

MEMORANDUM

Date:

To: Prospective Child and Family Health Services Program Grantees

From: David P. Schor, MD, MPH, FAAP, Chief
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year 2006
July 1, 2005-June 30, 2010 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 five (5) components: Community Health Assessment and Planning (required), Child and Adolescent Health Services, Family Planning Services, Perinatal Health Services and the 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 "About ODH";
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; and
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), by Wednesday, February 23, 2005 in order for ODH to 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). All grant applications must be submitted via the Internet, using GMIS. 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 regarding those needs. The GMIS training date is March 3, 2005 at ODH. The training is mandatory if your organization has never been trained on GMIS. Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.

All potential applicants are encouraged to attend a Bidders' Conference that will be held on Friday, February 25, 2005. The Bidders' Conference will provide an opportunity for interested parties to learn more about the application and to clarify questions. Potential applicants should note their intent to attend the Bidders' Conference on the Notice of Intent to Apply for Funding. Information on the site of the Bidders' Conference and directions will be provided upon registration. All applications and attachments are due Monday, April 11, 2005. Electronic applications received after Monday, April 11, 2005 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. Please contact Lori Deacon, MCH Supervisor, at (614)466-5332, by e-mail at ldeacon@odh.ohio.gov, or by fax at (614) 564-2433 if you have any questions.

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 2006

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 Child and Family Health Services Program is designed to eliminate health disparities, improve birth outcomes, and to improve the health status of women, infants and children in Ohio. This goal 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 five (5) components: Community Health Assessment and Planning (required), Child and Adolescent Health, Family Planning, Perinatal Health and the 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.

The Child and Family Health Services Program focused its efforts in FY2000 on core public health activities using as its framework the pyramid of MCH public health services and assuring access to health care for low-income families in Ohio. For FY2006 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. 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 A 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. Eligible applicants who apply for the Ohio Infant Mortality Reduction Initiative component may apply for up to an additional \$150,000.

By signing Attachment #1, applicants are agreeing to have the following components and/or statements of assurance in place by July 1, 2005. Applications will not be considered eligible for review unless the ODH Child and Family Health Services Program Assurances form is signed and submitted.

1. Assurance that the applicant and all subcontractors and vendors will comply with the ODH CFHS standards and guidelines, including the ODH CFHS Combined Programs Application Policy; 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 statutes;
3. Assurance that the applicant will provide oversight to any and all subcontractors and vendors and described in the ODH CFHS standards and guidelines;

4. Provide signed certification that the applicant and all subcontractors and vendors providing Family Planning will submit a certification (Certification That Appropriations Are Not Used for Abortion Services, or Counseling or Referral for Abortion - Attachment # 2);
5. Assurance that funds from this grant which are used for direct health care services are only for those who are underinsured or uninsured;
6. Assurance that services are not overlapping with other programs serving the maternal and child population with similar approaches and other funding sources;
7. 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. Clients will not be denied services or be subjected to variation in the quality of services provided because of inability to pay;
8. 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;
9. 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;
10. Assurance that the applicant and all subcontractors and vendors will submit data in a manner prescribed by ODH;
11. Evidence that the Health Insurance Portability and Accountability Act (HIPAA) is instituted by the applicant and all subcontractors and vendors;
12. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
13. Assurance that the applicant and all subcontractors and vendors staff will utilize practice guidelines and recommendations developed by recognized professional organizations and other Federal agencies in the provision of evidence-based health programs and services; and
14. Assurance that the designated CFHS project director or designee will attend CFHS project director meetings and trainings as prescribed by ODH.

In addition, for those applicants proposing to provide the OIMRI component and/ or the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component:

15. Assure that all community care coordinators and supervisors are trained using the Community Health Advisor/Advocate: Six Basic Competency Areas (Appendix G). A sample course curriculum is provided (Appendix H);
16. Assurance that the applicant will monitor and evaluate the competencies of the CCCs, including health care, social services, communication skills, individual and community advocacy, health education, and general service skills and responsibilities (Appendix G);
17. Assure that supervisors receive Community Care Coordinator I and Community Health Access Project (CHA) CCC Supervisor Training (Appendix H); and
18. Assurance that the applicant will document compliance with prenatal and post-partum visits, immunization status, lead screen compliance, and well-child appointments, and all referrals and follow-up.

Program Period and Award Amounts

Up to 88 grants may be awarded for a total amount of \$12,307,921. 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 up to an additional \$150,000. No subgrantee is guaranteed a certain percentage of the total funds available. The program period begins July 1, 2005 and ends June 30, 2010. The budget period begins July 1, 2005 and ends June 30, 2006.

To Obtain a Grant Application Packet

Go to the ODH website at www.odh.ohio.gov; from the home page click on "About ODH"; 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. Please note that all interested parties must submit a Notice of Intent to Apply for Funding (attached) no later than Wednesday, February 23, 2005 in order to 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). 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.

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. Fax or mail it to ODH, per the instructions listed and by the due date indicated. The *Notice of Intent to Apply for Funding* form is mandatory, if you are intending to apply for the grant.

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). All grant applications must be submitted via the Internet, using GMIS. 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 (currently scheduled for March 3, 2005) if your organization has never been trained on GMIS. GMIS training is mandatory.
- b. A Bidders' Conference for potential applicants will be held in Columbus, Ohio on Friday, February 25, 2005. The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals and ask clarifying questions. Location and directions to the Bidders' Conference will be provided upon registration. Please contact Randy Berry to register by e-mail rberry@odh.ohio.gov or by fax at (614) 564-2433.

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, contact Lori Deacon, MCH Supervisor, at (614) 466-5332, by e-mail ldeacon@odh.ohio.gov or by fax at (614) 564-2433.

