* form is mandatory if you are intending to apply for the grant.
3. Upon receipt of your completed *Notice of Intent to Apply for Funding* form, ODH will:
 - a. Create a grant application account number for your organization. This account number will allow you to submit an application via the Internet, using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet, using GMIS 2.0. ODH will assess your organization’s GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and contact you to schedule a training date. The GMIS 2.0 training is mandatory if your agency has never been trained on GMIS 2.0. Please complete and submit the ODH GMIS 2.0 Form (Attachment #1) no later than Monday March 14, 2011 to the Grants Administration Unit to begin the process to authorize your account.
 - b. A Bidders’ Conference for potential applicants will be held via teleconference/webinar on **Thursday, March 31, 2011**. The Bidders’ Conference will provide an opportunity for interested parties to learn more about the Request for Proposals. Potential applicants should note their intent to attend the Bidders’ Conference on the Notice of Intent to Apply for Funding. Information regarding the time and instructions on accessing the webinar will be posted to the ODH-Bureau of Child and Family Health Services website.

Once ODH receives your completed Notice of Intent to Apply for Funding form, creates the grant application account for your organization and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the RFP.

If you have questions regarding this application, please contact Beverly Wargo, MCH Supervisor, by phone at (614) 644-0139, or by e-mail at Beverly.Wargo@odh.ohio.gov.

NOTICE OF INTENT TO APPLY FOR FUNDING
Ohio Department of Health
Division of Family and Community Health Services
Bureau of Child and Family Health Services

ODH Program Title: **Child and Family Health Services Program**

ALL INFORMATION REQUESTED MUST BE COMPLETED
(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> County Agency | <input type="checkbox"/> Hospital | <input type="checkbox"/> Local School |
| <input type="checkbox"/> City Agency | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Not for Profit |

Applicant Agency/Organization _____
Applicant Agency Address _____
Agency Contact Person/Title _____
Telephone Number _____
E-mail Address _____

PLEASE CHECK ONE:

- Yes - Our agency will need GMIS training
 No - Our agency has already had GMIS training

PLEASE CHECK ONE:

- Yes - Our agency will attend the Bidders' Teleconference/Webinar
 No - Our agency will not attend the Bidders' Teleconference/Webinar

MAIL, E-MAIL or FAX To **Randy Berry, Administrative Asst.**
Ohio Department of Health
246 N. High Street
RE: Child and Family Health Services Program
P.O. Box 118
Columbus, Ohio 43215
E-Mail: Randy.Berry@odh.ohio.gov
FAX: (614)564-2433

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY FRIDAY, APRIL 15, 2011.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET



OHIO DEPARTMENT OF HEALTH

DIVISION OF FAMILY AND COMMUNITY HEALTH SERVICES

BUREAU OF CHILD AND FAMILY HEALTH SERVICES

CHILD AND FAMILY HEALTH SERVICES REQUEST FOR PROPOSALS (RFP)

**FOR
FISCAL YEAR 2012
(07/01/11 – 06/30/12)**

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I.	<u>APPLICATION SUMMARY and GUIDANCE</u>	
A.	Policy and Procedure	1
B.	Application Name	1
C.	Purpose.....	1
D.	Qualified Applicants	2
E.	Service Area.....	2
F.	Number of Grants and Funds Available	2
G.	Due Date	3
H.	Authorization	3
I.	Goals	3
J.	Program Period and Budget Period.....	5
K.	Local Health Districts Improvement Standards	5
L.	Public Health Impact Statement.....	6
M.	Statement of Intent to Pursue Health Equity Strategies.....	6
N.	Appropriation Contingency	7
O.	Programmatic, Technical Assistance and Authorization for Internet Submission ...	7
P.	Acknowledgment	7
Q.	Late Applications	7
R.	Successful Applicants	8
S.	Unsuccessful Applicants	8
T.	Review Criteria	8
U.	Freedom of Information Act	9
V.	Ownership Copyright.....	9
W.	Reporting Requirements	9
X.	Special Condition(s).....	12
Y.	Unallowable Costs	12
Z.	Audit	13
AA.	Submission of Application.....	13
II.	<u>APPLICATION REQUIREMENTS AND FORMAT</u>	
A.	Application Information.....	15
B.	Budget.....	15
C.	Assurances Certification	18
D.	Project Narrative	19
E.	Civil Rights Review Questionnaire – EEO Survey	20
F.	Attachments	20
G.	Electronic Funds Transfer (EFT) Form	21
H.	Internal Revenue Service (IRS) W-9 Form and Vendor Forms	21
I.	Public Health Impact Statement Summary	21
J.	Public Health Impact/Response & Intent to pursue Health Equity Statement.....	21
K.	Liability Coverage	21
L.	Non-Profit Organization Status.....	21
M.	Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire	21
N.	Federal Funding Accountability and Transparency Act (FFATA) Requirement ...	22
O.	Attachments as Required by Program.....	22

III. APPENDICES

- A.** CFHS Program & Services and the Public Health Pyramid
- B.** FY2012 ODH-CFHS Maximum Funds Available
- C.** CFHS Components Grid
- D.**
 - 1. Community Health Assessment and Planning Component
 - 1.1 Process for Conducting CFHS Community Health Assessment
 - 1.2 What is Community Health Assessment?
 - 1.3 FY2012 CFHS Community Health Assessment Data Indicators
 - 1.4 Community Health Assessment Component CHA Planning and Reporting Guide-Key Questions
 - 2. Child and Adolescent Health Component
 - 3. Perinatal Health Component
 - 4. Ohio Infant Mortality Reduction Initiative (OIMRI) Component
 - 4.1 FY2012 OIMRI Component Description
 - 4.2 OIMRI Community Health Advisor/Advocate Six Basic Competency Areas
- E.** FY2012 CFHS Grant Application Review Form
- F.** FY2012 CFHS Data Collection
- G.** Sample Sliding Fee Scale 2009-Ohio Department of Health

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet Website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. **Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. **Application Name:** Child and Family Health Services Program
- C. **Purpose:** Since its inception in 1983, the Child and Family Health Services (CFHS) Program has been a network of local consortia of health and social service agencies that identify the health needs, service gaps, and barriers to care for families and children and plan community public health and clinical services to meet those needs. As a community based program, CFHS uses a combination of federal, state and local monies to offer public health and safety net clinical services for the maternal and child health population.

CFHS agencies have filled a critical gap over the years by providing child, adolescent and perinatal public health services for Medicaid-eligible families and those who are uninsured and underinsured. However, a number of national and state level changes have occurred which have influenced the future focus of the CFHS program. These include:

- Patient Protection and Affordable Care Act (PPACA – healthcare reform law);
- A changing landscape of Medicaid providers and billable services;
- An increased awareness of the impact of quality improvement science;
- Increasing number of uninsured and underinsured low income families; and
- Persistent and growing maternal and child health issues such as infant mortality and childhood obesity.

CFHS will continue to focus on the core public health functions of assessment, policy development and assurance of access to health care. The CFHS Program will reflect the commitment of the Ohio Department of Health (ODH) to achieve the objectives of Ohio’s Public Health Plan and be responsive to the changing needs of the populations served through CFHS.

For FY2012 CFHS has refined its focus to become even more accountable for the use of public monies, assurance of quality in the provision of programs and services, and measurement of the effectiveness of those programs and services. In addition, ODH seeks to encourage and support programs that achieve measurable improvements in women's and children's healthcare and outcomes through quality improvement science. The MCH Public Health Pyramid is the framework for CFHS services: infrastructure, population-based; enabling and direct care (see Appendix A). CFHS agencies will continue to provide programs and services through the following components: **1) Community Health Assessment and Planning (required to be addressed by all applicants), 2) Child and Adolescent Health, 3) Perinatal Health, and the 4) Ohio Infant Mortality Reduction Initiative.** Family Planning is no longer a component of the CFHS program. Funding for all family planning services will be funded through the Reproductive Health and Wellness Program. CFHS agencies will continue to improve the quality of services by integrating evidence-based programs and interventions leading to better health outcomes. Where identified as a need, CFHS will maintain a role as a safety net provider of clinical services for uninsured and underinsured women and children in Ohio. CFHS agencies may continue to serve Medicaid clients with the requirement that the services provided to Medicaid clients that are billable *must be billed to Medicaid.*

The population of interest continues to be uninsured and underinsured low-income women and children in racial and ethnic groups that are disproportionately affected by poor health outcomes. The CFHS Program will ensure that outreach is to appropriate populations and that measurable benchmarks are achieved based on identified priorities.

- D. **Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). To be considered eligible for review, applicant agencies must submit the ODH Child and Family Health Services Program Assurances. (Attachment #2). Federally Qualified Health Centers are not eligible to apply for CFHS funding to provide Child and Adolescent Direct Care Services or Perinatal Direct Care Services. However, FQHC's may apply for CFHS funding to support infrastructure, enabling, population-based services within the Community Health Assessment; Child and Adolescent Health, Perinatal Health and/or the Ohio Infant Mortality Reduction Initiative Components.
- E. **Service Area:** The service areas include all counties of Ohio. An applicant may apply to serve a region consisting of one or more counties.
- F. **Number of Grants and Funds Available:** *The sources of funds supporting the CFHS subgrant program are both state and federal funds.* No more than one agency per county will be awarded funding for this program. Agencies may subcontract with other entities to provide programs and services. Two or more entities may collaborate on one application to provide programs and services. Up to 88 grants may be awarded for a total amount up to \$8,000,000. Eligible agencies may apply up to the amount stated in Appendix B, FY2012 ODH-CFHS Maximum Funds Available. Final funding amounts will be based on available funds and assessment of need.

ODH has set aside approximately 17% of the total funds available for applicants to provide Community Health Assessment; 25% of the total funds available for eligible applicants to provide Child and Adolescent Health; 30% of the total funds available for eligible applicants to provide Perinatal Health; and 28% of the total funds available for eligible applicants to provide Ohio Infant Mortality Reduction Initiative.

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

Applications to serve multiple counties will be accepted. The maximum dollars which may be available for each county can be found in Appendix B (FY2012 ODH-CFHS Maximum Funds Available). Applicants proposing to serve multiple counties may apply for the sum of the funds available for all counties to be served. Dollars designated for a county must be spent to specifically address health issues in that county. This must include community health assessment and planning as well as the administrative and operating costs of programs and services for all counties included in the proposal.

Applicants proposing to provide OIMRI will be eligible for up to \$150,000 in additional funding. Applicants must budget a minimum of \$150,000 for the OIMRI component.

- G. **Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by 4:00 p.m. **Monday, May 23, 2011**. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

If you have questions regarding this application, please contact Beverly Wargo, MCH Supervisor, by phone at (614) 644-0139, or by e-mail at Beverly.Wargo@odh.ohio.gov.

- H. **Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 119 and Senate Bill 321 enacted by the 126th Ohio General Assembly and the Maternal and Child Services Block Grant (Title V, Social Security Act, as amended, CFDA 93.944)
- I. **Goals:** The goal of the CFHS Grant Program is to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants and children in Ohio by:
- Assessing and monitoring maternal and child health status to identify and address problems;
 - Informing and educating the public and families about maternal and child health issues;
 - Providing leadership for priority-setting, planning, and policy development;

- Linking women, children, and youth to health and other community and family programs and services, and assuring access to comprehensive, quality systems of care; and
- Evaluating the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

Program Description: These program goals are to be accomplished by engaging in a focused, multidisciplinary, collaborative approach to health improvement. This must be done in coordination with internal and external stakeholders that serve the most at-risk populations such as racial and ethnic groups that are disproportionately affected by poor health outcomes, including, but not limited to, local public health agencies, community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers (e.g., correctional facilities, immigrant organizations, homeless shelters and organizations that focus on adolescents). Culturally competent programs and services must be provided to the population of greatest need.

Applicants must work to improve the health of individuals and communities by partnering with other public health programs and organizations that work with similar priority populations. The OIMRI component of CFHS continues to be focused on African-American populations at greatest risk of poor birth outcomes (e.g., low birth weight, infant mortality).

CFHS grant dollars may be used to provide programs and services within the following four (4) component(s): **1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, and/or the 4) Ohio Infant Mortality Reduction Initiative (OIMRI).** Community Health Assessment (CHA) is the ongoing process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. The purpose of the CFHS CHA is to identify these health problems, needs and assets in order to better the MCH related programs in the community.

Applicants must clearly identify the component(s) for which they are applying. The 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, and/or the 4) Ohio Infant Mortality Reduction Initiative (OIMRI) *components, measures and strategies*, along with their corresponding *eligibility criteria and benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *measure* listed on the CFHS Components Grid is based on maternal and child health priority needs identified by ODH-Maternal and Child Health Block Grant Needs Assessment FY2011. Child and Adolescent Health and/or Perinatal Health *measures* may be addressed at all levels of the public health pyramid; infrastructure, population-based, enabling and direct health care. See Appendix A for more information on the public health pyramid. Each *strategy* listed on the CFHS Components Grid (Appendix C) reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. Applicants must use only those *strategies* identified by ODH for each *measure*. The applicant should list the specific *activities* that will be implemented to address each *strategy*. In order to be funded for Child and Adolescent Health, Perinatal Health and/or the OIMRI Component the applicant must clearly describe how they meet the *eligibility and*

justification criteria on the CFHS Components Grid (Appendix C).

Benchmarks on the CFHS Components Grid (Appendix C) have been developed for all CFHS *measures* and are used to measure progress toward achieving CFHS goals. Applicants must use only those *measures* identified by ODH on the CFHS Components Grid (Appendix C) and their corresponding *benchmarks* for each *strategy*. Please note that proposed *benchmarks* can not be altered. The funded components include:

1. **Community Health Assessment and Planning Component**– The following CFHS Measure must be addressed by all applicants: Perform ongoing community health assessment and planning.
2. **Child and Adolescent Health Component** – Child and Adolescent Health may be provided for the following identified CFHS Measures: Improve access to child and adolescent health services; Reduce the percentage of overweight children; and Reduce the rate of infant mortality.
3. **Perinatal Health Component** - Perinatal Health may be provided for the following identified CFHS Measures: Improve access to perinatal care; Reduce the rate of preterm births; and Ensure that social/emotional health needs of pregnant women are met.
4. **Ohio Infant Mortality Reduction Initiative Component** - OIMRI may be provided for the following identified CFHS Measure: Improve birth outcomes in an at-risk, African-American community through care coordination.

For more detail about each of the CFHS Components please see Appendix D-1 for Community Health Assessment, Appendix D-2 for Child and Adolescent Health, Appendix D-3 for Perinatal Health and Appendix D-4 for the Ohio Infant Mortality Reduction Initiative.

- J. **Program Period and Budget Period:** The program period will begin July 1, 2011 and end on June 30, 2016. The budget period for this application is July 1, 2011 through June 30, 2012. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the subgrantee’s performance.
- K. **Local Health Districts Improvement Standards:** This grant program will address the Local Health District Improvement Goal 3701-36-05 “Monitor Health Status”, Standard 3701-36-05-01 “Public health assessment processes and tools are in place and are continuously maintained and enhanced” and Standard 3701-36-05-02 “Information about environs threats and community health status is collected, analyzed, and disseminated at defined intervals”; Goal 3701-36-07 “Promote Healthy Lifestyles”, Standard 3701-36-07-03 “Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships”; and Goal 3701-36-08 “Address the Need for Personal Health Services”, Standard 3701-36-08 -04 “Plans to reduce specific gaps in access to

critical health services are developed and implemented through collaborative efforts”. The Local Health District Improvement Standards are available on the ODH web-site: <http://www.odh.ohio.gov/localHealthDistricts/lhdImprovementStandards.aspx> . Click the link “Local Health District Improvement Goals/Standards/Measures.”)

L. **Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. *Public Health Impact Statement Summary* - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
- A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
 - A summary of the services to be provided or activities to be conducted; and
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

M. **Statement of Intent to Pursue Health Equity Strategies:** The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to

health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to other portions of this application.

- ***Basic Health Equity Concepts:***

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:
<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

N. **Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**

O. **Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). All other agencies will receive their authorization upon submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Beverly Wargo, MCH Supervisor, by phone at (614) 644-0139, or by e-mail at Beverly.Wargo@odh.ohio.gov.

Applicant must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission (Attachment #1).