¹ Organizations with previous GMIS training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form

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' Conference # ____
- No - Our agency will not attend the Bidders' Conference

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: rberry@odh.ohio.gov
FAX: (614)564-2433

NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY FEBRUARY 23, 2005

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 2006

(07/01/05 – 06/30/06)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via an Internet Website (**which is sent with electronic acknowledgment in lieu of signature page**), 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 ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Child and Family Health Services Program
- C. Purpose:** The Child and Family Health Services (CFHS) program is designed as an organized community effort to improve the health status of women and children in Ohio. CFHS focused program efforts in FY2000 on core public health activities using the pyramid of MCH public health services and assuring access to health care for low-income families in Ohio. For FY2006 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. Also for FY2006, ODH will combine the CFHS Program and the Ohio Infant Mortality Reduction Initiative (OIMRI) in order to comprehensively address the issues of maternal and child health. The CFHS Program will be ensuring a focus on populations in greatest need and that measurable benchmarks are achieved based on identified priorities.

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. Applicants will be required to provide assurance and documentation of collaboration that programs and services are not overlapping with other programs serving the maternal and child population with similar approaches and other funding sources. The OIMRI component of CFHS continues to be focused on African-American populations at greatest risk of poor birth outcomes (e.g., low birthweight, infant mortality).

The CFHS program develops programs and services to improve the health of women, infants, children, adolescents and families of Ohio. CFHS projects may provide programs and services in up to five of the following components: Community Health Assessment and Planning (required), Child and Adolescent Health, Perinatal Health, Family Planning; and the Ohio Infant Mortality Reduction Initiative.

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 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 #1)

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: 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 an application to provide programs and services. Up to 88 grants may be awarded for a total amount up to \$12,307,921. Eligible agencies may apply up to the amount stated in Appendix B, ODH Child and Family Health Services Program FY06 Maximum Funds Available. Eligible applicants who apply for the Ohio Infant Mortality Reduction Initiative component may apply for up to an additional \$150,000.

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. (ODH Child and Family Health Services Program FY06 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.

G. Due Date: Applications including any mailed forms and required attachments are due by Monday, April 11, 2005. Attachments and any mailed forms will be considered to be “on time” if they are post marked or received on or before the established due date. Instructions for the submittal of applications attachments, via the Internet, are contained in Appendix J. If you have questions, please contact Lori Deacon, MCH Supervisor, at (614) 466-5332, by e-mail ldeacon@odh.ohio.gov or by fax at (614) 564-2433.

H. Authorization: Authorization of funds for this purpose is contained in Am. Sub. H.B. 95 enacted by the Ohio 125th General Assembly and the Maternal and Child Services Block Grant (Title V, Social Security Act, as amended, CFDA 93.994).

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.

These 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 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, Regional Perinatal Centers, 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 a diverse population in the service delivery area.

CFHS projects may use their CFHS grant dollars to provide programs and services as indicated on the CFHS Measures and Strategies list (Appendix C). Each CFHS Measure listed is based on maternal and child health priority needs as identified by the Ohio Department of Health for the Maternal and Child Health Block Grant Needs Assessment FY2006. Each strategy listed reflects evidence-based and/or best practices as identified through literature reviews and other research done by the Ohio Department of Health. CFHS projects may use their CFHS grant dollars to provide the following components: 1) Community Health Assessment and Planning (required), 2) Child and Adolescent Health, 3) Family Planning, 4) Perinatal Health, and 5) the Ohio Infant Mortality Reduction Initiative. As indicated by the community health assessment, an applicant may propose to provide a variety of measures and strategies to address these components. These measures and strategies, along with their corresponding eligibility criteria and benchmarks, are listed on the CFHS Components Grid (Appendix D).

The Community Health Assessment and Planning Component is required for all CFHS applicants. The remaining components, measures, and strategies may be proposed by applicants meeting the justifications indicated on the CFHS Components Grid (Appendix D). Applicant must clearly describe how they meet all the *Eligibility and Justification* criteria.

Child and adolescent health, family planning and perinatal health measures may be addressed at all levels of the public health pyramid; infrastructure, population based, enabling and direct health care. See Appendix E for more information on the public health pyramid.

If an applicant proposes to provide the Ohio Infant Mortality Reduction Initiative component, they must provide all strategies listed under the OIMRI component on the CFHS Components Grid (Appendix D). If an applicant proposes to provide the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component**, they must provide all strategies listed under that measure.

Benchmarks have been developed for all CFHS components. These benchmarks will be used by program to report progress toward the CFHS goal. The funded components include:

1. **Community Health Assessment and Planning Component**– The Community Health Assessment and Planning Component is required for all CFHS subgrantees. The following CFHS Measure must be addressed by all subgrantees: To 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 care; Improve the immunization rates of children; Reduce childhood lead poisoning; Reduce the percentage of overweight children; Ensure that social/emotional health needs of children and adolescents are met; and Reduce the rate of infant mortality.
3. **Family Planning Component** - Family Planning may be provided for the following identified CFHS Measures: Improve access to family planning services; Increase access to effective contraception; Improve the preconception and interconception health of women; Reduce sexually transmitted disease rates; and Reduce cervical, breast, and / or colorectal cancer.
4. **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; Ensure that social/emotional health needs of pregnant women are met; and Improve birth outcomes in an at-risk subpopulation through care coordination.
5. **Ohio Infant Mortality Reduction Initiative Component** - OIMRI may be provided for the following identified CFHS Measures: Improve birth outcomes in an at-risk, African-American community through care coordination. OIMRI is a client-centered, goal-oriented process for:
 - (a) assessing 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;
 - (b) assisting women in obtaining those services; and
 - (c) coordinating those programs and services to avoid gaps and duplication.
 OIMRI is an ongoing activity that continues until established goals are met. These services may be provided to women from conception through the child’s first 24 months of life. A more complete description of OIMRI can be found in Appendix F (OIMRI Component Description).

J. Program Period and Budget Period: The program period will begin July 1, 2005 and end on June 30, 2010. The budget period for this application is July 1, 2005 through June 30, 2006.

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>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” Then click “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:

- 1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- 2) A description of the target population to be served;
- 3) A summary of the programs and services to be provided or activities to be conducted; and
- 4) 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

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.

M. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose.

N. Programmatic, Technical Assistance and Authorization for Internet Submission: If you have questions, contact Lori Deacon, MCH Supervisor, at (614) 466-5332, by e-mail ldeacon@odh.ohio.gov or by fax at (614) 564-2433.