P. **Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

Q. **Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before

the application due date of Monday, **May 23, 2011**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- R. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
 - 1. Contributes to the advancement and/or improvement of the health of Ohioans;
 - 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 - 3. Is well executed and is capable of attaining program objectives;
 - 4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 - 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 - 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 - 7. Provides an evaluation plan, including a design for determining program success;
 - 8. Is responsive to the special concerns and program priorities specified in the request for proposal;
 - 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
 - 10. Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
 - 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

The CFHS Grant Application Review Form (Appendix E) will be used by internal and external reviewers to assess and score applications.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request

for proposals. **There will be no appeal of the Department's decision.**

- U. Freedom of Information and Public Records Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding federally funded grants requested by any member of the public. The Ohio Public Records Act, specifically section 149.43 of the Revised Code requires the release of certain information regarding state funded grants. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5 and Sections 149.43 and 3701.17 of the Revised Code.
- V. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the ODH. All material(s) must clearly state:
- Funded by Ohio Department of Health/Federal Government
 - Bureau of Child and Family Health Services
 - Child and Family Health Services Program
- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, GAPP manual. Reports must be received before the department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of agency flexibility status and/or further payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantees Program Reports **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the dates listed below. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.
 - **Client and Visit Data:**
Agencies funded for Child and Adolescent Health enabling and direct care will document client and visit data in the MATernal Child Health (MATCH) system. MATCH data must be submitted by the following due dates October 15, 2011; January 15, 2012; April 15, 2012; and July 15, 2012 or in a manner determined by the Ohio Department of Health.

Agencies funded for Perinatal Direct Care will document client and visit data in the Integrated Perinatal Health Information System (IPHIS) a web-based system. Data submission is ongoing and must be entered within 14 days of the perinatal client visit.

Agencies funded for OIMRI must complete and submit reports and related client information quarterly by the following dates: October 15, 2011; January 15, 2012; April 15, 2012; and July 15, 2012 or in a manner determined by the Ohio Department of Health.

See the FY2012 CFHS Data Collection Appendix F for further details. Untimely submission of program reports may result in withholding of funds.

- **CFHS Mid-Year Progress Report (MYPR):** In the project narrative, state that the required MYPR will be submitted by the due date. MYPR must be submitted by **February 1, 2012**. The MYPR should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantees ability to meet the program's objectives or time schedules. The MYPR must be submitted on the FY2012 CFHS Program Plan (Attachment #3). Untimely submission of program reports may result in withholding of funds.
- **CFHS Annual Progress Report (APR):** In the project narrative, state that the required APR will be submitted by the due date. The APR must be submitted **thirty days** after the close of the grant year (**August 1, 2012**). The APR should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantees ability to meet the program's objectives or time schedules. The APR must be submitted on the FY2012 CFHS Program Plan (Attachment #3). Untimely submission of program reports may result in withholding of funds.
- **The Culturally and Linguistically Appropriate Services in Health Care (CLAS) Strategic Plan:** In the project narrative, state that the required FY2012 CFHS CLAS Strategic Plan (Attachment #4) will be completed and submitted by the due date **October 1, 2011**.
- **CFHS CLAS Annual Progress Report (APR).** In the project narrative, state that the required CLAS APR will be submitted by the due date **August 1, 2012**. The CLAS APR should describe the overall progress toward cultural competency, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the

succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that will affect the subgrantees ability to meet the program's objectives or time schedules. The CLAS APR must be submitted on the FY2012 CFHS CLAS Strategic Plan (Attachment #4). Untimely submission of program reports may result in withholding of funds.

- A Schedule of Charges for direct care and enabling services must be submitted by the due date **August 1, 2011**.
- A Sliding Fee Scale for direct and enabling services must be submitted by the due date **August 1, 2011**. (See Appendix G for a sample Sliding Fee Scale).

Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: October 15, 2011; January 15, 2012; April 15, 2012; and July 15, 2012.

Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before **August 15, 2012**. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 2.0 as part of the Subgrantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30 day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

- Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM Website: <http://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule;
17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. Payments for total fringe benefits exceeding thirty-five percent; and
23. Any other unallowable costs as listed in the CFHS Components Grid (Appendix C).

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

- Z. Audit:** Subgrantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (and expend \$500,000 or more in federal awards per fiscal year) are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once an audit is completed, **a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days.** Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subgrantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application:

The GMIS 2.0 application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel

- Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
 6. Assurances Certification
 7. Federal Funding Accounting and Transparency Act (FFATA) Requirements (Attachment B).
 8. Attachments as required by Program:
 - Attachment #3 FY2012 CFHS Program Plan.
 - Attachment #5 FY2012 CFHS Budget Summary.
 - Attachment #6 FY2012 CFHS Site and Service Form.
 - Position descriptions/responsibilities for each CFHS funded staff. If possible submit resumes.

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

<p>Complete, Sign & Mail To ODH</p>
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1. Electronic Funds Transfer (EFT) Form **(Required if new agency, thereafter only if banking information has changed.)**
2. IRS W-9 Form **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form **(New Agency Only)**
 - b. Vendor Information Change Form **(Existing Agency with tax identification number, name and/or address change(s).)**
 - c. Change request in writing on Agency letterhead **(Existing Agency with tax identification number, name and/or address change(s).)**

Two copies of the following documents must be mailed to the address listed below:

<p>Copy & Mail To ODH</p>
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1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**
3. **Statement of Intent to Pursue Health Equity Strategies (for competitive cycle only: not required for continuation cycle, if unchanged)**
4. Liability Coverage **(Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period)**
5. Evidence of Non-Profit Status **(Non-Profit Organizations**

only; for competitive cycle only; for continuation, only if changed).

One copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and one (1) copy of **Attachments** (non-Internet compatible) as required by program:
 - ODH Child and Family Health Services Program Assurances (Attachment # 2)

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access upon submission of the Notice of Intent to Apply for Funding.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Submission of the Application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 12 of the RFP for unallowable costs. Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.
 - 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section

103 and the Compliance Section D (9) of the application for additional information.

All applications must include a description of the community health assessment process and results (Appendix D-1.1). Based on these results applicants must clearly identify the components for which they are applying 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, and/or the 4) Ohio Infant Mortality Reduction Initiative. For each component, the applicant must identify the cost per strategy on the FY2012 CFHS Budget Summary (Attachment # 5). One comprehensive CFHS Budget Summary must be submitted by the applicant agency. Multiple CFHS Budget Summary sheets from the applicant agency and subcontractors are not acceptable.

Applicants must clearly describe the community health assessment and planning process, including any in-kind and financial contributions of partners. Since community health assessment and planning is an on-going process, of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs a program plan (Attachment #3) including specific activities must be completed for all strategies listed in the Community Health Assessment and Planning Component Grid (Appendix C).

An applicant proposing to provide direct health care services based on their community health assessment and aligning with justification indicated on the FY2012 CFHS Budget Summary (Attachment # 5) should budget \$120 per child and adolescent comprehensive direct health care visit and/or \$90 per child and adolescent acute care or follow-up visit; and/or \$120 per antepartum visit and/or \$145 per postpartum visit. **Please note that these programs and services may be budgeted only for underinsured and uninsured clients.** The total number of uninsured/ underinsured visits proposed should be based on reliable, documentable data source (MATCH, billing data, etc.).

On the FY2012 CFHS Budget Summary (Attachment #5) applicants should budget trainings for the following components:

1. Community Health Assessment: All applicant agencies should plan for the project director and/or appropriate staff to participate in two community health assessment trainings for FY2012. These trainings will provide more in depth information on the community health assessment process and how it impacts your CFHS grant.
2. Child and Adolescent Health: An applicant proposing to provide the "Reduce the percentage of children who are overweight" measure should plan for appropriate staff to attend approximately two trainings. Training dates, times and formats will depend upon which evidence based intervention is being implemented.
3. Perinatal Health: An applicant proposing to be funded for the "Provide perinatal direct health care services" measure should designate a coordinator for the Ohio Partners for Smoke-Free Families project and budget travel for two one day meetings. Training and materials for the Ohio Partners for Smoke-Free Families project will be provided by ODH.
4. Ohio Infant Mortality Reduction Initiative: Applicants proposing to

provide OIMRI component should budget for travel expenses for all community health workers (CHW) and supervisors who have not already received the training to attend one four-day prenatal home visit curricula training in Columbus, OH; and for all expenses necessary for those community health workers and supervisors who have not already done so to complete a community health worker training program at an approved institution. While OIMRI does not currently require CHWs to be certified in Ohio, all CHWs and supervisors are expected to complete this training as soon as possible after the beginning of the grant year. Locations and other information about community health worker training programs in Ohio can be found at the Ohio Board of Nursing website at <http://www.nursing.ohio.gov/CommunityHealthWorkers.htm>.

An applicant proposing to provide the OIMRI Component based on their community health assessment and aligning with the justification indicated on the FY2012 CFHS Budget Summary (Attachment # 5) must budget at least \$150,000 to provide community care coordination services.

Applications to provide programs and services to multiple counties will be accepted (regional applicants). FY2012 CFHS Maximum Funds Available (Appendix B) lists the maximum dollars which may be available for **each** county. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. Dollars designated for a county must be spent for programs and services for that county. These programs and services may include programs and services provided in another county and/or for administrative costs of the program, including Community Health Assessment and Planning and other infrastructure costs.

Any applicant requesting funding must clearly demonstrate how the program or service is an integral part of the health care system in each county. Any applicant requesting funding for direct care in a community where other health care providers (i.e. FQHCs, community health centers, etc.) offer the same service at low or no cost must clearly demonstrate how they will collaborate in serving the target population. Regional applicants requesting funds for more than one county **must provide a letter of support** from all significant maternal and child health and social service providers in the counties for which they are requesting funding. No more than one agency per county will be awarded funding for this program.

Any applicant requesting funding for OIMRI **must provide a letter of support from the local Help Me Grow** outlining how Help Me Grow and OIMRI will collaborate in serving the target population.

The sum of all budgeted programs and services (excluding OIMRI) should not exceed the funding caps indicated on Appendix B (FY2012 ODH-CFHS Maximum Funds Available).

- 2. Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2011 to June 30, 2012.

3. Funds may be used to support personnel, their training, travel (see OBM Web site) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the Initiative/program activity described in this announcement.

Funds awarded under this sub-grant program may not be used to support a total fringe benefit costs in excess of thirty-five percent.

When appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Where appropriate, itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **Compliance Section D:** Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.
 4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. **Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative: Applicants should clearly identify, by number and title, the section of the narrative to which they are responding in the GMIS narrative.

- 1. Executive Summary:** Provide a brief synopsis of the purpose, methodology, components, measures, strategies and evaluation plan of this project. Clearly and specifically identify the priority population(s), services and programs to be offered and what agency/agencies will provide those services. Describe the public health problems that the project will address. Specify the total project budget and the portion requested from ODH through this grant.
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions/responsibilities for these staff. If possible submit resumes. Describe the program's potential in improving health outcomes. Use data to substantiate statements of achievements of past goals and objectives.
- 3. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) and health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

All applicants are required to demonstrate the need for CFHS funds by reporting the results of their community health assessment. These results must include data about the target population, evidence of need of services and programs, and how proposed strategies and interventions will address the need. Provide a brief **(no more than three (3) pages)** description of the process used to conduct the community health assessment for this FY2012 application. See Appendix D-1.1, *Process for Conducting CFHS Community Health Assessment*, for details on how to complete this portion of the narrative.

4. Methodology: In narrative form, identify the program measures, strategies and activities. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities will address health disparities. Complete and submit as an attachment with the grant application, the FY2012 CFHS Program Plan (Attachment #3). This program plan must identify the project's measures and strategies as outlined in the CFHS Components Grid (Appendix C). The applicant must develop the program plan based on the needs and gaps identified in their community health assessment. The applicant should list the specific activities that will be implemented to address each strategy. At least one activity must be provided for each strategy under each measure. Providing multiple activities in detail will allow the application reviewer to better understand your program's intentions. Please note that the Accomplishments column in Attachment #3 when submitted as the initial program plan should remain blank. Successful applicants will complete the Accomplishments column when they submit Mid-Year and Annual progress reports. Instructions for completing the FY2012 CFHS Program Plan are included in Attachment #3. **One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors are not acceptable. Applicants must use the format provided in this RFP in order to be considered for funding.** If an applicant proposes to provide direct care and/or enabling services for the Child and Adolescent Health, Perinatal Health and/or Ohio Infant Mortality Reduction Initiative, they must complete and submit the CFHS Site and Service Form (Attachment #6) with the grant application.

5. Cultural Competency: Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The FY2012 CFHS CLAS Strategic Plan (Attachment #4) must be completed and submitted by **October 1, 2011**. Applicants must acknowledge in the project narrative that the CFHS CLAS Strategic Plan will be completed and submitted by the due date.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address by 4:00 P.M. on or before May 23, 2011. All attachments must clearly identify the authorized program name and program number.

G. Electronic Funds Transfer (EFT) Form: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 and Vendor Forms: Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**

1. **Vendor Information Form (New Agency Only), or**
2. **Vendor Information Change Form (Existing Agency with tax identification number, name and/or address change(s).)**
3. **Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed appropriate Vendor Form **must** be dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

I. Public Health Impact Statement Summary: Submit two copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards.

J. Public Health Impact & Intent to Pursue Health Equity Statements: Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period.)**

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two copies of the Internal Revenue Services (IRS) letter approving non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed.)**

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a questionnaire that must be

completed by all non-governmental grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:

<http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies.)**

N. Federal Funding Accountability and Transparency Act (FFATA) Requirements:

The Federal Funding Accountability and Transparency Act (FFATA) was signed on September 26, 2006. The intent is to empower every American with the ability to hold the government accountable for each spending decision. ODH is required to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds required to complete the FFATA Reporting Form. A sample of the FFATA Reporting Form is attached to this RFP.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget’s website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, Attachment B is located on the GMIS Bulletin Board. It must be completed and attached to the GMIS Application/Project Comment Section.)

O. Attachments as Required by Program:

- **Attachment B - Ohio Department of Health Sub-Awardee Federal Funding Accountability and Transparency Act (FFATA) Reporting Form**

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

- Attachment #2 CFHS Assurances;
- Health and Social Service Providers Letters of Support (for regional applicants); and
- Help Me Grow Letter of Support (OIMRI)

Provide the following attachments via the GMIS 2.0

- Attachment #3 FY2012 CFHS Program Plan;
- Attachment #5 FY2012 CFHS Budget Summary;
- Attachment #6 FY2012 CFHS Site and Service Form; and
- Position descriptions/responsibilities for each CFHS funded staff. If possible submit resumes.

III. APPENDICES

A. CFHS Program & Services and the Public Health Pyramid

B. FY2012 ODH-CFHS Maximum Funds Available

C. CFHS Components Grid

D-1. Community Health Assessment and Planning Component

D-1.1 Process for Conducting CFHS Community Health Assessment

D-1.2 What is Community Health Assessment?

D-1.3 FY2012 CFHS Community Health Assessment Data Indicators

D-1.4 Community Health Assessment Component

CHA Planning and Reporting Guide-Key Questions

D-2. Child and Adolescent Health Component

D-3. Perinatal Health Component

D-4. Ohio Infant Mortality Reduction Initiative (OIMRI) Component

D-4.1 FY2012 OIMRI Component Description

D-4.2 OIMRI Community Health Advisor/Advocate Six Basic Competency Areas

E. FY2012 CFHS Grant Application Review Form

F. FY2012 CFHS Data Collection

G. Sample Sliding Fee Scale 2009-Ohio Department of Health

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

Submission Date
 ____/____/____

Sub-Awardee Data

1	DUNS #	
2	DUNS # plus 4	
3	Name	
4	DBA Name	
5	Address - Street # 1	
6	Address - Street # 2	
7	Address - Street # 3	
8	City	
9	State	
10	County (select from list of Ohio counties)	
11	Zip plus 4	
12	Congressional District	
13	Sub-awardee - Parent DUNS #	
14	Amount of Sub-award/Contract	Completed by ODH
15	Sub-award Obligation/Action Date (i.e., date the NOA and/or Contract is signed/approved)	Completed by ODH
16	CFDA and Program Title	Completed by ODH
17	Federal Agency Name	Completed by ODH
18	Principal Place of Performance (PPP)- City (or County if as a whole)	
19	PPP - State	
20	PPP - County	
21	PPP - Zip + 4	
22	PPP - Congressional District	

Attachment B
Ohio Department of Health Sub-Awardee
Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

23	Sub-award/Contract # (i.e., the project ID for sub-grants)	
24	Q1. In organization's previous FY did it receive 80% or more from federal contracts and \$25,000,000 or more from federal contracts? If yes, please see Q2.	
25	Q2. Does the public have access to compensation of senior executives via the section 6104 of the IRS Code of 1986? If "yes", then the project is not required to report the compensation information. If "no" please enter the compensation information.	
26	1 of 5 highest compensated officials - Name	
27	1 of 5 highest compensated officials - Amount	
28	2 of 5 highest compensated officials - Name	
29	2 of 5 highest compensated officials - Amount	
30	3 of 5 highest compensated officials - Name	
31	3 of 5 highest compensated officials - Amount	
32	4 of 5 highest compensated officials - Name	
33	4 of 5 highest compensated officials - Amount	
34	5 of 5 highest compensated officials - Name	
35	5 of 5 highest compensated officials - Amount	
36	Project Description	Completed by ODH
37	Agency Director/President	
38	Agency Program/Project Director	
39	Agency Phone Number	
40	Program Source/Treasury Account Symbol	Completed by ODH
41	CCR # (of Parent Agency if applicable)	

Complete section below if Agency is not in the State of Ohio

42	If 'Other' County Selected, name of county outside of Ohio	
43	If 'Out of State' Congressional District Selected, provide State and Congressional District	
44	If 'Out of State' PPP - County	
45	If 'Out of State' PPP - Congressional District	

Ohio Department of Health
GMIS 2.0 TRAINING

ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
(Please Print Clearly or Type)

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One:

_____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHS, etc)

_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To:

GAIL BYERS
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov Fax: [614-752-9783](tel:614-752-9783)

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU

Due Date: April 15, 2011

Attachment #1

CHILD AND FAMILY HEALTH SERVICES PROGRAM ASSURANCES

For State Fiscal Year 2012

By signing below, applicants are agreeing to have the following components and/or statements of assurance in place by July 1, 2011. Applications will not be considered eligible for review unless the ODH Child and Family Health Services Assurances is signed and submitted.

1. Assurance that the applicant and all subcontractors and vendors will comply with the ODH CFHS standards and guideline and will utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based health services;
2. Assurance that the applicant and all subcontractors and vendors will adhere to all applicable federal, state and local statute;
3. Assurance that the applicant will provide oversight to any and all subcontractors and vendors as described in the ODH CFHS standards and guidelines;
4. Assurance that funds from this grant which are used for direct health care services are only for those who are underinsured or uninsured;
5. Assurance that services are not overlapping with other programs serving the maternal and child population with similar approaches and other funding sources;
6. Assurance that a Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to clients and that a schedule of charges, with sufficient proportional increments are used for clients with incomes between 101-250% of the Federal poverty level an that clients will not be denied services or be subjected to variation in the quality of services provided because of inability to pay;
7. Assurance that the program does not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies or marital status;
8. Assurance that the applicant and all subcontractors and vendors have the capacity to implement the data collection system utilized by the project which documents the provision of programs and services;
9. Assurance that the applicant and all subcontractors and vendors will submit data in a manner prescribed by ODH;
10. Evidence that the Health Insurance Portability and Accountability Act (HIPAA) is instituted by the applicant and all subcontractors and vendors;
11. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
12. Assurance that the applicant and all subcontractors and vendors will utilize practice guidelines and recommendations developed by recognized professional organizations and other Federal agencies in the provision of best practices and evidence-based health programs and services; and
13. Assurance that the designated CFHS project director and/or appropriate staff will attend CFHS project director meetings and trainings as prescribed by ODH.

In addition, for those applicants proposing to provide the OIMRI Component:

14. Assurance that all community health workers (CHW) and supervisors are trained using the Community Health Advisor/Advocate: Six Basic Competency Areas (Appendix D-4.2);
15. Assurance that the applicant will monitor and evaluate the competencies of the CHWs, including health care, social services, communication skills, individual and community advocacy, health education, and general service skills and responsibilities (Appendix D-4.2); and
16. Assurance that all Community Health Worker's and supervisors are trained in a comprehensive curricula providing appropriate guidance for home visitors and others working with pregnant women and their families as approved by ODH.

CFHS Subgrantee Agency Name: _____ GMIS # _____

Signature _____
(Agency Head Signature)

FY2012 CFHS Program Plan Instructions

Applicants must use the CFHS Components Grid, Appendix C to populate the FY2012 CFHS Program Plan, Attachment #3

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors will not be accepted.

Applicants should complete the program plan for each component and measure proposed.

Component: Check the component that will be addressed in the program plan. An applicant may apply for one or more of the components. The Community Health Assessment and Planning Component is a required component for all applicants. The four components are as follows: 1) Community Health Assessment and Planning Component; 2) Child and Adolescent Health Component; 3) Perinatal Health Component; and the 4) Ohio Infant Mortality Reduction Initiative Component.

CFHS Measure: Copy the specific CFHS measure from the “CFHS Components Grid” to the program plan. Note that some components have several CFHS measures, for those particular components an applicant may apply for one or more measures. The complete list of CFHS measures is listed in the “CFHS Components Grid”. The measures have corresponding benchmarks/evaluation measures that the applicant must consider when developing program activities.

Eligibility and Justification: Copy the specific eligibility and justification from the “CFHS Components Grid” to the program plan. The eligibility and justification describe how the project meets the eligibility and justification criteria for the specific CFHS measure. Applicants need to describe any community health assessment data and analysis results that will clearly justify and document the eligibility to apply for the specific CFHS measure.

Strategy: For each measure, copy the specific strategy from the “CFHS Components Grid” to the program plan. The strategies describe how the applicant will meet each measure. Strategies should be used to design and implement program activities.

Activities: The applicant should list the specific activities that will be implemented to address each strategy. At least one activity must be provided for each strategy under each measure. Providing multiple activities in detail will allow the application reviewers to better understand your program’s intentions. Benchmarks/Evaluation measures are provided for each strategy, but additional evaluation measures for specific activities should be included and documented in the program plan. *For addressing activities for the community health assessment and planning component see Appendix D-1.4*

Benchmarks/Evaluation Measures: Copy the specific benchmark/evaluation measures from the “CFHS Components Grid” to the program plan. The benchmarks/ evaluation measures describe how the strategies will be measured and evaluated. Each strategy must have the defined benchmark/evaluation measure(s) associated with it. All benchmarks/ evaluation measures associated with a strategy must be addressed. Program reports should reflect the enablers and/or barriers to meeting the proposed benchmark. **Benchmarks can not be altered.** However, additional benchmark/evaluation measures for specific activities should be included in the program plan.

Person(s) Responsible: List the name of the person(s) that will be responsible for implementing the specific activities.

Timeline: Indicate the date the activities will be completed or accomplished. It is not acceptable to list “ongoing” or “at end of grant period” for any activities.

Accomplishments: Please note that the accomplishments column in Attachment #3 when submitted as the applicant’s initial program plan should remain blank. Successful applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. A FY 2012 Mid-Year Progress Report (MYPR) must be submitted by February 1, 2012. A FY2012 Annual Progress Report (APR) must be submitted **thirty days** after the close of the FY2012 grant year (August 1, 2012). Both Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantee’s ability to meet the program’s objectives or time schedules. The Progress Reports should address how the specific benchmarks/evaluation measures will be addressed. It is not acceptable to state “in progress”. *For reporting progress on the community health assessment and planning component see Appendix D-1.4*

FY2012 CFHS Program Plan

CFHS Subgrantee Agency Name: _____ GMIS # _____ Date: _____

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:

Eligibility & Justification:

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
					<p align="center"><i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i></p>

CFHS Program Plan
EXAMPLE

CFHS Subgrantee Agency Name: Buckeye LHD GMIS # 01110011MC0412 Date: 04-01-11

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: Access to Well-Child Care

Eligibility & Justification: Fifty-three percent of Buckeye County’s children are uninsured. The Medicaid enrollment is only 70% of the potentially eligible children. The results of a 2010 focus group study stated that families who are potentially eligible for Medicaid do not know how to fill out the CPA, and that they do not know that they are potentially eligible. The staff at the CFHS Well Child Clinic has not been trained on how to fill out the form. There is also a 1 month delay when the forms are mailed to our Dept of Job and Family Health Services

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Provide assistance for clients to gain access to Medicaid.	CPA forms will be stocked.	Joe White, Clerk	10/1/11	Ninety percent of uninsured children (150 children) seen in the CFHS clinic will receive CPA assistance.	The following will be submitted 1 month at the end of the grant period: 85% of the children seen in the CFHS clinic received CPA assistance. We will continue to improve this percentage. We have recently hired a new social worker on 10/01/11 and she was trained on the CPA procedures.
	Social worker will be trained on how to fill out the CPA forms.	Mary Smith, Social Worker	11/10/11		
	CPA forms will be delivered to CJFS on a weekly basis.	Joe White, Clerk	Weekly		
	A system will be developed to track CPA submission and follow-up.	Mary Smith, Social Worker	02/15/12		

FY2012 CFHS Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

CFHS Subgrantee Agency Name: _____

GMIS # _____

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

Initial Plan Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments <i>(See note above)</i>
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training <i>EXAMPLE</i>	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials related to cultural competency • Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	July 1 st 2011 – June 30 th 2012	Staff participation in ongoing training and education will be accounted for in a database. The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Standard #5: Right to Receive Language Assistance Services					
Standard #6: Competence of Language Assistance					
Standard #7: Patient-Related Materials					
Standard #8: Written Strategic Plan					
Standard #9: Organizational Self-Assessment					
Standard #10 Patient / Consumer Data					
Standard #11: Community Profile					
Standard #12 Community Partnerships					
Standard #13 Conflict/Grievance Processes					
Standard #14 Implementation					

Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

- Based on what your agency learned from the CLAS self-assessment (<http://www.odh.ohio.gov/ODHPrograms/FAMX/familyX1.htm>), activities should be identified to improve Culturally Competency of services in FY2012.
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.

CFHS Subgrantee Agency Name: _____

GMIS # _____

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

Initial Budget

Revised Budget

Date: _____

Date: _____

FY2012 CFHS Budget Summary

CFHS Budget Summary

Each applicant must complete the CFHS Budget Overview. In addition, the applicant must complete the CFHS Budget Summary sheet for each Component proposed. For each Component proposed, the applicant must identify the amount budgeted for each strategy and the total component and training budget.

Overview

\$ _____ **Total Community Health Assessment & Planning Component and Training Budget**

\$ _____ **Total Child and Adolescent Health Component and Training Budget**

\$ _____ **Total Perinatal Component and Training Budget**

\$ _____ **Sub-total CFHS Budget** *(sum of all components except OIMRI)*
(Not to exceed maximum funds available listed in Appendix B)

\$ _____ **Total OIMRI Component and Training Budget**
(Not to be less than \$150,000)

\$ _____ **Total CFHS Budget** *(sum of all components)*

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2012 CFHS Budget Summary

COMMUNITY HEALTH ASSESSMENT AND PLANNING COMPONENT BUDGET

Perform ongoing community health assessment and planning

\$ _____ Build Partnerships

\$ _____ Conduct Planning

\$ _____ Assess Data Needs/Capacity

\$ _____ Conduct Prioritization

\$ _____ Plan Interventions

\$ _____ Plan Implementation

\$ _____ Conduct Evaluation

Training

\$ _____ *Community Health Assessment Training*

\$ _____ **Total Community Health Assessment and Planning Components and Training Budget** *(add above budget amounts)*

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2012 CFHS Budget Summary

CHILD AND ADOLESCENT HEALTH COMPONENT BUDGET

Improve the access to child and adolescent health services

\$ _____ Provide child and adolescent direct health care services (*sum the budgets from the two lines below*)

_____ # of uninsured comprehensive direct health care visits (\$120 per visit) (Direct Care)

_____ # of uninsured acute care & follow up direct health care visits (\$90 per visit) (Direct Care)

\$ _____ Provide assistance for children and their families to gain access to Medicaid (Enabling)

Reduce the percentage of children who are overweight

\$ _____ Work with childcare centers to increase nutrition education, access to healthy food choices and/or physical activity. (Infrastructure)

\$ _____ Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity. (Infrastructure)

Training

\$ _____ *Training in evidence-based practices*

Reduce the rate of infant mortality

\$ _____ Conduct focused community education campaign regarding infant safe sleep messages.
(Population Based)

\$ _____ **Total Child and Adolescent Component and Training Budget** (*add above budget amounts*)

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2012 CFHS Budget Summary

PERINATAL HEALTH COMPONENT BUDGET

Improve access to perinatal care

\$ _____ Provide perinatal direct health care services (*sum the budgets from the two lines below*)

_____ # of uninsured antepartum medical direct health care visits (\$120 per visit) (Direct Care)

_____ # of uninsured postpartum direct health care visits (\$145 per visit) (Direct Care)

\$ _____ Work with ODH to implement the 5 A's evidence-based smoking cessation intervention
(Infrastructure)

Training

\$ _____ *Ohio Partners for Smoke-Free Families Training*

\$ _____ Conduct outreach for perinatal clients in high risk neighborhoods (Population Based)

\$ _____ Provide assistance for perinatal clients to gain access to Medicaid (Enabling)

Reduce the rate of preterm births

\$ _____ Identify women with previous poor birth outcomes and link to appropriate care. (Enabling)

Ensure that social/emotional health needs of pregnant women are met

\$ _____ Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women's health to address mental health needs for women before, during and after pregnancy. (Infrastructure)

\$ _____ **Total Perinatal Component and Training Budget** (*add above budget amounts*)

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2012 CFHS Budget Summary

OIMRI COMPONENT BUDGET

Improve birth outcomes in an at-risk African-American community through community care coordination

\$ _____ Conduct planning efforts (Infrastructure)

\$ _____ Ensure ongoing training (Infrastructure)

\$ _____ Provide adequate supervision (Infrastructure)

\$ _____ Ensure that standardized care processes are followed (Enabling)

_____ # of women to be served

\$ _____ Ensure ongoing data collection and evaluation (Infrastructure)

Training

\$ _____ *Training*

\$ _____ **OIMRI Component and Training Budget** (*add above budget amounts*)

FY2012 - CFHS Site and Service Form

Complete a form for each site location. The site may provide direct health care and enabling services or direct health care only and/or enabling services only.

CFHS Sub-Grantee Agency Name (Fiscal Agent): _____
 GMIS#: _____
 Name of Site (location where services occur): _____
 Site Address: _____
 Site Supervisor/Contact Name: _____ Phone Number: _____

I. Perinatal *(check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Direct Health Care Only | <input type="checkbox"/> IPHIS used at Agency Site | <input type="checkbox"/> OIMRI Community Care Coordination |
| <input type="checkbox"/> Direct Care & Enabling | <input type="checkbox"/> IPHIS used at Satellite Site | <input type="checkbox"/> Data entered at Agency site |
| <input type="checkbox"/> Enabling Only | | <input type="checkbox"/> Data entered at Home Visit |

Day	Agency Hours	Clinic Hours	OIMRI Hours	Comment
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

II. Child and Adolescent *(check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Direct Health Care Only | <input type="checkbox"/> MATCH entered at Agency Site |
| <input type="checkbox"/> Direct Care & Enabling | <input type="checkbox"/> MATCH entered at Satellite Site |
| <input type="checkbox"/> Enabling Only | |

Day	Agency Hours	Clinic Hours	Comment
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

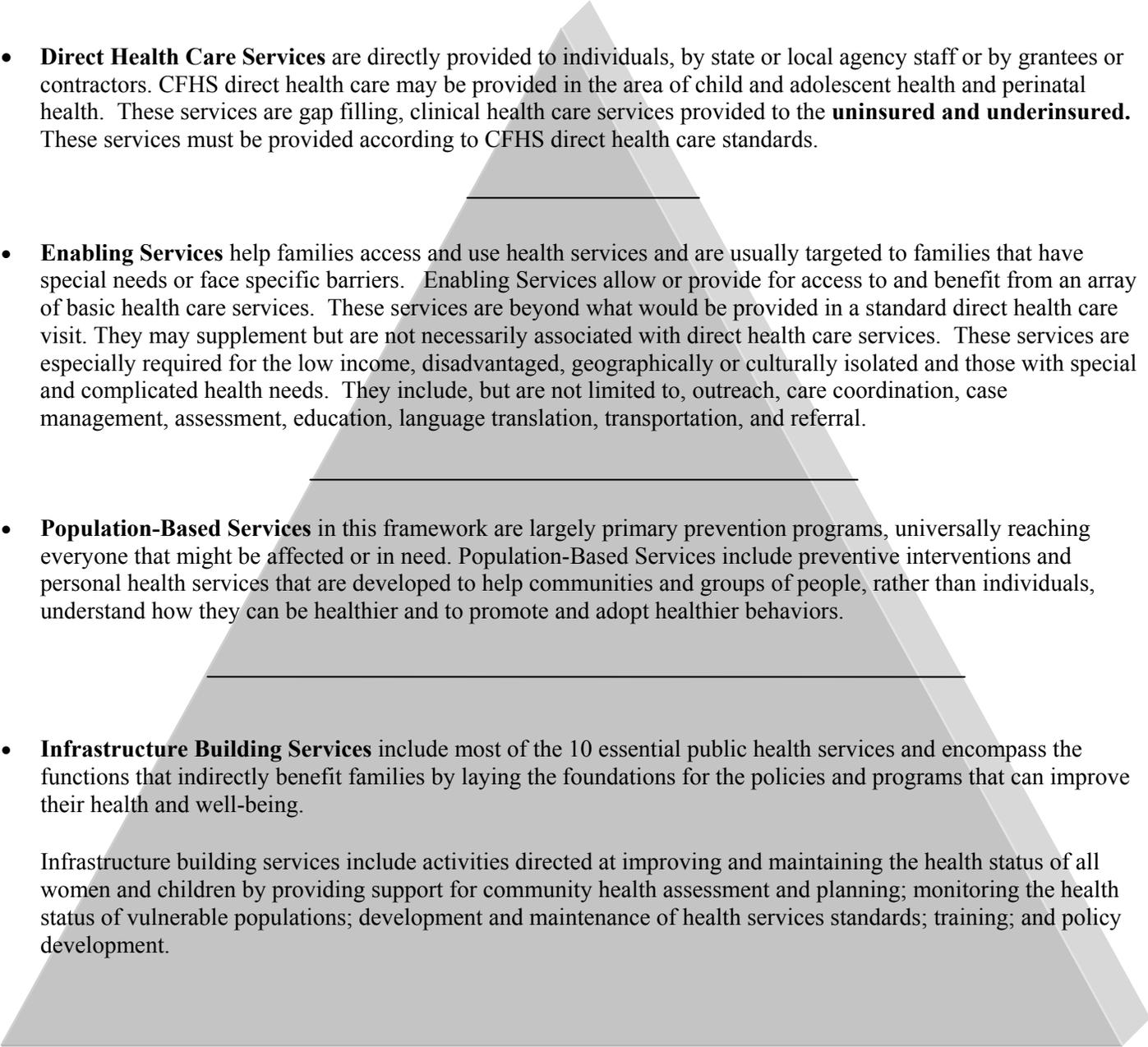
List all CFHS/OIMRI funded staff working at this location.