Applicant must attend or must document, in writing, prior attendance at Grants Management Information System (GMIS) training in order to receive authorization for Internet submission.

O. Acknowledgment: An electronic mail (e-mail) message will be sent to the valid e-mail address of the program director listed in the applicant agency's "Application Information Page" acknowledging ODH system receipt of the Internet submission.

P. Late Applications: Applications are dated the time of actual submission via the Internet, or are automatically submitted on the application due date. Any required forms with original signatures, in blue ink, and required any attachments will be considered to be "on time" and reviewable if they are postmarked or received on or before the established application due date of Monday, April 11, 2005.

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 applications and required application attachments received late will not be considered for review.**

Q. 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.

- R. 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.
- S. 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. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
 6. Demonstrates 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; and,
 9. Has demonstrated acceptable past performance.

The CFHS Application Review Form (Appendix A) is the application review form that will be used by internal and external reviewers to assess and score applications.

The Ohio Department of Health 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.

- T. Freedom of Information 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 grants requested by any member of the public. 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.
- U. 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 Ohio Department of Health. 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

- V. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (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 your agency flexibility status and/or further payments.

Submit reports as follows:

- 1. Program Reports:** All program reports must clearly identify the authorized program name and program number. Applicant must acknowledge in the narrative that all reporting requirements will be completed by the dates outlined in this RFP.

“Subgrantee Program Reports must be completed and submitted via the Internet (see Appendix K for instructions) by the following dates:

- CFHS projects must complete and submit reports and related client information (e.g., MATCH) in a manner determined by the Ohio Department of Health. Untimely submission of program reports may result in withholding of funds and being deemed non-compliant and may impact an agency’s flexibility status.
- An Annual Progress Report (APR): In the program narrative, state that the required APR will be submitted. An APR that uses the FY 2006 CFHS Program Plan must be submitted **thirty days** after the start of the FY2007 grant year (**August 1, 2006**). 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 will affect the subgrantee's ability to meet the program's objectives or time schedules. The APR should be submitted on the CFHS Program Plan (Attachment #3).
- The Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards self-assessment tool must be completed and submitted to Central Master Files by **August 1, 2005**.
- A Schedule of Charges for direct and enabling services must be submitted to Central Master Files by **August 1, 2005**.
- A Sliding Fee Scale for direct and enabling services must be submitted to Central Master Files by **August 1, 2005**. (See Appendix I for a sample Sliding Fee Scale.)
- Additional required attachments (non-Internet submitted) associated with a Program Report must be submitted to Central Master Files by the specified due date.

Additional required attachments associated with a Program Report may be sent electronically associated with an email. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date.

Submission of Subgrantee Program Reports via the Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

Clicking the “submit” button signifies your authorization of this submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

2. **Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the Internet** by the following dates: *October 15, 2005; January 15, 2006, April 15, 2005; and, July 15, 2006.*

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

3. **Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via the Internet** within 45 days after the end of the budget period by August 15, 2006. 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 invoice to return unused funds. Subgrantee requiring an invoice must document their request in the note section of the Final Expenditure Report.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement 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 the Internet as part of the Subgrantee Final Expense 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.

- W. Special Condition(s):** Responses to all special conditions **must be submitted via the Internet within 30 days of receipt of the first quarter payment.** A Special Conditions link is available on the Welcome screen 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 Ohio Department of Health’s GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

X. 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 fee 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://www.obm.ohio.gov/mppr/travel.asp>);
17. All 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. Funding used to provide abortion services; or to provide counseling for or referrals for abortion, except in the case of a medical emergency (Attachment #2); and
23. Any other unallowable costs as listed in the CFHS Components Grid (Appendix D).

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

Y. Audit: An independent audit must be completed no later than nine months after the end of the agency's fiscal year.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit (\$300,000 for fiscal years that end on or before December 31, 2003). 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 (\$300,000 for fiscal years ending on or before December 31, 2003). The financial audit is not an allowable cost to the program.

Once the 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.

Z. Submission of Application:

The Internet application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Assurances
3. Budget
 - Cover Page
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Confirmation of Contractual Agreements
 - Section D
 - Summary
4. Budget Certification
5. Program Narrative
6. Program Attachments (#3, 4, & 5 and job description/responsibilities)

Please note that the Program Attachments listed above will ONLY be accepted via GMIS.

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

**Complete,
Sign &
Mail To
ODH**

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 if changed)**
3. Program Attachments (#1&2, Health and Social Service Letters of Support (for regional) and HMG Letter of Support)

Two (2) copies of the following documents must be mailed to the address listed below:

**Copy &
Mail To
ODH**

1. Public Health Impact Statement
2. Statement of Support from the Local Health Districts
3. Liability Coverage **(Non-Profit Organizations Evidence of Non-Profit Status (Non-Profit Organizations only)**
4. Program Attachments (Community Resource Guide (if applying for OIMRI and/or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component** and if available)

One (1) copy of the following documents must be mailed to the address listed below :

1. Current Independent Audit (latest completed organizational fiscal period; **only (if not previously submitted).**
2. An original and three (3) copies of **Attachments** (non-Internet compatible) as required by Program **must be mailed to:**

**Complete
Copy &
Mail To
ODH**

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

II. APPLICATION REQUIREMENTS AND FORMAT

To access the on-line Grants Management Information System (GMIS), enter the GMIS site address: <http://gap.odh.state.oh.us> and enter the 11-digit program number provided by your program contact, which serves as your username when you log in. Do not submit the grant application until all appropriate sections have been completed and saved. For additional instructions, please refer to the information available on each individual screen through the on-line GMIS System's User Manual.

All applications must be submitted via the Internet. Submission of all parts of the grant application via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Checking the Acknowledge Button signifies your authorization of this submission as an agency official and constitutes your 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 in its entirety. Include e-mail addresses for receipt of acknowledgements. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Annual Assurances:** Each subgrantee must submit the "Federal and State Assurances for Subgrantees" form. This form is submitted automatically with each application via the Internet.
- C. Budget:** Prior to completion of the budget section, please review page 11 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. Cover Page:** Provide a detailed narrative budget justification 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 Section D(9) of the application for additional information.