Last name, First name

Position

CFHS Program & Services and the Public Health Pyramid

The Child and Family Health Services (CFHS) program is designed as an organized community based effort to improve the health status of low-income families in Ohio. The MCH public health pyramid categorizes core public health services. Each set rests on the foundation beneath.

- 
- **Direct Health Care Services** are directly provided to individuals, by state or local agency staff or by grantees or contractors. CFHS direct health care may be provided in the area of child and adolescent health and perinatal health. These services are gap filling, clinical health care services provided to the **uninsured and underinsured**. These services must be provided according to CFHS direct health care standards.
 - **Enabling Services** help families access and use health services and are usually targeted to families that have special needs or face specific barriers. Enabling Services allow or provide for access to and benefit from an array of basic health care services. These services are beyond what would be provided in a standard direct health care visit. They may supplement but are not necessarily associated with direct health care services. These services are especially required for the low income, disadvantaged, geographically or culturally isolated and those with special and complicated health needs. They include, but are not limited to, outreach, care coordination, case management, assessment, education, language translation, transportation, and referral.
 - **Population-Based Services** in this framework are largely primary prevention programs, universally reaching everyone that might be affected or in need. Population-Based Services include preventive interventions and personal health services that are developed to help communities and groups of people, rather than individuals, understand how they can be healthier and to promote and adopt healthier behaviors.
 - **Infrastructure Building Services** include most of the 10 essential public health services and encompass the functions that indirectly benefit families by laying the foundations for the policies and programs that can improve their health and well-being.

Infrastructure building services include activities directed at improving and maintaining the health status of all women and children by providing support for community health assessment and planning; monitoring the health status of vulnerable populations; development and maintenance of health services standards; training; and policy development.

**FY2012 ODH CFHS
MAXIMUM FUNDS AVAILABLE**

County	Maximum Funds	County	Maximum Funds
Adams	\$ 53,000	Licking	\$ 88,000
Allen	\$ 88,000	Logan	\$ 53,000
Ashland	\$ 66,000	Lorain	\$ 200,000
Ashtabula	\$ 88,000	Lucas	\$ 352,000
Athens	\$ 66,000	Madison	\$ 40,000
Auglaize	\$ 40,000	Mahoning	\$ 175,000
Belmont	\$ 66,000	Marion	\$ 66,000
Brown	\$ 53,000	Medina	\$ 88,000
Butler	\$ 200,000	Meigs	\$ 40,000
Carroll	\$ 40,000	Mercer	\$ 40,000
Champaign	\$ 40,000	Miami	\$ 66,000
Clark	\$ 105,000	Monroe	\$ 40,000
Clermont	\$ 105,000	Montgomery	\$ 330,000
Clinton	\$ 53,000	Morgan	\$ 40,000
Columbiana	\$ 88,000	Morrow	\$ 40,000
Coshocton	\$ 53,000	Muskingum	\$ 88,000
Crawford	\$ 53,000	Noble	\$ 40,000
Cuyahoga	\$ 880,000	Ottawa	\$ 40,000
Darke	\$ 53,000	Paulding	\$ 40,000
Defiance	\$ 40,000	Perry	\$ 53,000
Delaware	\$ 66,000	Pickaway	\$ 53,000
Erie	\$ 66,000	Pike	\$ 53,000
Fairfield	\$ 88,000	Portage	\$ 88,000
Fayette	\$ 40,000	Preble	\$ 40,000
Franklin	\$ 840,000	Putnam	\$ 40,000
Fulton	\$ 40,000	Richland	\$ 88,000
Gallia	\$ 53,000	Ross	\$ 66,000
Geauga	\$ 66,000	Sandusky	\$ 53,000
Greene	\$ 88,000	Scioto	\$ 88,000
Guernsey	\$ 53,000	Seneca	\$ 53,000
Hamilton	\$ 500,000	Shelby	\$ 53,000
Hancock	\$ 53,000	Stark	\$ 250,000
Hardin	\$ 40,000	Summit	\$ 308,000
Harrison	\$ 40,000	Trumbull	\$ 175,000
Henry	\$ 40,000	Tuscarawas	\$ 66,000
Highland	\$ 53,000	Union	\$ 40,000
Hocking	\$ 40,000	Van Wert	\$ 40,000
Holmes	\$ 53,000	Vinton	\$ 40,000
Huron	\$ 40,000	Warren	\$ 88,000
Jackson	\$ 53,000	Washington	\$ 53,000
Jefferson	\$ 66,000	Wayne	\$ 88,000
Knox	\$ 53,000	Williams	\$ 40,000
Lake	\$ 88,000	Wood	\$ 66,000
Lawrence	\$ 66,000	Wyandot	\$ 40,000

**does not include additional \$150,000 for those applying for OIMRI Component*

The CFHS Components Grid is used to populate Measures, Strategies and Benchmarks on the CFHS Program Plan

(IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care)

CFHS COMPONENTS GRID			
Community Health Assessment and Planning Component			
CFHS Measure	Eligibility and Justification (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.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (met by end of year FY2012 program year). Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Perform ongoing community health assessment and planning (Progress towards implementing all strategies and all benchmarks must be addressed for this measure.)	<ul style="list-style-type: none"> • Applicant is the only agency conducting a health assessment in the community, or; • Applicant is the lead agency conducting a health assessment in the community, or; • Other justification. The following criteria must be met in order to apply for CHA funding: <ul style="list-style-type: none"> • Internal and external assessments have been completed and indicate that the community has the capacity and readiness to participate in the assessment process. (Discuss in the Project Narrative Problem/Need Section, pg. 19.) 	Build Partnerships	A consortium of community partners has been organized and is actively participating in the CHA process.*
		Conduct Planning	Provide a description of local CHA utilizing the CHIC model or another recognized community health assessment model.*
		Assess Data Needs/Capacity	Collect CHA data. * Analyze and interpret CHA data.* Assess and document the capacity and resources regarding ability to meet community health needs.*
		Conduct Prioritization	Document committee/stakeholders group participation in an objective prioritization process.* Identify a list of priority health issues.*
		Plan Interventions	Identify evidence-based interventions and include SMART goals and objectives to address prioritized health issues.*
		Plan Implementation	Develop and execute an implementation plan. *
		Conduct Evaluation	Evaluate interventions with regard to stated objectives. *

*A brief description of whether the benchmark was successfully accomplished should be reported in the accomplishments column of the program plan when submitting mid-year and annual reports. A more detailed explanation, addressing key questions in *the CHA Planning and Reporting Guide* (Appendix D-1.4), is required in the narrative portion of the mid-year and annual reports.

The CFHS Components Grid is used to populate Measures, Strategies and Benchmarks on the CFHS Program Plan

(IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care)

CFHS COMPONENTS GRID			
Child and Adolescent Health Component			
CFHS Measure	Eligibility and Justification (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.	Strategies (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (met by end of year FY2012 program year). Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Improve access to Child and Adolescent Health Services	<ul style="list-style-type: none"> • The average wait time for a well-child appointment for un/underinsured children in your county is greater than 30 days. (Include explanation of how wait time was determined); and/or • The county has an 8 percentage or greater rate of uninsured children. (Include Data Source: ODH County Profiles or other current reference); and/or • Justify by providing data from community health assessment. (Include data source/citations: web-link, resources, etc.). <p>The following criteria must be met in order to apply for direct health care:</p> <ul style="list-style-type: none"> • Demonstrate a need to provide well-child care to 50 or more un/underinsured clients; and • Demonstrate using the community health assessment process, including a resource inventory, that no other resources are available to provide direct health care and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, or population group. 	Provide child and adolescent direct health care services. (DC)	<p>90 % of projected un/underinsured visits are conducted.</p> <p>Internal chart audits are conducted twice a year to ensure compliance with guidelines.</p> <p>90% of CFHS child and adolescent direct health care clients under 1 year old have at least 3 visits per year.</p> <p>90% of CFHS child and adolescent direct health care clients between 1 year and 2 years old have at least 2 visits per year.</p> <p>90% of CFHS child and adolescent direct health care clients have their immunizations up to date or are on a recommended catch-up schedule</p> <p>90% of CFHS child and adolescent direct health care clients receive a nutritional screening to include a 24 hour recall, plotted weight and height, level of physical activity, and pertinent lab values.</p> <p>90% of CFHS child and adolescent direct health care clients who are identified as having a high or low BMI or under/over weight have at least 30 minutes of assessment, counseling, and/or education enabling services.</p>
		Provide assistance for children and their families to gain access to Medicaid.(EN)	<p>90% of CFHS child and adolescent clients who are un/underinsured and under 200% of the Federal Poverty Level receive assistance enrolling in Medicaid.</p> <p>Documentation of barriers to enrollment is maintained for un/underinsured child and adolescent clients who are not successfully enrolled in Medicaid.</p>

The CFHS Components Grid is used to populate Measures, Strategies and Benchmarks on the CFHS Program Plan

(IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care)

CFHS COMPONENTS GRID			
Child and Adolescent Health Component			
CFHS Measure	Eligibility and Justification (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.	Strategies (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (met by end of year FY2012 program year). Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Reduce the percentage of children who are overweight	<ul style="list-style-type: none"> Justify by providing data from community health assessment. (Include Data Source: ODH County Profiles, PedNSS, 3rd Grade BMI Citations: web-link, resources, etc.). 	Work with childcare centers to increase nutrition education, access to healthy food choices, and/or physical activity.(IN)	Documentation of applicant using an ODH approved intervention. Of ___# childcare centers proposed ___# of those proposed were served. Of ___# visits and/or contacts proposed ___# of those proposed were visited and/or contacted. Of ___# children proposed to reach ___# of those proposed were reached.
		Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity.(IN)	Documentation of applicant using an ODH approved intervention. Of ___# school districts/schools proposed ___# of those proposed were served. Of ___# visits and/or contacts proposed ___# of those proposed were visited and/or contacted. Of ___# children proposed to reach ___# of those proposed were reached.
Reduce the rate of infant mortality	<ul style="list-style-type: none"> The county has a 7.7 or higher rate of infant mortality using the most recent available data. Justify by providing data from community health assessment. (Include Data Source/Citations: web-link, resources, etc.). 	Conduct focused community education campaign regarding infant safe sleep messages. (PB)	___# of families are reached with culturally appropriate infant safe sleep messages.

Unallowable strategies & activities for the Child and Adolescent Health Component:

- Lice Checks
- Oral Health Services (at any level of the pyramid)
- Immunization activities (at any level of the pyramid)
- Reimbursement for psychiatrist or psychologist treatment services, psychotropic medications, or mental health counseling
- School physicals, (including pre-k or child care), sports physicals
- Lead activities (at any level of the pyramid)

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CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification (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.	Strategies (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (met by end of year FY2012 program year). Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Improve access to perinatal care	<ul style="list-style-type: none"> • The average wait time for initial for PNC appointment for un/underinsured women in your county is greater than 14 days. (Include explanation of how wait time was determined); and/or • Justify by providing data from community health assessment. (Include Data Source/Citations: web-link, resources, etc.). <p>The following criteria must be met in order to apply for direct health care:</p> <ul style="list-style-type: none"> • Demonstrate a need to provide perinatal care to 25 or more un/underinsured clients; and • Demonstrate using a community health assessment process, including a resource inventory, that no other resources are available to provide direct health care to the population of interest and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, subpopulation, or population of interest. 	Provide perinatal direct health care services. (DC)	<p>90 % of projected un/under insured visits are conducted.</p> <p>Internal chart audits are conducted twice a year to ensure compliance with guidelines.</p> <p>Increase the percent of CFHS perinatal clients with documented birth outcomes from __% to __%.</p> <p>Increase the percent of CFHS perinatal clients who complete their postpartum visit from __% to __%.</p> <p>100% of women who are identified with Gestational Diabetes Mellitus (GDM) are screened at the postpartum visit.</p> <p>Increase the percent of perinatal women who are successfully linked to a women’s health provider postpartum from __% to __%.</p> <p>90% of CFHS perinatal clients are tracked and reminded of appointments.</p> <p>90% of CFHS perinatal clients who missed an appointment are successfully contacted.</p> <p>90% of prenatal clients have been screened during each trimester for mental health risk factors.</p> <p>90% of clients are screened at the postpartum visit for mental health risk factors</p>

The CFHS Components Grid is used to populate Measures, Strategies and Benchmarks on the CFHS Program Plan

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CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification (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.	Strategies (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures <i>(met by end of year FY2012 program year)</i> . Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
		Work with ODH to implement the 5 A's evidence-based smoking cessation intervention. (IN)	Participate in the Ohio Partners for Smoke-Free Families Initiative as required by ODH <ul style="list-style-type: none"> • Complete the ODH Tobacco Systems survey; • Complete 5 A's training; and • Implement the 5 A's 100% of pregnant and postpartum women are screened for tobacco use.
		Conduct outreach for perinatal clients in high risk neighborhoods (PB)	Increase percentage of perinatal clients found through outreach receiving perinatal care in the first trimester from __# to __#. Outreach plan and materials developed with CFHS funds are submitted and approved by ODH.
		Provide assistance for perinatal clients to gain access to Medicaid.(EN)	90% of un/uninsured perinatal clients with income <200% of FPL receive assistance enrolling in Medicaid. Documentation of barriers to enrollment is maintained for un/underinsured perinatal clients who are not successfully enrolled in Medicaid.
Reduce the rate of preterm births	County, region, or population group has higher rate of preterm births than the state in the most recent year for which data is available.	Identify women with previous poor birth outcome and link to appropriate care. (EN)	90% of CFHS perinatal clients who are identified with a previous poor birth outcome are assessed and linked to appropriate care.
Ensure that social/emotional health needs of pregnant women are met	Justify by using community health assessment data.	Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women's health to address mental health needs for women before, during and after pregnancy. (IN)	Documentation is maintained of activities to address barriers to mental health services for women identified in need of mental health services before, during and after their pregnancy.