Applicant must clearly identify the components for which they are applying (Community Health Assessment and Planning [required], Child and Adolescent Health, Family Planning, Perinatal Health, and/or the Ohio Infant Mortality Reduction Initiative). For each component, the applicant must identify the cost per strategy on the CFHS Budget Summary Sheet (Attachment # 4).

An applicant proposing to provide direct health care programs services based on their community health assessment and aligning with justification indicated on the CFHS Budget Summary Sheet (Attachment # 4) should budget \$100 per child adolescent comprehensive health visit and/or \$70 per child and adolescent acute care or follow-up visit; \$100 per antepartum visit and/or \$125 per postpartum visit; and/or \$100 per family planning comprehensive medical encounter and/or \$70 per family planning problem focused method revisit, limited medical visit or postpartum check. 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.).

An applicant proposing to provide other programs and services based on their community health assessment, including Community Health Assessment and Planning, other infrastructure services, population based services and enabling services, should propose an amount per strategy based on reliable, documentable data sources and indicate the amount on the CFHS Budget Summary Sheet (Attachment # 4).

An applicant proposing to provide the OIMRI Component based on their community health assessment and aligning with the justification indicated on the CFHS Budget Summary Sheet (Attachment # 6) may budget for up to \$150,000 to provide community care coordination services.

Applications to provide programs and services to multiple counties will be accepted. Child and Family Health Services FY06 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.

The sum of all budgeted programs and services (excluding OIMRI) should not exceed the funding caps indicated on Appendix B.

2. Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement (CCA) Form(s): Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2005 to June 30, 2006.

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

Where 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 the Internet for each contract. The submitted CCA must be approved by ODH before contractual expenditures are authorized

Submission of the "Confirmation of Contractual Agreement" (CCA) via the Ohio Department of Health's GMIS system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. 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. Budget Summary: Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

D. Budget Certification: The Budget 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. Complete the form by entering the State and Congressional Districts. By clicking the Acknowledge box when submitting an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

E. Program 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, 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. Describe the project goals and Measures that will be used to reach and serve the priority population. Describe how the project will be evaluated.

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. 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 for these staff. Describe the program's potential in improving health outcomes. Use data to substantiate statements of achievements of past goals and objectives.

3. Problem/Need: CFHS projects may use their CFHS grant dollars to provide the following components: 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Family Planning, 4) Perinatal Health, and 5) the Ohio Infant Mortality Reduction Initiative. As indicated by the community health assessment, an applicant may propose to provide a variety of measures and strategies to address these components. These measures and strategies are listed on the CFHS Components Grid (Appendix D). In order to be funded for Child and Adolescent Health, Family Planning, Perinatal Health; and/or the Ohio Infant Mortality Reduction Initiative the applicant must clearly meet the *Eligibility and Justification* criteria listed on the CFHS Components Grid (Appendix D). However, addressing the criteria for a component in the grant application does not guarantee funding for that component. Benchmarks have been instituted for all CFHS components. These benchmarks will be used by program to report progress toward the CFHS goal.

The community health assessment component is required for all CFHS applicants. The remaining components and strategies may be proposed by applicants meeting the justifications

indicated on the CFHS Component Grid (Appendix D).

In the program narrative, the applicant must describe the community health assessment and planning process including how target counties or census tracts 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; and including what data were used and who participated in the process of deciding on the priority areas and population. If applicable, briefly describe the challenges of reaching the priority population. Include a description of other agencies/ organizations also addressing this problem/need.

Child and Adolescent Health, Family Planning and Perinatal Health may be provided at all levels of the public health pyramid; infrastructure, population based, enabling and direct health care services. See Appendix E for more information on the public health pyramid. If an applicant proposes to provide direct and/or enabling services for the Child and Adolescent Health, Family Planning and Perinatal Health Components, they must complete and submit the CFHS Site and Service Form (Attachment #5) with the grant application. If an applicant proposes to provide the Ohio Infant Mortality Reduction Initiative component and/or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component**, they must provide these services as a complete package. All strategies listed under the OIMRI component on the CFHS Components Grid (Appendix D) must be provided in order to be funded for the OIMRI. All strategies listed under the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component** must be provided in order to be funded for that strategy. If an applicant is proposing to provide the OIMRI Component and/or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component**, they must provide a copy of a Community Resource Guide if available.

In the program narrative, the applicant must describe how this project will improve the health of individuals and communities by partnering with other public health programs (e.g., WIC, Regional Perinatal Centers, ODH Family Planning, Women's Health Services, Help Me Grow, Federally Qualified Health Centers, and County Departments of Jobs and Family Services), and organizations (community health centers, community-based organizations, faith-based organizations, private sector organizations and other public health providers) that work with similar priority populations. 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.

For applicants proposing the OIMRI component and/or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation** in the Perinatal Component, the applicant must provide a detailed plan describing how collaboration with Help Me Grow will occur to prevent duplication of efforts for services to pregnant women, children and families. Describe 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 or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component** will receive Help Me Grow Early Intervention Services (See the Help Me Grow web site for more information www.ohiohelpmegrow.org).

Applications to provide programs and services to multiple counties will be accepted. 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. 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.

Applicants must provide a complete description of how they meet the *Eligibility and Justification* criteria listed in the CFHS Components Grid (Appendix D). For each of the following Components for which the applicant is proposing, the applicant must provide this description:

3.a. Community Health Assessment and Planning: (required):

This component is required of all applicants.

3.b. Child and Adolescent Health:

3.b.1. Improve Access to Child and Adolescent Health Services - In order to document the need to address this CFHS Measure the applicant must clearly show:

- a) The wait time for a well-child appointment is greater than 30 days; and/or
- b) The county, region, or population group has a higher rate of uninsured children than the state; and/or
- c) Justify by using community health assessment data.

All of the following criteria must be met in order to apply for direct health care :

- d) Demonstrate a need to provide well-child care to 50 or more un/underinsured clients.
- e) Demonstrate using a strategic decisions 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;
- f) A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions.
- g) The percentage of Medicaid eligible children who have not had an EPSDT exam in the last year is higher than the state.
- h) The percentage of potentially eligible children not enrolled in Medicaid is higher than the state.

3.b.2. Improve Childhood Immunization Rates - In order to document the need to address this CFHS Measure the applicant must clearly justify the need to address this measure by using community health assessment data.

3.b.3. Reduce Childhood Lead Poisoning- In order to document the need to address this CFHS Measure the applicant must clearly justify the need to address this measure by using

community health assessment data.

3.b.4. Reduce the Percentage of Children Who are Overweight - In order to document the need to address this CFHS the applicant must clearly demonstrate that the county, region, or population group has a higher percentage of children who are overweight in their WIC population than the state (PEDNSS Data) **or** the applicant must clearly justify the need to address this measure by using community health assessment data.

3.b.5. Ensure That Social/Emotional Health Needs of Children and Adolescents Are Met - In order to address this CFHS Measure the applicant must clearly justify the need to address this measure by using community health assessment data.

3.b.6. Reduce the Rate of Infant Mortality - In order to address this CFHS Measure the applicant must clearly demonstrate that the county, region, or population group has a higher rate of infant mortality than the state.

3.c Family Planning

3.c.1. Improve Access to Family Planning Services - In order to address this CFHS Measure the applicant must clearly justify the need to address this measure by using community health assessment data. The following criteria must be met in order to apply for direct health care:

- a) Demonstrate a need to provide family planning direct health care services to 50 or more un/underinsured clients, and
- b) Demonstrate using a strategic decisions 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, the subpopulation, or the population of interest.
- c) A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions.

3.c.2. Increase Access to Effective Contraception - In order to address this CFHS Measure the applicant must clearly demonstrate that the county, region, or population group has a greater proportion of women in need of contraceptive services than the state (according to the Alan Guttmacher Institute) **or** the applicant must clearly justify the need to address this measure by using community health assessment data.

3.c.3. Improve the Preconception and Interconception Health of Women - In order to address this CFHS Measure the applicant must clearly demonstrate that the county, region, or population group has worse birth outcomes than the state **or** the applicant must clearly justify the need to address this measure by using community health assessment data.

3.c.4. Reduce Sexually Transmitted Disease Rates - In order to address this CFHS Measure the applicant must clearly demonstrate that the county, region, or population group has a higher rate of STDs than the state **or** the applicant must clearly justify the need to address this measure by using community health assessment data.

3.c.5. Reduce Cervical, Breast, and/or Colorectal Cancer Rates- In order to address this CFHS the applicant must clearly demonstrate that the county, region, or population group has a higher rate of cervical, breast, and/or colorectal cancer than the state.

3.d. Perinatal Health

3.d.1. Improve Access to Perinatal Care -In order to address this CFHS Measure the applicant must clearly demonstrate:

- a) The wait time for initial prenatal care appointment is greater than 30 days ; and/or
- b) The county, region, or population group has a lower rate of adequate prenatal care according to the Kotelchuck Index or has a lower proportion of women entering prenatal care in the first trimester than the state; and/or
- c) Justify by using community health assessment data.

The following criteria must be met in order to apply for direct health care :

- d) Demonstrate a need to provide perinatal care to 50 or more un/underinsured clients.
- e) Demonstrate using a strategic decisions 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.
- f) A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions.

3.d.2. Reduce the Rate of Preterm Births - In order to address this CFHS Measure the applicant must clearly demonstrate that the county, region, or population group has higher rate of preterm births than the state.

3.d.3. Ensure That Social/Emotional Health Needs of Pregnant Women are Met -In order to address this CFHS Measure the applicant must clearly justify the need to address this measure by using community health assessment data.

3.d.4. Improve Birth Outcomes In An At-risk Subpopulation Through Care Coordination - In order to address this CFHS the applicant must clearly show:

- a) A target population with a high percentage (at least 90%) of population of interest with poor birth outcomes and one or more of the following:
- b) An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality,(15.8 per 1,000 live births); or
- c) A Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.5 per 1,000 live births); or
- d) A Very Low Birth Weight (VLBW) rate that is at least 1 ½ times the state rate (2.4 per 1,000 live births); or
- e) 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.

3.e. Improve Birth Outcomes In An At-Risk, African-American Community Through Care Coordination - In order to address this CFHS the applicant must clearly show:

- a) A target population with a high percentage (at least 90%) of African-Americans with

poor birth outcomes and one or more of the following:

- b) An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality, (15.8 per 1,000 live births); or
- c) Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.5 per 1,000 live births); or
- d) A Very Low Birth Weight (VLBW) rate that is at least 1 ½ times the state rate (2.4 per 1,000 live births); or
- e) 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.

4. Methodology: CFHS Program Plan: ODH Child and Family Health Services Program Plan (Attachment #3). This plan must identify the project's measures and strategies as outlined in the CFHS Components Grid (Appendix D). Instructions for completing the CFHS Program Plan are included in Attachment # 3.

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 CLAS standards self-assessment tool must be completed and submitted by **August 1, 2005**. Applicants must acknowledge in the narrative that this tool will be submitted by the date indicated.

(<http://www.odh.ohio.gov/ODHPrograms/FAMX/familyX1.htm>.)

6. Program Assurances: Agencies must sign Attachment #1, ODH Child and Family Health Services Program Assurances, agreeing to have these assurances in place by July 1, 2005.

F. Attachment(s): Attachments are documents deemed necessary to the application that are a part of the GMIS system. Attachments will be sent via GMIS as a file as part of an email utilizing the GMIS SEND/RECORD Comments link. Attachments sent electronically must be transmitted by the application due date. Attachments that are non-Internet compatible (see page 23) must be postmarked or received on or before the application due date. An original and the required number of copies must be mailed to the ODH, Grants Administration Central Master Files address on or before April 11, 2005. All attachments must clearly identify the authorized program name and program number. A minimum of an original and the three (3) copies of these materials are required.