The CFHS Components Grid is used to populate Measures, Strategies and Benchmarks on the CFHS Program Plan

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CFHS COMPONENTS GRID			
Ohio Infant Mortality Reduction Initiative (OIMRI) Component			
CFHS Measure	Eligibility & Justification (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.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(all must be met by end of year)</i> Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
<p>Improve birth outcomes in an at-risk, African-American community through care coordination.</p> <p>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</p>	<p>A focused population, African-Americans, with poor birth outcomes and one or more of the following:</p> <ul style="list-style-type: none"> • An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality,(15.4 per 1,000 live births); or • A Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.9 per 1,000 live births); or • A Very Low Birth Weight (VLBW) rate that is at least 1 ½ times the state rate (2.4 per 1,000 live births) in the most recent year for which data is available; or • A prenatal population with a combination of high risk factors, including alcohol and drug use; smoking; <18 or >35 years old; medical problems (e.g., STD’s, UTI, diabetes); anemia; previous pregnancy complications; second pregnancy within 12 months; late entry into prenatal care; domestic violence; pregnancy intended; mental retardation/ mental illness; homelessness/ poor living conditions; and language barriers. 	<p>Conduct planning efforts. (IN)</p>	<p>Of ___# of clients proposed to serve, ___# served.</p> <p>Documentation of barriers to early and continuous prenatal care in the community are maintained and addressed.</p> <p>85% of clients enter prenatal care in the first trimester in response to outreach strategies, e.g., identification, recruitment, and enrollment.</p> <p>Increase the number of clients enrolled through community outreach from ___# to ___#.</p> <p>Documentation is maintained on site of successful community outreach strategies.</p>
		<p>Ensure ongoing training. (IN)</p>	<p>100% of community health workers and supervisors must be culturally connected to the population of interest and appropriately trained according the CFHS/OIMRI standards.</p> <p>100% of care coordination staff receives on-going in-services and training.</p>
		<p>Provide adequate supervision. (IN)</p>	<p>90% of home visits and client case reviews meet the content and quality of CFHS standards.</p> <p>95% of CHWs maintain a caseload as indicated in CFHS Standards.</p> <p>75% of women found through outreach keep their first prenatal care appointment.</p> <p>Increase the percent of OIMRI perinatal clients who complete their first postpartum visit from ___% to ___%.</p>

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CFHS COMPONENTS GRID Ohio Infant Mortality Reduction Initiative (OIMRI) Component			
CFHS Measure	Eligibility & Justification (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.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(all must be met by end of year)</i> Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
			100% of program reports reviewed for quality assurance prior to submission. Systems are in place for supervisor review for all referrals, case conferencing, monitoring and evaluating of the competencies of CHWs. 90% of un/underinsured clients receive assistance enrolling in Medicaid. Documentation of barriers to enrollment is maintained for un/underinsured clients who are not successfully enrolled in Medicaid.
		Ensure that standardized care processes are followed. (EN)	90% of clients receive family planning reinforcement: specifically addressing spacing issues, birth control methods and choices, and literature used for reinforcement of family planning. ___ # of referrals are made for each of the following: for prenatal care; child and adolescent health; family planning; mental health; substance use; specialty care; WIC; HMG; social services. 100% of clients are assessed for needs, a care plan has been developed and implemented, and the client's progress has been evaluated. Of ___ # clients proposed to be served ___ # of Pathways/Standardized care process are completed for pregnant women and their infants.

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CFHS COMPONENTS GRID Ohio Infant Mortality Reduction Initiative (OIMRI) Component			
CFHS Measure	Eligibility & Justification (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.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(all must be met by end of year)</i> Please note that proposed <i>Benchmarks</i> can not be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
		Ensure ongoing data collection and evaluation. (IN)	100% of all clients have documented risk factors. Client satisfaction survey are completed a least biannually. Of the ___# of births to clients ___# of birth outcomes are documented.

Unallowable strategies & activities for the Ohio Infant Mortality Reduction Initiative (OIMRI) Component:

- Services to non-African Americans

Community Health Assessment and Planning Component

Community Health Assessment (CHA) is the ongoing process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. The purpose of the CFHS CHA is to identify these health problems, needs and assets in order to better the MCH related programs in the community. There are many recognized models for CHA, including the nine-step Community Health Improvement Cycle (CHIC) model, developed by ODH (see Appendix D-1.2, *What is Community Health Assessment?*).

Eligibility and Justification: All applicants are eligible to apply for Community Health Assessment dollars. Applicants must describe the results of internal and external assessments (See Appendix D-1.1) regarding their capacity to take part in the Community Health Assessment process. If the applicant agency does not have primary responsibility for the Community Health Assessment in the community, applicants must describe the agency's role in the health assessment process and how the applicant will collaborate with the lead agency during the assessment.

Measures:

Measures are set by ODH. Applicants must use only those *measures* identified by ODH and their corresponding *benchmarks* for each *strategy*. *Measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *strategy* listed reflects an evidence-based community health assessment process. *Benchmarks* have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed *benchmarks* can not be altered.

Measure and Strategies:

- Perform ongoing community health assessment and planning.
 - Build Partnerships
 - Conduct Planning
 - Assess Data Needs/Capacity
 - Conduct Prioritization
 - Plan Interventions
 - Plan Implementation
 - Conduct Evaluation

Benchmarks:

- A consortium of community partners has been organized and is actively participating in the CHA process.
- Provide a description of local CHA utilizing the CHIC model or another recognized community health assessment model.
- Collect CHA data.
- Analyze and interpret CHA data.
- Assess and document the capacity and resources regarding ability to meet community health needs.
- Document committee/stakeholders group participation in an objective prioritization process.
- Identify a list of priority health issues.

- Identify evidence-based interventions and include SMART goals and objectives to address prioritized health issues.
- Develop and execute an implementation plan.
- Evaluate interventions with regard to stated objectives.

Activities:

- Applicants may apply for funding for any or all of the above strategies during each year of the grant cycle.
- Applicants must develop specific activities under each strategy. At least one *activity* must be provided for each *strategy*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.
- Personnel with appropriate skills and credentials (i.e., epidemiologist, researcher, planner, and facilitator) must be tied directly to fundable activities. Proposed activities should address the key questions provided for each strategy in Appendix D-1.4, *Community Health Assessment Planning and Reporting Guide*.

Reporting

Successful applicants are required to report on progress towards completing activities and reaching benchmarks in *mid-year* and *annual progress reports*. In addition to reporting in the program plan (Attachment #3), applicants will be required to submit a more detailed narrative explanation of progress related to each activity and benchmark (See Appendix D-1.4).

Process for Conducting CFHS Community Health Assessment

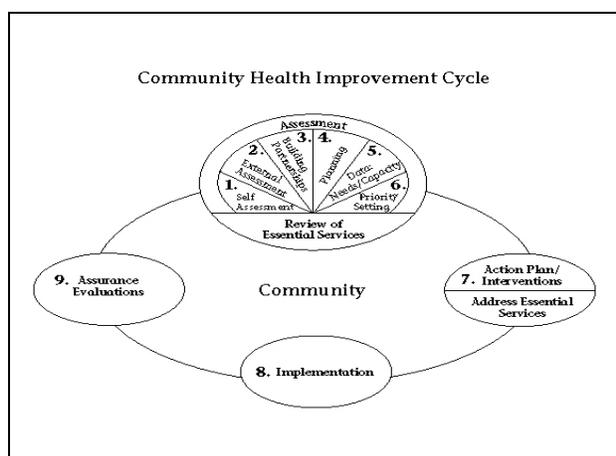
In the **Project Narrative Problem/Need Section, Page 19** of the application describe the **process** used to conduct the comprehensive needs assessment for the FY2012 application. The description is required by all applicants, whether or not the applicant is applying for CFHS CHA funding and should be no more than **three (3) pages** and at a minimum address the following:

- **Internal Assessment:** Describe any prior experience or training related to Community Health Assessment (CHA) and the Community Health Improvement Cycle (CHIC) model. Describe your agency's goals and desired results regarding participation in CHA and how those goals relate to the agency's mission statement. Describe your resource assets and deficits related to your agency's ability to participate in the CHA process: staff skills and experience (CHA, facilitation, epidemiology/statistics, evaluation); staff time to be allocated to CHA; fiscal resources; in-kind resources (meeting space, copying/ mailing, etc.); data; and agency leadership's commitment to putting time and resources towards the CHA process.
- **External Assessment:** Describe any agencies or groups already doing CHA in the community and the results of their efforts. Identify key leaders or stakeholders included as part of the CHA planning/steering committee.
- **Partnership Building and Collaboration Efforts:** Describe stakeholder involvement, including what stakeholders are involved, their purpose, when they contribute to the process, how they participate, and why they are important. This should include a discussion of public and family members' involvement in the needs assessment.
- **Methodology:** Describe the community's overall needs assessment methodology, what actions were taken to insure the ongoing nature of the process, and how needs assessment results and activities interface with CFHS grant application and annual report. Describe the quantitative and qualitative methods used to assess the strengths and needs of the Maternal and Child Health populations. Describe the methods used to assess the community's capacity to provide direct health care, enabling, population-based, and infrastructure building services.
- **Data Sources:** Describe all data sources used. Note any specific limitations of the data not commonly understood from the literature. See Appendix D-1.3 for a list of CHA Indicators to be addressed.
- **Linkages between Assessment, Capacity, and Priorities:** Describe linkages between the assessment of strengths and needs, the examination of capacity, and the selection of priorities.
- **Dissemination:** Describe and explain the rationale for the community's strategies, audiences, and formats for disseminating the Needs Assessment document to stakeholders and the public. Provide a link to a formal written report if available on the applicant website.
- **Evaluation of Process:** Describe the strengths and the weaknesses of current methods and procedures for the community health assessment.

What is Community Health Assessment?

Community health assessment is the on-going process of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs. Information obtained for the community health assessment is used to set priorities and to make decisions about program or organizational improvement and allocation of resources through the development of a community health action plan.

Community health assessment and program planning is not an end product in itself, but is part of a process that provides information that is on-going and continuously monitored. There are many models for community health assessment. This model - Community Health Improvement Cycle, developed by the Ohio Department of Health uses the following nine steps:



- Step One: **Self-assessment (capacity assessment)**
- Step Two: **External assessment**
- Step Three: **Partnership building**
- Step Four: **Planning**
- Step Five: **Data collection and analysis**
- Step Six: **Priority setting**
- Step Seven: **Intervention planning**
- Step Eight: **Implementation**
- Step Nine: **Evaluation**

Step One: Self Assessment is an appraisal of the capacity and/or readiness of an organization to initiate and participate in a Community Health Improvement Cycle. The value of a capacity assessment is that it provides the organization the opportunity to recognize the need to build capacity; examine strengths and weaknesses; and initiate long-term planning to bridge gaps. Self-assessment tells the organization whether technical, financial and/or staff support are available; whether the governing or other executive body is supportive; and whether capacity needs are completely understood.

Step Two: External Assessment determines to what degree adequate organizational and individual commitments and resources are available and if your community is ready to undertake a community assessment.

Step Three: Partnership Building, also known as a coalition or a consortium, is a group of organizations and individuals working together in a common effort to make more effective and efficient use of resources.

Step Four: Planning the needs assessment is a prospective process that is done in order to know what information to gather. Planning is essential for each step of the community health assessment process and involves asking the following questions: what do we want to know about our community's health? ; how will we find the information to answer these questions?; how does our community's health compare to other communities, the state and the nation?; and what are the issues/problems we should analyze further?

Step Five: Data: Needs/Capacity is needed to document the community's health status, its needs and its resources and capacity for improving the health of all its citizens. Data are collected to describe "what is" in a community and to compare this to "what ought to be". Data do not "speak for themselves". They must be analyzed and interpreted. A critical part of the assessment process is translating data about problems, risk factors, resources and costs into terms that facilitate decision making. An even more critical step is melding the "numbers" data with the perceived needs and wishes of the community into that decision making process.

Step Six: Priority Setting allows a community to consider their most pressing problems, because resources are not likely to be available to address all problems identified. After health problems are identified, an objective method to rank or prioritize those problems is needed so that the most important can be addressed first. A community's efforts will be successful if they are focused on a limited number of concerns. Community leadership must be involved in the prioritization process. Their participation will foster active community ownership and commitment to the priority health problems.

Step Seven: Intervention Plan is a strategy, a usable plan of action, or program developed to achieve a preplanned purpose such as the improvement of health, knowledge, behavior, attitudes and practice. Interventions are developed after the prioritization of health problems has been completed. It is important to think through the entire sequence of interacting factors that contribute to the problem, to identify community resources to address the problem, to identify barriers to reducing the problem, and then to develop one or more specific interventions or corrective actions intended to reduce the problem.

Step Eight: Implementation Plan includes all the ways your intervention/action plan/program plan will be executed, including financing, marketing and building coalitions of appropriate agencies/individuals to carry out your stated objectives and activities. If the steps to get community buy-in were undertaken in the development of the intervention plan, there is more likelihood of community ownership in the process.

Step Nine: Evaluation is the process of collecting and examining information (quantitative and qualitative) to determine the accomplishments, strengths and weaknesses of an intervention, a plan or program. In the simplest terms, evaluation is a process or activity that involves assessing or measuring the value of something. Evaluation answers the questions: "Are we doing the right things?" and "Are we doing things right?"

FY2012 CFHS Community Health Assessment Data Indicators

The following are data indicators to be used as part of the Community Health Assessment and included in the CFHS grant application.

Provided in the CFHS and FP Health Status County Profile:

http://www.odh.ohio.gov/odhPrograms/cfhs/cf_hlth/cha/hsprofiles.aspx

Demographics

- Race
- Ethnicity
- Non-English spoken at home
- % Persons <100%FPL
- % Children <100%FPL
- % High School degree or higher
- % Bachelor's degree or higher
- % Children uninsured
- % Adults uninsured
- % Births paid by Medicaid
- % Children enrolled in Medicaid
- % Families female headed with children
- # Women 13-44
- # Women in need of publicly funded contraception
- # Physicians (MD, DO)
- Health Professional Shortage Area (yes/no)
- # Free clinics

- Ovarian cancer rate
- Testicular cancer rate
- Lung cancer rate
- Chlamydia rate
- Gonorrhea rate
- # HIV infection diagnoses through 2008
- # Living with HIV/AIDS
- # Children screened for lead poisoning
- % Children with elevated blood lead level
- % Children ages 2-5 who are overweight

Additional Indicators Recommended for Inclusion in Community Health Assessment

- Description of racial and ethnic disparities in health indicators
- Alcohol use during pregnancy
- Unintended pregnancy rates
- Pre-pregnancy BMI of mothers
- Gestational weight gain of mothers
- Estimates of diagnosed diabetes in adults
- Percentage of mothers experiencing violence, abuse, or stress before or during pregnancy
- Breastfeeding rates (ever and at 6 months)
- Rate of untreated dental caries in children
- % Children with dental protective sealants
- Child Fatality Review data, e.g., # child deaths by manner and cause, age, race and gender, deaths from medical causes, deaths from external causes, preventability
- Child immunization rates
- Child asthma rates
- Access to hearing and vision specialty providers

MCH Data

- Total Births
- % Low birth weight
- % Very low birth weight
- % Preterm births
- % Very preterm births
- % Maternal smoking
- % Late prenatal care
- % Unmarried
- Teen birth rate (15-17 years old)
- Infant mortality rate
- Breast cancer rate
- Cervical cancer rate
- Uterine cancer rate

Community Health Assessment Component CHA Planning and Reporting Guide – Key Questions

All applicants are required to propose activities that should address the following key questions for each strategy in the FY 2012 CFHS Program Plan (Attachment #3).

Applicants selected for any CFHS funding are required to address progress in the mid-year and annual reports. A brief description of whether the benchmark was successfully accomplished should be reported in the accomplishments column of the program plan (Attachment #3) when submitting mid-year and annual reports. A more detailed explanation, addressing key questions in *the CHA Planning and Reporting Guide* is required in the narrative portion of the mid-year and annual reports.

Measure: Perform ongoing community health assessment and planning

Strategies:

Partnership Building

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- What is the purpose of your consortium/coalition? How will your coalition accomplish its purpose?
- Who are the stakeholders/partners that will be involved in the coalition? How will they be recruited?
- How do you plan to evaluate the effectiveness of the coalition (i.e., retention of members, attendance at meetings, and progress towards goals)?

To be addressed only in mid-year and annual reports:

- What were the key strengths and weaknesses of your consortium/coalition with regard to accomplishing goals and achieving its purpose?
- Were all key stakeholders (including consumers) actively participating in the CHA process? Please state their roles and those in the leadership role. Were any key stakeholders left out of the process? Why?
- What were the results of meetings held? Have any future meetings been planned?

Planning

To be addressed in proposed activities for this strategy in the CFHS Program Plan:

- What health assessment model will be used to implement community health assessment in your county?
- What role will your agency play in the community health assessment process in your county?
- Who will develop and oversee the CHA strategies in your work plan?

To be addressed only in mid-year and annual reports:

- What is the timeframe in which you plan to implement the various steps of community health assessment over the long term?

Data: Needs/Capacity

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- What critical issues will be examined through the needs assessment process? How do these issues relate to your agency's mission statement and goals? What indicators will be used?
- What are the data gaps and/or barriers to data collection? How will they be addressed?
- Who will be responsible for overseeing the data collection process?
- How will your data be collected (e.g., primary data, secondary data, quantitative, qualitative)?

To be addressed only in mid-year and annual reports:

- What are the key findings/preliminary results of the data analysis?
- What are the key findings/preliminary results of the capacity assessment?

Priority Setting

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- What prioritization method/process will your coalition use? Who will be involved in the prioritization process? Who will facilitate the process?
- What criteria will be utilized to assess the importance of the problems being ranked?

To be addressed only in mid-year and annual reports:

- What are the results of the prioritization process?

Intervention Development

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- How will the workgroup identify appropriate interventions/best practices and community resources?

To be addressed only in mid-year and annual reports:

- What public health interventions have been chosen and why were they chosen?

Implementation

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- Who is responsible for carrying out intervention implementation?
- How will the community be prepared for changes resulting from implementation?

To be addressed only in mid-year and annual reports:

- Have interventions been successfully implemented? Have there been any barriers to implementation?

Evaluation

To be addressed in proposed activities for this strategy in the CFHS Program Plan

- How will evaluation methods be employed (differentiating between process and outcome evaluation efforts) for each intervention?
- Who will oversee evaluation efforts? What experience and skills does this person have related to evaluation?

To be addressed only in mid-year and annual reports:

- What are the preliminary results of the evaluation? Have any challenges or barriers prevented adequate evaluation of interventions?

Child and Adolescent Health Component

All applicants for the Child and Adolescent Component are required to demonstrate the need for CFHS *child and adolescent health funding* by reporting the results of their community health assessment. These results must include data about the *child and adolescent* target population, evidence of need of *child and adolescent services* and how programs will address the need. The applicant must develop its *child and adolescent* program plan and budget based on the needs and gaps in *child and adolescent* services as identified in their community health assessment.

Eligibility and Justification: In order to be funded for *child and adolescent health* the applicant must clearly describe in the application narrative and program plan how they meet the *eligibility and justification* criteria for each proposed *child and adolescent* measure and strategy. CFHS will continue to fund direct care services for those counties/regions that clearly meet the eligibility and justification requirements. Mid-Year and Annual Progress reports should reflect the enablers and/or barriers to meeting the proposed *benchmarks*.

Measures:

Measures are set by ODH. Applicants must use only those *measures* identified by ODH and their corresponding *benchmarks* for each *strategy*. *Measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *child and adolescent measure* listed is based on maternal and child health priority needs as identified by the ODH Maternal and Child Health Block Grant Needs Assessment FY 2010. Based on their community health assessment, applicants may propose which *child and adolescent measures* and *strategies* they are selecting to address their *child and adolescent* needs. Each *strategy* listed reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. The applicant should list the specific *activities* that will be implemented to address each strategy. *Benchmarks* have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed *benchmarks* can not be altered.

Child and Adolescent Health services and programs may be provided for the following identified CFHS Measures: Improve access to Child and Adolescent Health Services; reduce the percentage of children who are overweight; and reduce the rate of infant mortality. The *child and adolescent health measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed below and on the CFHS Components Grid Appendix C.

Measures and Strategies

- Improve access to Child and Adolescent Health Services.
 - Provide child and adolescent direct health care services. (Direct Care)
 - Provide assistance for children and their families to gain access to Medicaid (Enabling)
- Reduce the percentage of children who are overweight.
 - Work with childcare centers to increase nutrition education, access to healthy food choices, and/or physical activity. (Infrastructure)
 - Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity. (Infrastructure)
- Reduce the rate of infant mortality.
 - Conduct focused community education campaign regarding infant safe sleep messages. (Population-Based)

Measure: Improve access to child and adolescent health care

To successfully provide health supervision care to infants, children and adolescents, applicants will utilize clinical protocols that are in accordance with all state, federal, and nationally recognized professional standards. Applicants will conduct care coordination for at-risk children, implement immunization tracking and reminder system, provide enabling services to ensure that all child and adolescent health clients are immunized and provide a nutrition assessment, counseling or education for all overweight & underweight child and adolescent health clients.

Eligibility and Justification: The applicant must clearly document: the average wait time for a well-child appointment for un/underinsured children in your county is greater than 30 days (include explanation how wait time was determined); and/or the county has an 8 percentage or greater rate of uninsured children; and/or justify by using data from community health assessment (Include data source/citations).

Demonstrate a need to provide well-child care to 50 or more un/underinsured clients; demonstrate using a community health assessment process, including a resource inventory, that no other resources are available to provide direct health care and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, or population group.

Child and Adolescent Standard of Care: The CFHS Program Standards, Child and Adolescent Health Clinical Protocols are the required minimal standard for providing CFHS child and adolescent health care. A priority for CFHS is to integrate evidence-based programs/interventions into the child and adolescent system of care.

Strategies

- Provide child and adolescent direct health care services. (Direct Care)
- Provide assistance for children and their families to gain access to Medicaid (Enabling)

Benchmarks

- 90 % of projected un/underinsured visits are conducted.
- Internal chart audits are conducted twice a year to ensure compliance with guidelines.
- 90% of CFHS child and adolescent direct health care clients under 1 year old have at least 3 visits per year.
- 90% of CFHS child and adolescent direct health care clients between 1 year and 2 years old have at least 2 visits per year.
- 90% of CFHS child and adolescent direct health care clients have their immunizations up to date or are on a recommended catch-up schedule.
- 90% of CFHS child and adolescent direct health care clients receive a nutritional screening to include a 24 hour recall, plotted weight and height, level of physical activity, and pertinent lab values.
- 90% of CFHS child and adolescent direct health care clients who are identified as having a high or low BMI or under/over weight have at least 30 minutes of assessment, counseling, and/or education enabling services.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.

Measure: Reduce the percentage of children who are overweight

Children who grow up overweight or obese may not have the same chances to play, learn or be as confident as their friends, and this can affect the health of the entire family. Coming together as a community to make changes that support healthy living will help ensure bright futures for our children.

Eligibility and Justification

- Justify by providing data from community health assessment. (Include data source: citation e.g., ODH County Profiles, PedNSS, 3rd Grade BMI Citations).

Strategies

- Work with childcare centers to increase nutrition education, access to healthy food choices, and/or physical activity. (Infrastructure)
- Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity. (Infrastructure)

Benchmarks

- Documentation of applicant using an ODH approved intervention.
- Of ___ # childcare centers proposed ___ # of those proposed were served.
- Of ___ # visits and/or contacts proposed ___ # of those proposed were visited and/or contacted.
- Of ___ # children proposed to reach ___ # of those proposed were reached.

- Documentation of applicant using an ODH approved intervention.
- Of ___ # school districts/schools proposed ___ # of those proposed were served.
- Of ___ # visits and/or contacts proposed ___ # of those proposed were visited and/or contacted.
- Of ___ # children proposed to reach ___ # of those proposed were reached.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.

- ODH required activities to ensure evidence-based Nutrition Education Programs are implemented:
 1. Identify the target population; target number to be reached; and target sites (include names and locations of proposed child care centers and/or school settings);
 2. Identify person(s) responsible and timelines for this program,
 3. Develop an implementation and evaluation plan.
 4. Obtain Letters of Support from the childcare center and/or school setting;
 5. Implement a Nutrition Education Program in the child care center and/or school setting selected from the following approved evidence and best practice based programs. The following are available at no charge:

Team Nutrition (materials available for download only) www.fns.usda.gov

For Child Care Centers:

- I Am Moving, I Am Learning-
<http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Health/Nutrition/Nutrition%20Program%20Staff/IMIL/IamMovingIam.htm>

Curriculum:

<http://www.researchconnections.org/files/meetings/ccprc/2007/26/26DHeadStartObesityPrevention.pdf>

- Grow It, Try It, Like It! –<http://teammnutrition.usda.gov/Resources/growit.html>
Curriculum: http://www.fns.usda.gov/tn/Resources/growit_book1.pdf

For K-12 School Settings:

- Eat Smart. Play Hard.- <http://www.fns.usda.gov/tn/educators.html>
- Example Curriculum: <http://ehe.nmsu.edu/documents/eat-smart---play-hard-curriculum.pdf>

American Dairy Association Mideast- www.drink-milk.com

For K-12 School Settings:

- Nutrition Exploration-
<http://www.nutritionexplorations.org/educators/school-nutrition-main.asp>
*Curriculum included in lessons

My Pyramid- www.mypyramid.gov

For K-12 School Settings:

If an applicant does not select from the approved evidence and best practice based Nutrition Education Programs provided, the applicant must receive approval by ODH before the Nutrition Education Program may be implemented into the child care center and/or school setting.

Measure: 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 babies who sleep safely. In order to reduce the rate of infant mortality, the applicant will conduct focused culturally appropriate community education campaign regarding infant safe sleep messages.

Eligibility and Justification

- The county has a 7.7 or higher rate of infant mortality using the most recent available data.
- Justify by providing data from community health assessment. (Include data source/citations)

Strategies

- Conduct focused community education campaign regarding infant safe sleep messages. (Population-Based)

Benchmarks

- # of families are reached with culturally appropriate infant safe sleep messages.

Activities

- Describe the target population.
- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.

Reporting

Successful applicants are required to report on progress towards completing activities and reaching benchmarks in ***mid-year*** and ***annual progress reports***. In addition to reporting in the program plan (Attachment #3); applicants will be required as determined by ODH to submit a more detailed narrative explanation of progress related to each activity and benchmark.

Perinatal Health Component

All applicants for the Perinatal Component are required to demonstrate the need for CFHS *perinatal health funding* by reporting the results of their community health assessment. These results must include data about the *perinatal* target population, evidence of need of *perinatal services* and how programs will address the need. The applicant must develop its *perinatal* program plan and budget based on the needs and gaps in perinatal services as identified in their community health assessment.

Eligibility and Justification: In order to be funded for *perinatal health* the applicant must clearly describe in the application narrative and program plan how they meet the *eligibility and justification* criteria for each proposed *perinatal* measure and strategy. CFHS will continue to fund direct care services for those counties/regions that clearly meet the eligibility and justification requirements. Mid-Year and Annual Progress reports should reflect the enablers and/or barriers to meeting the proposed *benchmarks*.

Measures:

Measures are set by ODH. Applicants must use only those *measures* identified by ODH and their corresponding *benchmarks* for each *strategy*. *Measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *perinatal measure* listed is based on maternal and child health priority needs as identified by the ODH Maternal and Child Health Block Grant Needs Assessment FY 2010. Based on their community health assessment, applicants may propose which *perinatal measures* and *strategies* they are selecting to address their *perinatal* needs. Each *strategy* listed reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. The applicant should list the specific *activities* that will be implemented to address each strategy. *Benchmarks* have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed *benchmarks* can not be altered.

Early and continuous perinatal care is an important step toward assuring that mother and infant will be healthy throughout the pregnancy and delivery. Perinatal Health services and programs may be provided for the following identified CFHS Measures: Improve access to perinatal care; reduce the rate of preterm births; and ensure that social/emotional health needs of pregnant women are met. The *perinatal health measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed below and on the CFHS Components Grid Appendix C.

Measures and Strategies

- Improve access to perinatal care.
 - Provide perinatal direct health care services. (Direct Care)
 - Work with ODH to implement the 5 A's evidence-based smoking cessation intervention. (Infrastructure)
 - Conduct outreach for perinatal clients in high risk neighborhoods. (Population-Based)
 - Provide assistance for perinatal clients to gain access to Medicaid. (Enabling)
- Reduce the rate of preterm births.
 - Identify women with previous poor birth outcome and link to appropriate care.(Enabling)
- Ensure that social/emotional health needs of pregnant women are met.
 - Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women's health to address mental health needs for women before, during and after pregnancy. (Infrastructure)

Measure: Improve access to perinatal care

Despite the well-documented maternal, fetal and infant health effects of smoking during pregnancy, 19.3 percent (2008 VS) of pregnant women in Ohio Smoke. Studies suggest that pregnancy is a good time to intervene and that a brief intervention with self-help materials can increase cessation rates by 30-70%. A requirement for applicants receiving CFHS funds for perinatal direct care will be to work with ODH staff to integrate evidence-based smoking cessation interventions into a routine part of healthcare visits.

The Ohio Partners for Smoke-Free Families program was developed in 2006 by the Bureau of Child and Family Health Services at the Ohio Department of Health in collaboration with the Smoke-Free Families National Dissemination Office in Chapel Hill, North Carolina. The program goals of the Ohio Partners for Smoke-Free Families is to 1) Reduce prevalence of smoking among pregnant women, and 2) Increase adoption, reach, and impact of evidence-based smoking cessation programs for pregnant women.

Eligibility and Justification

- Demonstrate the average wait time for initial for PNC appointment for un/underinsured women in your county is greater than 14 days. (Include explanation of how wait time was determined); **and/or** justify by providing data from community health assessment. (Include data source/citations).
- Demonstrate a need to provide perinatal care to 25 or more un/underinsured clients; and demonstrate, using a community health assessment process, including a resource inventory, that no other resources are available to provide direct health care to the population of interest and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, subpopulation, or population of interest.

Perinatal Health Standard of Care: The CFHS Program Standards, Perinatal Clinical Protocols are the required minimal standard for providing CFHS perinatal health care.

A priority for CFHS is to implement evidence-based programs/interventions into the perinatal system of care. Sites providing direct care will:

- Implement the evidence-based 5 A's smoking cessation intervention (a brief cessation message of 5-15 minutes delivered by a trained provider with the provision of pregnancy specific material which increases the rates of cessation among pregnant smokers by 30-70%) as a routine part of perinatal care;
- Implement post-partum diabetes screening for clients identified with Gestational Diabetes Mellitus (GDM) as a routine part of perinatal care ; and
- Implement prenatal and post-partum mental health screenings as a routine part of perinatal care.

ODH will be working with Perinatal Direct Care sites to ensure they have the tools, training and technical assistance to conduct these activities.

Strategies

- Provide perinatal direct health care services.
- Work with ODH to implement the 5 A's evidence-based smoking cessation intervention.
- Conduct outreach for perinatal clients in high-risk neighborhoods.
- Provide assistance for perinatal clients to gain access to Medicaid.

Benchmarks

- 90 % of projected un/under insured visits are conducted.
- Internal chart audits are conducted twice a year to ensure compliance with guidelines.
- Increase the percent of CFHS perinatal clients with documented birth outcomes from ___% to ___%.
- Increase the percent of CFHS perinatal clients who complete their postpartum visit from ___% to ___%.
- 100% of women who are identified with Gestational Diabetes Mellitus (GDM) are screened at the postpartum visit.
- Increase the percent of perinatal women who are successfully linked to a women's health provider postpartum from ___% to ___%.
- 90% of CFHS perinatal clients are tracked and reminded of appointments.
- 90% of CFHS perinatal clients who missed an appointment are successfully contacted.
- 90% of prenatal clients have been screened during each trimester for mental health risk factors.
- 90% of clients are screened at the postpartum visit for mental health risk factors.
- Participate in the Ohio Partners for Smoke-Free Families Initiative as required by ODH: Complete the ODH Tobacco Systems survey; Complete 5 A's training; and Implement the 5 A's.
- 100% of pregnant and postpartum women are screened for tobacco use.
- Increase percentage of perinatal clients found through outreach receiving perinatal care in the first trimester from ___# to ___#.
- Outreach plan and materials funded by CFHS are submitted to and approved by ODH.
- 90% of un/underinsured perinatal clients with income < 200% of FPL receive assistance enrolling in Medicaid.
- Documentation of barriers to enrollment is maintained for un/underinsured perinatal clients who are not successfully enrolled in Medicaid.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.
- ***ODH required activities to implement the 5 A's evidence-based smoking cessation intervention.*** To ensure systems are in place to screen pregnant women for tobacco use, and that all pregnant and postpartum women will receive evidence-based cessation intervention as part of their routine perinatal visit. The CFHS Perinatal Direct Care clinic site under the direction of ODH will:
 1. Designate a Coordinator for the 5 A's project and budget travel to Columbus for two meetings;
 2. Complete the ODH assessment of current tobacco treatment system and services;
 3. Assist with the design of the quality improvement and implementation plan;
 4. Attend training; and
 5. Implement and document the 5 A's perinatal smoking cessation intervention. *The evidence-based 5 A's office-based smoking cessation intervention incorporates health education with behavior modification and is appropriate for use during routine healthcare visits. By implementing these five steps: Ask, Advise, Assess, Assist, and Arrange healthcare providers can systematically identify women who smoke, advise them to quit, assess their willingness to make a quit attempt and assist them with ways to quit.*

Measure: Reduce the rate of preterm births

The rate of premature birth has increased by more than 30% since 1981. Premature babies are at increased risk for newborn health complications, as well as lasting disabilities, such as mental retardation, cerebral palsy, lung and gastrointestinal problems, vision and hearing loss and death. In order to reduce the rate of preterm births, the applicant will identify women with previous poor birth outcomes and link to appropriate care in their community.

Eligibility and Justification:

- County, region, or population group has higher rate of preterm births than the state in the most recent year for which data is available.

Strategy:

- Identify women with previous poor birth outcome and link to appropriate care.

Benchmarks:

- 90 % of CFHS perinatal clients who are identified with a previous poor birth outcome are assessed and linked to appropriate care.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.

Measure: Ensure that social/emotional health needs of pregnant women

Depression is common among pregnant women and mothers with small children. In urban, high-risk populations of mothers, depression rates may reach upwards of 40% (Heneghan et al 1998). Many cases of perinatal depression go unrecognized and untreated, often with significant negative consequences for both mothers and their families. A priority for CFHS is to implement evidence-based programs and interventions into perinatal systems of care.