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 (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**

H. Internal Revenue Service (IRS) W-9 Form: 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 (1) copy. **(Required if new agency, thereafter only when tax or agency address information has changed.)**

I. Public Health Impact Statement Summary: Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(Required only if new agency in competitive cycle; thereafter only if changes have occurred).**

J. Public Health Impact Response/Statement: Submit two (2) 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. 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) **(Required only if new agency in competitive cycle; thereafter only if changes have occurred).**

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Required only if new agency in competitive cycle; thereafter only if changes have occurred).**

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your 501(c)(3) exempt status **(Required only if new agency in competitive cycle; thereafter only if changes have occurred).**

M. Attachments as Required by Program:

Provide three (3) hard copies of the following attachments:

- 1) ODH Child and Family Health Services Program Assurances (Attachment # 1)
- 2) ODH Child and Family Health Services Program Plan ODH Certification That Appropriations Are Not Used for Abortion Services, or Counseling for or Referrals for Abortion (Attachment # 2)
- 3) Health and Social Service Providers Letters of Support (for regional applicants)
- 4) HMG Letter of Support (not an attachment)
- 5) Community Resource Guide (if available, should be provided by those applicants proposing the OIMRI component and/or the CFHS Measure **Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component**)

Provide the following attachments through the GMIS system:

- 6) CFHS Site and Service -FY2006 (Attachment # 5)
- 7) CFHS Budget Summary (Attachment # 4)
- 8) CFHS Program Plan (Attachment #3)
- 9) Job description/responsibilities, and submit resumes, if possible, for each CFHS- funded staff (not an attachment)

III. APPENDICES

- A. Application Review Form
- B. ODH Child and Family Health Services Available Funding
- C. CFHS Measures and Strategies by Component
- D. CFHS Components Grid

- E. CFHS Services and the Public Health Pyramid
- F. OIMRI Component Description
- G. OIMRI Community Health Advisor/Advocate Six Basic Competency Areas
- H. Community Care Coordinator I Training Sample Curriculum
- I. Sample Sliding Fee Scale, 2005
- J. Instructions for Submitting Attachments via GMIS
- K. Instructions for Submitting Program Reports via GMIS

CHILD AND FAMILY HEALTH SERVICES ASSURANCES

For State Fiscal Year 2006

By signing below, applicants are agreeing to have the following components and/or statements of assurance in place by July 1, 2005. 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 guidelines, including the ODH CFHS Combined Programs Application Policy; 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 and described in the ODH CFHS standards and guidelines;
4. Provide signed certification that the applicant and all subcontractors and vendors providing Family Planning will submit a certification (Certification That Appropriations Are Not Used for Abortion Services, or Counseling or Referral for Abortion - Attachment # 2);
5. Assurance that funds from this grant which are used for direct health care services are only for those who are underinsured or uninsured;
6. Assurance that services are not overlapping with other programs serving the maternal and child population with similar approaches and other funding sources;
7. 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. Clients will not be denied services or be subjected to variation in the quality of services provided because of inability to pay;
8. 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;
9. 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;
10. Assurance that the applicant and all subcontractors and vendors will submit data in a manner prescribed by ODH;
11. Evidence that the Health Insurance Portability and Accountability Act (HIPAA) is instituted by the applicant and all subcontractors and vendors;
12. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
13. Assurance that the applicant and all subcontractors and vendors staff will utilize practice guidelines and recommendations developed by recognized professional organizations and other Federal agencies in the provision of evidence-based health programs and services; and
14. Assurance that the designated CFHS project director or designee will attend CFHS project director meetings and trainings as prescribed by ODH.

In addition, for those applicants proposing to provide the OIMRI component and/or the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component:

15. Assure that all community care coordinators and supervisors are trained using the Community Health Advisor/Advocate: Six Basic Competency Areas (Appendix G). A sample course curriculum is provided (Appendix H);
16. Assurance that the applicant will monitor and evaluate the competencies of the CCCs, including health care, social services, communication skills, individual and community advocacy, health education, and general service skills and responsibilities (Appendix G);
17. Assure that supervisors receive Community Care Coordinator I and Community Health Access Project (CHA) CCC Supervisor Training (Appendix H); and
18. Assurance that the applicant will document compliance with prenatal and post-partum visits, immunization status, lead screen compliance, and well-child appointments, and all referrals and follow-up.

Name of Agency _____ GMIS User# _____

Signature _____

Attachment #1
Ohio Department of Health

**Certification That Appropriations Are Not Used for
Abortion Services, or
Counseling for or Referrals for Abortion**

By signing and dating this document, _____
(Name of Organization)

certifies that it will comply with Amended Substitute House Bill 95 (125th Ohio General Assembly) and the Maternal and Child Health (MCH) Services Block Grant Policy which require that General Revenue Funds from appropriation item 440-416, Child and Family Health Services, and MCH Block Grant funds used for family planning shall not be used for the following:

- To provide abortion services; or
- To provide counseling for or referrals for abortion, except in the case of a medical emergency.

(Signature)

(Title)

(Date)

(GMIS User #)

Attachment #2

CFHS Program Plan Instructions

Applicants should complete the program plan for each Measure proposed.

Component: Check the component that will be addressed in the program plan. An applicant may apply for one or all five of the components. The Community Health Assessment and Planning Component is a required component for all applicants. The five components are as follows: 1) Community Health Assessment and Planning Component; 2) Child and Adolescent Health Component; 3) Family Planning Component; 4) Perinatal Health Component; and 5) OIMRI Component.

CFHS Measure : Copy the specific CFHS Measure from the “CFHS Components Grid” to the Program Plan. Note that each component has several CFHS Measures. An applicant may apply for one or more Measures to address each component. The complete list of CFHS Measures is listed in the “CFHS Components Grid”. The Measures describe the applicant’s long range goal to be accomplished by 2010.

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 that has been done 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. If proposing a Strategy not listed on the CFHS Component Grid, applicants must ensure that there is clear Justification, Evaluation Measures/Benchmarks, and a complete description of how the Strategy is an evidence-based practice, best practice, or promising practice.

Activities: List the specific Activities proposed that will be done to implement each Strategy.

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 a Benchmark/Evaluation Measure associated with it. All Benchmarks/ Evaluation Measures associated with a strategy must be addressed.