Eligibility and Justification:

- Justify by using community health assessment data

Strategies:

- Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women's health to address mental health needs for women before, during and after pregnancy. (Infrastructure)

Benchmarks:

- Documentation is maintained of activities to address barriers to mental health services for women identified in need of mental health services before, during and after their pregnancy.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.

Reporting

Successful applicants are required to report on progress towards completing activities and reaching benchmarks in *mid-year* and *annual progress reports*. In addition to reporting in the program plan (Attachment #3); applicants will be required as determined by ODH to submit a more detailed narrative explanation of progress related to each activity and benchmark.

Ohio Infant Mortality Reduction Initiative (OIMRI) Component

All applicants for the OIMRI Component are required to demonstrate the need for CFHS *OIMRI funding* by reporting the results of their community health assessment. These results must include data about the *OIMRI* target population, evidence of need of *OIMRI services* and how programs will address the need. The applicant must develop its *OIMRI* program plan and budget based on the needs and gaps in perinatal services as identified in their community health assessment.

Eligibility and Justification: In order to be funded for *OIMRI* the applicant must clearly describe in the application narrative and program plan how they meet the *Eligibility and Justification* criteria for each proposed *OIMRI* measure and strategy. Mid-Year and Annual Progress reports should reflect the enablers and/or barriers to meeting the proposed *Benchmarks*.

Measures:

Measures are set by ODH. Applicants must use only those *measures* identified by ODH and their corresponding *Benchmarks* for each *strategy*. *Measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *OIMRI measure* listed is based on maternal and child health priority needs as identified by the ODH Maternal and Child Health Block Grant Needs Assessment FY 2010. Based on their community health assessment, applicants may propose the *OIMRI measure* and *strategies* to address their *OIMRI* needs. Each *strategy* listed reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. The applicant should list the specific *activities* that will be implemented to address each strategy. *Benchmarks* have been developed for all CFHS components and are used to measure progress toward achieving CFHS goals. Please note that proposed *benchmarks* can not be altered.

Description: Although infant deaths have declined over the years, infant mortality rates for African-American babies is almost three times the rate for whites, 16.2 vs. 6.0 per 1,000 Ohio live births in 2008. Eliminating racial disparities in infant mortality will require a focus on reducing LBW and VLBW through the implementation of strategies aimed at improving the quality of prenatal care, identifying underlying medical conditions, and understanding the role social supports and environmental factors, such as stress, contribute to poor birth outcomes. OIMRI is a client-centered, goal-oriented process designed to assess the needs of a pregnant woman and her family for particular health and social service such as social/emotional health, chemical dependency treatment, housing, and other advocacy; assist women in obtaining those services; and coordinate those programs and services to avoid gaps and duplication. OIMRI services may be provided to women from conception through the child's first 24 months of life. See Appendix D-4.1 for more information on the OIMRI Component. The *OIMRI measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed below and on the CFHS Components Grid Appendix C.

Measures and Strategies

- Improve birth outcomes in an at-risk, African-American community through care coordination. (*All strategies and benchmarks must be addressed for this measure*)
 - Conduct planning efforts. (Infrastructure)
 - Ensure ongoing training. (Infrastructure)

- Provide adequate supervision. (Infrastructure)
- Ensure that standardized care processes are followed. (Enabling)
- Ensure ongoing data collection and evaluation. (Infrastructure)

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

Eligibility and Justification

A focused population, of African-Americans with poor birth outcomes and one or more of the following:

- An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality, (15.4 per 1,000 live births); or Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.9 per 1,000 live births); or A Very Low Birth Weight (VLBW) rate that is at least 1 ½ times the state rate (2.4 per 1,000 live births) in the most recent year for which data is available; or
- A prenatal population with a combination of high risk factors, including alcohol and drug use; smoking; <18 or >35 years old; medical problems (e.g., STD's, UTI, diabetes); anemia; previous pregnancy complications; second pregnancy within 12 months; late entry into prenatal care; domestic violence; pregnancy intended; mental retardation/ mental illness; homelessness/ poor living conditions; and language barriers.

Strategies:

OIMRI services must be provided in a comprehensive manner and must include all of the following identified CFHS Strategies:

- Conduct Planning Efforts.
- Ensure Ongoing Training.
- Provide Adequate Supervision.
- Ensure the Standardized Care Processes.
- Ensure ongoing data collection and evaluation.

Benchmarks:

- Of ___ # of clients proposed to serve, ___ # served.
- Documentation of barriers to early and continuous prenatal care in the community are maintained and addressed.
- 85% of clients enter prenatal care in the first trimester in response to outreach strategies, e.g., identification, recruitment, and enrollment.
- Increase the number of clients enrolled through community outreach from ___ # to ___ #.
- Documentation is maintained of successful community outreach strategies.
- 100% of community health workers and supervisors must be culturally connected to the population of interest and appropriately trained according the CFHS/OIMRI standards.
- 100% of care coordination staff receives periodic in-services and on-going training.
- 90% of home visits and client case reviews meet the content and quality of CFHS standards.
- 95% of CHWs maintain a caseload as indicated in CFHS Standards.
- 75% of women found through outreach keep their first prenatal care appointment.

- Increase the percent of OIMRI perinatal clients who complete their postpartum visit from ___% to ___%.
- 100% of program reports reviewed for quality assurance prior to submission.
- Systems are in place for supervisor review for all referrals, case conferencing, monitoring and evaluating of the competencies of CHWs.
- 90% of un/underinsured clients receive assistance enrolling in Medicaid.
- Documentation of barriers to enrollment is maintained for un/underinsured clients who are not successfully enrolled in Medicaid.
- 90% of clients receive family planning reinforcement: specifically addressing spacing issues, birth control methods and choices, and literature used for reinforcement of family planning.
- ___# of referrals are made for each of the following: for prenatal care; child and adolescent health; family planning; mental health; substance use; specialty care; WIC; HMG; social services.
- 100% of clients are assessed for needs, a care plan has been developed and implemented, and the client's progress has been evaluated.
- Of ___# clients proposed to be served ___# of Pathways/Standardized care process are completed for pregnant women and their infants.
- 100% of all clients have documented risk factors.
- Client satisfaction survey are completed a least biannually.
- Of the ___# of births to clients ___# of birth outcomes are documented.

Activities

- The applicant should list the specific *activities* that will be implemented to address each *strategy*. At least one *activity* must be provided for each *strategy* under each *measure*. Providing multiple *activities* in detail will allow the application reviewers to better understand your program's intentions. *Benchmarks/Evaluation* measures are provided for each *strategy*, but additional evaluation measures for specific activities should be included and documented in the program plan.
- ODH required activities:
 1. Develop a plan to address barriers to address and/or eliminate barriers to early and continuous prenatal care.
 2. Hire and train appropriate community health workers and supervisors who are culturally connected to the population of interest and can implement this model. Trainings include but are not limited to both community health worker training and training in a comprehensive curricula providing appropriate guidance for home visitors and others working with pregnant women and their families as approved by ODH (i.e. Partners for a Healthy Baby Curriculum). (See Appendix D-4.2 for CHW competencies).
 3. Provide Adequate Supervision and Ensure the Standardized Care Processes: In order to ensure home visits and client case reviews meet the content and quality of CFHS standards, that caseload are maintained as indicated in CFHS Standards, and that standardized care processes are followed the applicant must assure that adequate supervision is provided to the program.
 4. Ensure ongoing data collection and evaluation: In order to assess program success and client outcomes, the applicant will ensure ongoing data collection and evaluation including documenting client risk factors.

In the Project Narrative Methodology section provide a detailed description including:

- An overview of the OIMRI Component including outreach activities and incentive programs for clients;
- The specific census tracks in which these services will be targeted/provided;
- How collaboration with Help Me Grow will occur to prevent duplication of efforts for services to pregnant women, children and families;
- How infants and toddlers identified with developmental delays or disabilities or who have a medical diagnosis, and are receiving services from the proposed OIMRI component will receive Help Me Grow Early Intervention Services (See the Help Me Grow web site for more information www.ohiohelpmegrow.org);
- If there are local perinatal community care coordination programs such as federal Healthy Start or other programs within the community, the applicant must provide an explanation of how they collaborate. Provide a detailed plan describing how collaboration will occur to prevent duplication of efforts for services to children and families served by the Help Me Grow program in your county;
- The number of clients they plan to serve in FY12; and
- The number of community health workers funded with CFHS dollars and whether they are employed full-time or part-time.

Any applicant requesting funding for OIMRI ***must provide a letter of support from the local Help Me Grow*** outlining how Help Me Grow and OIMRI will collaborate in serving the target population.

Reporting

Successful applicants are required to report on progress towards completing activities and reaching benchmarks in ***mid-year*** and ***annual progress reports***. In addition to reporting in the program plan (Attachment #3); applicants will be required as determined by ODH to submit a more detailed narrative explanation of progress related to each activity and benchmark.

FY2012 OIMRI Component Description

Although infant deaths have declined over the years, infant mortality rates for African-American babies is almost three times the rate for whites, 16.2 vs. 6.0 per 1,000 live births in 2008. Important determinants of racial/ethnic differences in infant mortality are low birth weight (LBW) and very low birth weight (VLBW). Black women in Ohio are more likely than white women to deliver a LBW infant (7.4% vs. 14.1% in 2008). Eliminating racial disparities in infant mortality will require a focus on reducing LBW and VLBW through the implementation of strategies aimed at improving the quality of prenatal care, identifying underlying medical conditions, and understanding the role social supports and environmental factors, such as stress, contribute to poor birth outcomes. While Ohio has safety net systems of health care for uninsured/underinsured and Medicaid consumers, significant barriers to pregnant women and children accessing those services remain. The OIMRI Program addresses the barriers (e.g., financial, geographic, cultural) that women and children experience and improves their access to and utilization of health care.

The OIMRI Program utilizes the community care coordination model to empower communities to eliminate disparities. The community care coordination model supports employing individuals from the community as trained advocates who empower individuals to access resources. Professional community health workers (CHW) provide a cultural link to community resources, through family-centered services. These services focus on achieving success in health, education, and self-sufficiency. The CHW makes home visits on a regular basis during pregnancy and through the baby's second year of life; identifies and reinforces risk reduction behaviors; and collaborates with other agencies in making appropriate referrals when necessary to assure positive pregnancy and infant health outcomes.

The OIMRI community care coordination model includes five core components: 1) planning; 2) training; 3) supervision; 4) standardized care processes; and 5) data collection and evaluation. Planning includes using current data to target OIMRI services in specific neighborhoods and census tracts with the highest rates of poor birth outcomes and associated risk factors. Planning also may include conducting client surveys of prenatal care appointment waiting times; consumer surveys to determine specific barriers to care; GIS mapping of infant mortality, low birth weight and other risk factors; and assessment of the availability of prenatal care providers in the targeted community. Standardizing the education and training of community health workers and supervisors is an important component of the model. The care coordination model uses a standardized care process that facilitates consistency of home visiting procedures and clearly delineates the expected actions of the community health worker. Establishing and implementing a common data collection system that documents the impact of services is vital to measuring success.

The **Community Health Worker (CHW)** is a trained advocate from the targeted community who empowers individuals to access community resources through education, outreach, home visits, and referrals. The CHW helps recognize potential problems to prevent poor health outcomes.

An **OIMRI client** is a low-income, high-risk pregnant woman or infant of African American minority from a specific geographic target area(s), for example: census tracts and neighborhoods.

OIMRI Community Health Advisor/Advocate Six Basic Competency Areas

1. Health Care

- 1.1 Recognize the physical, emotional and spiritual components that can impact a person's state of health.
- 1.2 Demonstrate documentation skills using the approved note format.
- 1.3 Locate and explain basic medical terms using the medical dictionary.
- 1.4 Identify and recall the major body systems.
- 1.5 Discuss in basic terms the major functions of each body system.
- 1.6 Describe how different legal and illegal substances affect the body.
- 1.7 Describe local health systems and their referral processes.

2. Social Services

- 2.1 Identify and refer people who have basic social, educational, and employment needs.
- 2.2 Describe social and community resources and their referral processes.
- 2.3 Identify entitlement programs and utilize their resources with clients.
- 2.4 Recognize and report signs of family violence.
- 2.5 Recognize and make appropriate referrals for signs of mental health problems.

3. Communication Skills

- 3.1 Demonstrate effective interpersonal communication skills.
- 3.2 Utilize the ability to listen and build and maintain trust, respect and empathy.
- 3.3 Compose written communications using correct grammar, spelling, and format; report information in a brief and complete style to health care/service providers.
- 3.4 Demonstrate effective interview techniques for information.
- 3.5 Use appropriate telephone techniques.

4. Individual and Community Advocacy

- 4.1 Respect diversity by being an advocate for people's rights, self-esteem, equal treatment of all, and strength through interdisciplinary teamwork and partnerships.
- 4.2 Empower people and communities through their own strengths and resources to solve their problems and address their needs.
- 4.3 Use case finding techniques to identify needs, motivate people to obtain care, make referrals, connect people with systems and providers, and complete follow-up strategies to assure that people receive the services they need.
- 4.4 Serve as a community liaison between people and providers by maintaining knowledge of local agencies and providers; by educating those agencies/providers about the beliefs and practices of the people served; and by promoting favorable health and social outcomes.

5. Health Education

- 5.1 Promote healthy lifestyle choices through proper nutrition, exercise, and stress management; encourage people to manage and reduce health risk
- 5.2 Explain to people the steps for taking a temperature in an adult and a young child and for follow-up with the thermometer reading.
- 5.3 Explain basic prevention and wellness topics.
- 5.4 Explain age-appropriate injury prevention techniques.
- 5.5 Educate about preventive health screenings and health promotion practices.

6. Service Skills and Responsibilities

- 6.1 Demonstrate and practice confidentiality and its importance in relation to the individual and the community.
- 6.2 Use appropriate pathways and agency protocols for care coordination, including documenting and releasing client information.
- 6.3 Ensure that all client documentations are submitted for review by a supervisor within specified time guidelines.
- 6.4 Demonstrate basic CPR skills.
- 6.5 Demonstrate the basic components of an effective home visit, including personal safety.
- 6.6 Identify the emotional dynamics involved in care coordination and utilize a personal and professional support system to cope with these dynamics.
- 6.7 Demonstrate the ability to take a temperature in an adult and a young child and to follow-up with the appropriate steps for the thermometer reading.
- 6.8 Practice efficient time management and document time allocation accurately.
- 6.9 Demonstrate conflict management skills, utilizing cooperation, leadership and respect for differences
- 6.10 Perform basic clerical, computing, and office skills
- 6.11 Demonstrate the ability to set healthy boundaries with clients
- 6.12 Exhibit friendliness, sociability, confidence, professional conduct and appearance; demonstrate organizational abilities including coping with stress, goal-setting, planning, and priority-setting
- 6.13 Exhibit qualities of patience, open-mindedness, motivation, self-direction, care/empathy, commitment to community work, honesty, reliability, flexibility, adaptability, persistence, creativity and resourcefulness.