Person(s) Responsible: List the staff 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 all Activities.

Accomplishments: The Accomplishments column on the program plan is not due at the time of the grant submission. A description of the Accomplishments is due with the Annual Progress Report (APR). An APR that uses the FY 2006 CFHS Program Plan must be submitted **thirty days** after the start of the FY2007 grant year (**August 1, 2006**). 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 will affect the subgrantee's ability to meet the program's objectives or time schedules. The APR should address how the specific Benchmarks/Evaluation Measures will be addressed. It is not acceptable to state “in progress”. The APR should be submitted on the CFHS Program Plan.

Attachment #3

CFHS Program Plan

County _____

GMIS # _____

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

CFHS Measure :

Eligibility & Justification:

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
					<p align="center">(To be completed for Annual Progress Report. Must be submitted 30 days after the start of the FY2007 grant year (August 1, 2006))</p>

CFHS Program Plan
EXAMPLE

County Buckeye

GMIS # 5555555

Component: Community Health Assessment & Planning Child & Adolescent Health Family Planning 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 2004 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. Social worker will be trained on how to fill out the CPA forms. CPA forms will be delivered to CJFS on a weekly basis. A system will be developed to track CPA submission and follow-up.	Joe White, Clerk Mary Smith, Social Worker Joe White, Clerk Mary Smith, Social Worker	10/1/05 11/10/05 Weekly 02/15/06	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 10/01/05 and she was trained on the CPA procedures.

County _____

GMIS # _____

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 budget.

CFHS Budget Overview

\$ _____ **Total Community Health Assessment & Planning Budget**

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

\$ _____ **Total Family Planning Component Budget**

\$ _____ **Total Perinatal Component Budget**

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

\$ _____ **Total OIMRI Component Budget**

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

County _____

GMIS # _____

CFHS Budget Summary

COMMUNITY HEALTH ASSESSMENT AND PLANNING COMPONENT BUDGET

Perform ongoing community health assessment and planning

\$ _____ Conduct partnership building and consortium development activities

\$ _____ Conduct data collection and analysis activities

\$ _____ Conduct intervention development and best practices research activities

\$ _____ Evaluate program efforts and conduct quality assurance of program activities

\$ _____ Collaborate with the Child Fatality Review Board to ensure quality data are used to develop strategies that will prevent child deaths

\$ _____ Assure systems of quality health care in the county or region

\$ _____ If providing CFHS direct health care services, ensure that an ongoing Strategic Decisions Planning process is conducted including a resource.

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

County _____

GMIS # _____

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 encounters (\$100 per encounter) (Direct Care)
 - _____ # of uninsured acute care & follow up direct health care encounters (\$70 per encounter) (Direct Care)
- \$ _____ Assess children’s access to medical homes in the county or region (Infrastructure)
- \$ _____ Provide assistance for clients to gain access to Medicaid (Enabling)
- \$ _____ Conduct care coordination for at-risk children (Enabling)
- \$ _____ Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.(Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Improve childhood immunization rates

- \$ _____ Implement tracking and reminder system (Enabling)
- \$ _____ Provide enabling services to ensure that all child and adolescent health clients are immunized (Enabling)
- \$ _____ Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce childhood lead poisoning

- \$ _____ Ensure that all at risk well-child clients are screened for lead poisoning (Enabling)
- \$ _____ Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (Infrastructure) (Infrastructure)
- \$ _____ Conduct community education campaign to improve testing rates and decrease lead poisoning. (Population)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce the percentage of children who are overweight

- \$ _____ Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (Infrastructure) (Infrastructure)
- \$ _____ Provide a nutrition assessment, counseling or education for all overweight and underweight child and adolescent health clients. (Enabling)
- \$ _____ Work with schools, etc to increase nutrition education, food choices, physical activity (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Ensure that the social/emotional health needs of children and adolescents are met

- \$ _____ Ensure that mental health resource inventory is developed & distributed (Infrastructure)
- \$ _____ Provide an assessment, counseling or education for child and adolescent health clients with identified risk factor. (Enabling)
- \$ _____ Train frontline providers to recognize and manage social/emotional health issues. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce the rate of infant mortality

- \$ _____ Conduct focused community education campaign regarding infant safe sleep messages (Population)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

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

County _____

GMIS # _____

CFHS Budget Summary

FAMILY PLANNING COMPONENT BUDGET

Improve the access to family planning services

- \$ _____ Provide family planning direct health care services (sum the budgets from the two lines below)
- _____ # of uninsured comprehensive medical direct health care encounters (\$100 per encounter)
- _____ # of uninsured method revisit, limited medical, or post-partum check direct health care encounters (\$70 per encounter)

Increase access to effective contraception

- \$ _____ Provide all CFHS family -planning direct-care clients additional assessment, referral and follow-up regarding the appropriate contraceptives as needed in addition to comprehensive family planning direct care visit (Enabling)
- \$ _____ Facilitate coordination of services providers, ODH funded programs, and community stakeholders, discuss data. (Infrastructure)
- \$ _____ Conduct outreach to at-risk population (Population)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Improve the preconception and interconception health of women

- \$ _____ Provide women identified as having social/behavioral risk factor an assessment, referral, and follow-up to ensure appropriate counseling/education is provided. (Enabling)
- \$ _____ Provide women identified as being obese an assessment, referral, and follow-up to ensure appropriate counseling / education is provided. (Enabling)
- \$ _____ Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (Infrastructure)
- \$ _____ Assess availability of smoking cessation services to family planning clients in the county or region. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce sexually transmitted diseases

- \$ _____ Provide all CFHS family -planning clients who are tested for pregnancy or an STD with counseling and education. (Enabling)
- \$ _____ Facilitate coordination of services providers, ODH funded programs, and community stakeholders, discuss data. (Infrastructure)
- \$ _____ Assure a successful protocol and follow-up system are in place for male partner notification of STDs. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce cervical, breast, and/or colorectal cancer rates