Appendix D-4.2

FY2012 CFHS Grant Application Review Form

AGENCY: _____

GMIS # _____

COUNTY: _____ If Regional, list counties for which services are proposed _____

External Review Section	Score	Comments
<p><u>Overall quality and clarity of the application</u> Applicant clearly identified, by number and title, the section of the narrative to which they were responding. See section II. D. Project Narrative: 1. Executive Summary, 2. Description of Applicant Agency, 3. Problem/Need, 4. Methodology, and 5. Cultural Competency. (✓)</p> <p>Applicant clearly labeled all attachments with Agency Name, and GMIS #. (✓)</p> <p style="text-align: right;">(✓ Yes)</p>		
<p><u>II. D. Project Narrative 1. Executive Summary (6 points total)</u> Applicant summarizes the purpose, methodology, and evaluation plan of this project. (2 points)</p> <p>Applicant clearly and specifically identifies the priority population(s), services and programs to be offered and what agency/agencies will provide those services. (1 point)</p> <p>Applicant clearly describes the public health problems that the project will address. (2 points)</p> <p>Applicant specifies the total project budget and the portion requested from ODH through this grant. (1 points)</p> <p style="text-align: right;">(6 points total)</p>		
<p><u>II. D. Project Narrative 2. Description of Applicant Agency/Documentation of /Eligibility/Personnel (10 points total)</u> Applicant summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. (2 points)</p> <p>Applicant clearly demonstrates the capacity of their organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (2 points)</p> <p>Applicant notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant and clearly describe plans for hiring and training, as necessary. (2 points)</p> <p>Applicant delineates all personnel who will be directly involved in program activities, including the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. (2 points)</p> <p>Applicant clearly describes the program's potential in improving health outcomes, using data to substantiate statements of achievements of past goals and objectives. (2 points)</p> <p style="text-align: right;">(10 points total)</p>		

FY2012 CFHS Grant Application Review Form

External Review Section	Score	Comments
<p>II D. Project Narrative 3. Problem/Need (25 points total)</p> <p>Applicant clearly identifies and describes the local health status concern that will be addressed by the program. (2 points)</p> <p>Applicant includes data concerning health status, health systems and health disparities, how these were used, and who participated in the process of deciding on the priority areas and population. If applicable, applicant clearly describes the challenges of reaching the priority population. (2 points)</p> <p>Applicant clearly describes how target populations with the highest rates of poor birth outcomes and/or poor child and adolescent health status along with associated risk factors for each were determined. (2 points)</p> <p>Applicant explicitly describes segments of the target population who experience a disproportionate burden of the local health status concern (this information must correlate with the <u>Statement of Intent to Pursue Health Equity Strategies.</u>) (4 points)</p> <p>Applicant clearly demonstrates the need for CFHS funds by reporting the results of their community health assessment. These results must include data about the target population, evidence of need of services and programs, and how proposed strategies and interventions will address the need. (1 points)</p> <p>Applicant includes description of other agencies/ organizations also addressing this problem/need and clearly describes how project will improve the health of individuals and communities by partnering with other public health programs. If there are local perinatal community care coordination programs such as federal Healthy Start or other programs within the community, applicant provides an explanation of how they collaborate. (1 points)</p> <p>Applicant provides a brief (no more than three (3) pages) description of the process used to conduct the community health assessment for this FY2012 application (Appendix D-1.1). The description includes: Internal Assessment; External Assessment; Partnership Building and Collaboration Efforts; Methodology; Data Sources; Linkages between Assessment, Capacity, and Priorities; Dissemination; and Evaluation of Process. (8 points)</p> <p>The applicant clearly identifies the component(s) and strategies proposed. Applicant provides a complete description of how they meet the Eligibility and Justification criteria listed in the CFHS Components Grid (Appendix C) for each component and strategy proposed. For applicants proposing Community Health Assessment see appendix D-1, Child and Adolescent Health D-2, Perinatal Health D-3, OIMRI D-4). (5 points)</p> <p style="text-align: right;">(25 points total)</p>		

FY2012 CFHS Grant Application Review Form

External Review Section	Score	Comments
<p>II. D. Project Narrative 4. Methodology (35 points total) Note to Reviewer: Applicant must use the CFHS Components Grid, Appendix C to populate the FY2012 CFHS Program Plan (Attachment #3).</p> <p>The proposed CFHS program plan aligns with what is proposed in the project narrative, budget narrative and budget summary (Attachment #5). (6 Points)</p> <p>Each proposed CFHS component is clearly identified on the CFHS Program Plan (Attachment #3). The proposed CFHS Program Plan (Attachment # 3) clearly identifies the proposed measure(s), strategy(s), along with their corresponding eligibility and justification as outlined in the CFHS Components Grid (Appendix C). (6 points)</p> <p>At least one activity is listed for each strategy along with their corresponding benchmark/evaluation measure. All activities are organized, measurable and clearly labeled by CFHS Measure and Strategy. (6 points)</p> <p>Benchmarks are clearly identified for each strategy and ODH required benchmarks were not altered. (2 points) Additional benchmark/evaluation measures for specific activates were included in the program plan. (✓Yes)</p> <p>The required Community Health Assessment Component Attachment #3 Program Plan is included. An organizational commitment to an ongoing process of community health assessment and planning is clearly demonstrated. The CHA Component includes all required strategies and benchmarks. (15 points)</p> <p style="text-align: right;">(35 points total)</p>		
<p>II. D. Project Narrative 5. Cultural Competency (2 points total) Applicant indicates they will complete and submit the CLAS Strategic Plan by the due date October 1, 2011. (2 points)</p> <p style="text-align: right;">(2 points total)</p>		

FY2012 CFHS Grant Application Review Form

External Review Section	Score	Comments
<p><u>II. B.1 Cover Page/Budget Narrative (20 points total)</u> Applicant provides a detailed narrative budget justification that clearly describes how the categorical costs are derived which discusses the necessity, reasonableness, and allocability of the proposed costs as well as the specific functions of the personnel, consultants, and collaborators. Applicant explains and justifies equipment, travel, (including any plans for out-of-state travel, supplies and training costs). (5 points)</p> <p><u>CFHS Budget Summary Sheet (Attachment #5)</u> Applicant clearly identifies the components for which they are applying 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, and/or the 4) Ohio Infant Mortality Reduction Initiative and for each component, identifies the cost per strategy on the CFHS Budget Summary Sheet (Attachment # 5). For applicants proposing to provide services to more than one county, applicant clearly identifies how dollars designated for a county will be spent for programs and services for that county. (10 points)</p> <p><u>II. B. 2 GMIS Budget Narrative: Personnel, Other Direct Costs, Equipment and Contracts (5 points total)</u> An electronically submitted budget for the appropriate budget period has been proposed. Applicant provided justification for grant funds to support personnel, other direct cost, equipment and contracts when applicable relating to planning, organization and conducting proposed program activities. (5 points)</p> <p style="text-align: right;">(20 points total)</p>		<p>\$ _____ Maximum Funding Available for FY2012 (Appendix B)</p> <p>\$ _____ (Total Funding Requested Budget Narrative)</p> <p>\$ _____ (Total Funding Requested Budget Summary Attachment #5)</p> <p>\$ _____ (Total Funding Requested GMIS Budget)</p>
<p><u>I. W.1. Reporting Requirements (2 points total)</u> <i>CFHS Mid-Year Progress Report:</i> Applicant states in the project narrative that they will complete and submit the MYPR by the due date February 1, 2012. (1 points)</p> <p><i>CFHS Annual Progress Report:</i> Applicant states in the project narrative that they will complete and submit the APR by the due date August 1, 2012. (1 points)</p> <p style="text-align: right;">(2 points total)</p>		

FY2012 CFHS Grant Application Review Form

External Review Section	Points Possible	Reviewers Score
Overall quality and clarity completeness	✓	
II. D. Project Narrative 1. Executive Summary	6	
II. D. Project Narrative 2. Description of Applicant Agency/Documentation of /Eligibility/Personnel	10	
II. D. Project Narrative 3. Problem/Need	25	
II. D. Project Narrative 4. Methodology	35	
II. D. Project Narrative 5. Cultural Competency	2	
II. B.1. Cover Page/Budget Narrative	20	
II. B.2. GMIS Budget Narrative: Personnel, Other Direct Costs, Equipment and Contracts	2	
I. W.1. Reporting Requirements	2	
TOTAL	100	

EXTERNAL REVIEWER COMMENTS:

Strengths _____

Weaknesses _____

EXTERNAL REVIEWER RECOMMENDED ACTION:

_____ **Approval** _____ **Approval With Modifications:**

- _____ **Disapproval:** The following criteria constitute grounds for disapproval of applications:
1. Incompleteness of grant proposal or inconsistency with BCFHS goals and/or the purpose of the ODH CFHS program and RFP);
 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by BCFHS review criteria;
 3. Fraudulent presentation; or
 4. Determination that grant funds are to be used as substitute for an existing project's current resources.

Comments _____

External Reviewer Signature: _____ **Date:** _____

FY2012 CFHS Grant Application Review Form

Internal Review Section-	Yes ✓	Comments
<p>Applicants who do not meet the Qualified Applicants requirement (Page 2 of the RFP) will not be considered for funding: Applicant is local public or non-profit agency.</p>		
<p>Applicants who do not meet the Number of Grants and Funds Available requirement (Page2-3 of the RFP) will not be considered for funding: Applicant request meets minimum (\$30,000) and maximum allocation. (Appendix B FY2012 ODH-CFHS Maximum Funds Available) Only applicant for the county/region.</p>		
<p>Applicants who do not submit the following attachments by the application due date will not be considered for funding:</p> <p><input type="checkbox"/> Attachment #2 CFHS Program Assurances are signed</p> <p><input type="checkbox"/> Attachment #3 CFHS Program Plan</p> <p><input type="checkbox"/> Attachment #5 CFHS Budget Summary</p> <p><input type="checkbox"/> Attachment #6 CFHS Site and Service</p> <p><input type="checkbox"/> Public Health Impact Statement Summary (Page 6 of the RFP)</p> <p><input type="checkbox"/> Public Health Impact Statement of Support (Page 6 of the RFP)</p> <p><input type="checkbox"/> Statement of Intent to Pursue Health Equity Strategies (Page 6 of the RFP)</p> <p><input type="checkbox"/> Position descriptions/responsibilities, for each CFHS funded staff. Submit resumes if possible. (Page19 and 22 of the RFP)</p> <p><input type="checkbox"/> For applicants proposing services for more than one county- Regional Letter(s) of Support (Page 17 of the RFP)</p> <p><input type="checkbox"/> For applicants proposing OIMRI - HMG Letter of Support (Appendix D-4 of the RFP)</p>		
<p>Applicants who do not address Community Health Assessment will not be considered for funding: <input type="checkbox"/> Community Health Assessment : Applicant included Community Health Assessment Program Plan</p>		

Appendix E

FY2012 CFHS Grant Application Review Form

Internal Review Section-				
DIRECT CARE TOTAL / PROJECTED VISITS	FY2011 Total Visits	FY2011 Uninsured Visits	Projected FY2012 Total Visits	Projected FY2012 Uninsured Visits
PERINATAL – Antepartum				
PERINATAL – Postpartum				
CHILD AND ADOLESCENT HEALTH – Comprehensive direct health care visit				
CHILD AND ADOLESCENT HEALTH – Acute care and follow-up direct health care visit				
OIMRI TOTAL/PROJECTED CLIENTS	FY2011 Total Clients		Projected FY2012 Total Clients	
OIMRI				

Internal Reviewer Comments:

CFHS Internal Reviewer: _____

Date Completed: _____

FY2012 CFHS Data Collection

MATCH

The MATernal Child Health (MATCH) information system is the designated data collection system for local health departments and organizations in Ohio who have applied for and have been awarded Ohio Department of Health - Child and Family Health Services (CFHS) **Child and Adolescent Health enabling and direct care** dollars. The MATCH system collects client level data, including basic demographic, household size, income and referral sources. The MATCH system also collects information for each visit with the client including the type and purpose of the visit, who provided the service, risk factors and actions resulting from screenings.

The data for the MATCH system are collected through the MATCH application installed on computers at local health departments and organizations. The agencies submit their data quarterly to the Ohio Department of Health. The data are verified and added to a master MATCH data system at ODH.

IPHIS

The Integrated Perinatal Health Information System (IPHIS) is the designated data collection system for local health departments and organizations in Ohio who have applied for and have been awarded Ohio Department of Health - Child and Family Health Services (CFHS) **perinatal enabling and direct care** dollars. The IPHIS system collects client level data, including basic demographic, household size, income and referral sources. The IPHIS system also collects information for each visit with the perinatal client including the type and purpose of the visit, who provided the service, risk factors, actions resulting from screenings, specific pregnancy related information and birth outcome information.

The data for the IPHIS system are collected through web based data entry by local health departments and organizations. The data are instantly available to the Ohio Department of Health.

OIMRI Data Collection

The OIMRI Data Collection information system is the designated data collection system for local health departments and organizations in Ohio who have applied for and have been awarded Ohio Department of Health - Child and Family Health Services (CFHS) **Ohio Infant Mortality Reduction Initiative (OIMRI)** dollars. The OIMRI system collects 1) client intake data, including basic demographic, pregnancy status, risk factors and referral sources; 2) birth outcome data including basic demographic, prenatal care information and birth outcome information; 3) client exit data including basic demographic, risk factors and well child health care information; and 4) caseload analysis data including staff and home visit information and data on terminated clients.

The data for the OIMRI system are collected through hard copy forms or electronic forms. The agencies submit their collected data quarterly to the Ohio Department of Health. The data are verified and added to a master OIMRI data system at ODH.

Sample Sliding Fee Scale 2009 - Ohio Department of Health

Assessed Rate		Household Size							
		1	2	3	4	5	6	7	
	annual	\$ 10,830	\$ 14,570	\$ 18,310	\$ 22,050	\$ 25,790	\$ 29,530	\$ 33,270	\$
0%	monthly	\$ 903	\$ 1,214	\$ 1,526	\$ 1,838	\$ 2,149	\$ 2,461	\$ 2,773	\$
	weekly	\$ 208	\$ 280	\$ 352	\$ 424	\$ 496	\$ 568	\$ 640	\$
	annual	\$10,831 - \$ 14,890	\$ 14,571 - \$ 20,033	\$ 18,311 - \$ 25,175	\$ 22,051 - \$ 30,318	\$ 25,791 - \$ 35,460	\$ 29,531 - \$ 40,603	\$ 33,271 - \$ 45,745	\$ 37,011
20%	monthly	\$ 904 - \$ 1,240	\$ 1,215 - \$ 1,668	\$ 1,527 - \$ 2,097	\$ 1,839 - \$ 2,526	\$ 2,150 - \$ 2,954	\$ 2,462 - \$ 3,383	\$ 2,774 - \$ 3,811	\$ 3,085
	weekly	\$ 209 - \$ 285	\$ 281 - \$ 384	\$ 353 - \$ 483	\$ 425 - \$ 582	\$ 497 - \$ 681	\$ 569 - \$ 780	\$ 641 - \$ 879	\$ 713
	annual	\$14,891 - \$ 18,952	\$ 20,034 - \$ 25,497	\$ 25,176 - \$ 32,042	\$ 30,319 - \$ 38,587	\$ 35,461 - \$ 45,132	\$ 40,604 - \$ 51,677	\$ 45,746 - \$ 58,222	\$ 50,889
40%	monthly	\$ 1,241 - \$ 1,578	\$ 1,669 - \$ 2,124	\$ 2,098 - \$ 2,669	\$ 2,527 - \$ 3,215	\$ 2,955 - \$ 3,760	\$ 3,384 - \$ 4,305	\$ 3,812 - \$ 4,851	\$ 4,241
	weekly	\$ 286 - \$ 363	\$ 385 - \$ 489	\$ 484 - \$ 615	\$ 583 - \$ 741	\$ 682 - \$ 867	\$ 781 - \$ 993	\$ 880 - \$ 1,119	\$ 979
	annual	\$18,953 - \$ 23,013	\$ 25,498 - \$ 30,960	\$ 32,043 - \$ 38,908	\$ 38,588 - \$ 46,855	\$ 45,133 - \$ 54,803	\$ 51,678 - \$ 62,750	\$ 58,223 - \$ 70,698	\$ 64,768
60%	monthly	\$ 1,579 - \$ 1,917	\$ 2,125 - \$ 2,579	\$ 2,670 - \$ 3,241	\$ 3,216 - \$ 3,904	\$ 3,761 - \$ 4,566	\$ 4,306 - \$ 5,228	\$ 4,852 - \$ 5,891	\$ 5,397
	weekly	\$ 364 - \$ 442	\$ 490 - \$ 594	\$ 616 - \$ 747	\$ 742 - \$ 900	\$ 868 - \$ 1,053	\$ 994 - \$ 1,206	\$ 1,120 - \$ 1,359	\$ 1,246
	annual	\$23,014 - \$ 27,074	\$ 30,961 - \$ 36,424	\$ 38,909 - \$ 45,774	\$ 46,856 - \$ 55,124	\$ 54,804 - \$ 64,474	\$ 62,751 - \$ 73,824	\$ 70,699 - \$ 83,174	\$ 78,646
80%	monthly	\$ 1,918 - \$ 2,255	\$ 2,580 - \$ 3,034	\$ 3,242 - \$ 3,814	\$ 3,905 - \$ 4,593	\$ 4,567 - \$ 5,372	\$ 5,229 - \$ 6,151	\$ 5,892 - \$ 6,930	\$ 6,554
	weekly	\$ 443 - \$ 520	\$ 595 - \$ 699	\$ 748 - \$ 879	\$ 901 - \$ 1,059	\$ 1,054 - \$ 1,239	\$ 1,207 - \$ 1,419	\$ 1,360 - \$ 1,599	\$ 1,512
	annual	\$ 27,075	\$ 36,425	\$ 45,775	\$ 55,125	\$ 64,475	\$ 73,825	\$ 83,175	\$
100%	monthly	\$ 2,256	\$ 3,035	\$ 3,815	\$ 4,594	\$ 5,373	\$ 6,152	\$ 6,931	\$
	weekly	\$ 521	\$ 700	\$ 880	\$ 1,060	\$ 1,240	\$ 1,420	\$ 1,600	\$
FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$3,740 FOR EACH ADDITIONAL FAMILY MEMBER.									
SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.									
BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 01/23/09 THESE GUIDELINES ARE EFFECTIVE ON 03/01/09.									
Date:		Project#:		Project Name:					
County:				Agency Name:					