- \$ _____ Provide all CFHS family -planning clients identified as being at risk for cervical, breast, and/or colorectal cancer an assessment, referral, and follow-up including appropriate counseling / education. (Enabling)
- \$ _____ Facilitate coordination of services providers, ODH funded programs, and community stakeholders, discuss data. (Infrastructure)
- \$ _____ Implement tracking and reminder system (Enabling)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

\$ _____ **Total Family Planning Component Budget (add above budget amounts)**

County _____

GMIS # _____

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 encounters (\$100 per encounter)
 - _____ # of uninsured postpartum direct health care encounters (\$125 per encounter)
- \$ _____ Facilitate coordination of services providers, ODH funded programs, and community stakeholders, discuss data. (Infrastructure)
- \$ _____ Conduct outreach for clients in high risk neighborhoods (Population)
- \$ _____ Provide assistance for clients to gain access to Medicaid (Enabling)
- \$ _____ Implement a tracking and reminder system (Enabling)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Reduce the rate of preterm births

- \$ _____ Identify women who are at risk for a preterm birth and refer to appropriate services (Enabling)
- \$ _____ Conduct care coordination for at-risk clients (Enabling)
- \$ _____ Assess availability of perinatal smoking cessation services in the county or region (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

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

- \$ _____ Train frontline providers to recognize and manage social/emotional health issues. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

Improve birth outcomes in an at-risk population through care coordination

- \$ _____ Conduct planning efforts (Infrastructure)
- \$ _____ Ensure ongoing training (Infrastructure)
- \$ _____ Provide adequate supervision (Infrastructure)
- \$ _____ Ensure that standardized care processes are followed (Infrastructure)
- \$ _____ Ensure ongoing data collection and evaluation. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

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

County _____

GMIS # _____

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 (Infrastructure)
- \$ _____ Ensure ongoing data collection and evaluation. (Infrastructure)
- \$ _____ Other Strategy: (specify activity & pyramid level) _____
- \$ _____ Other Strategy: (specify activity & pyramid level) _____

\$ _____ **OIMRI Component Budget (add all OIMRI budgeted amounts).**

CFHS Site and Service Form - FY2006

Complete one of these forms for each site location. The site may provide direct health care, direct health care and enabling, and/or enabling only services.

CFHS Sub - Grantee Name (Fiscal Agent): _____

Name of Site (location where services occur): _____

Site Address: _____

Site Phone Number: _____ Site Staff Contact Name: _____

MATCH Data entry for this site will occur: At this site Other, please specify: _____

Please indicate which services take place at this site:

	<i>List all proposed services for this site for FY 2006:</i>	<i>Check if this site also provides ODH Women's Health Services (WHS)</i>
PN Direct Health Care & Enabling		
PN Direct Health care		
PN Enabling ONLY		
Child & Adolescent Direct Health Care & Enabling		
Child & Adolescent Direct Health Care		
Child & Adolescent Enabling ONLY		
FP Direct Health Care & Enabling		
FP Direct Health Care		
FP Enabling ONLY		

Please complete page two of this form

County _____

GMIS # _____

4) Please specify the hours and days of the week/month for all of this site’s direct health care service sessions. Use the comments column to indicate if sessions are held other than weekly (e.g., quarterly, twice year).

Family Planning Direct Health Care

Week of Month	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Comments
Week 1							
Week 2							
Week 3							
Week 4							

Perinatal Direct Health Care

Week of Month	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Comments
Week 1							
Week 2							
Week 3							
Week 4							

Child and Adolescent Direct Health Care

Week of Month	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Saturday Hours	Comments
Week 1							
Week 2							
Week 3							
Week 4							

5) Specify the staffing pattern at this site: _____

**Bureau of Child and Family Health Services
Child and Family Health Services Program
Grant Application Review Form (FY2006)**

AGENCY: _____ COUNTY: _____ GMIS # _____

If Regional, list counties for which services are proposed _____

FUNDING REQUESTED FOR FY2006 \$ _____ Maximum Funding Available for FY2006\$ _____

External Review Section	Score	Comments
<p><u>E.1. Executive Summary (8 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>Applicant clearly describes the project measures and strategies that will be used to reach and serve the priority population. (2 points)</p>		
<p><u>E.2. Description of Applicant Agency/Documentation of /Eligibility/Personnel (8 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 notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant and clearly describes 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>		

Appendix A

Grant Application Review Form

External Review Section	Score	Comments
<p><u>E.3.Problem/Need (25 points total)</u></p> <p><u>Collaboration</u> -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. (2 points)</p> <p><u>Help Me Grow Collaboration</u> - Applicant provides a detailed plan describing how collaboration will occur with Help Me Grow. For applicants proposing OIMRI and/or the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation in the Perinatal Component, applicant provides a detailed plan describing how collaboration with Help Me Grow will occur to prevent duplication of efforts for services to pregnant women, children and families and applicant clearly describes 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 or the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination will receive Help Me Grow Early Intervention Services. (2 points)</p> <p><u>Regional applications</u> - For applicants proposing services for more than one county, applicant clearly demonstrates how the program or service is an integral part of the health care system in each county. (2 points)</p> <p><u>Eligibility and Justification</u> - Applicant provides a complete description of how they meet the Eligibility and Justification criteria listed in the CFHS Components Grid for each component and strategy proposed. (10 points)</p> <p><u>Community Health Assessment Process</u> Applicant includes an updated CHA narrative (including new activities, changes in coalition, data collection & analysis, prioritization, intervention development, implementation and evaluation). (5 points)</p> <p><u>Target Counties</u> Applicant clearly describes the community health assessment and planning process including how target counties or census tracts 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><u>Priority Population</u> 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>		

Appendix A

Grant Application Review Form

External Review Section	Score	Comments
<p><u>4: Methodology: CFHS Program Plan (35 points total)</u></p> <p>Each CFHS Measure follows the CFHS Program Plan template. All activities are organized, measurable and clearly labeled by CFHS Measure and Strategy. (10 points)</p> <p>A separate Community Health Assessment Component 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. (25 points)</p>		
<p><u>E.5 Cultural Competency(2 points)</u></p> <p>Applicant indicates they will submit the CLAS one month after the start of FY2006 grant year.</p>		
<p><u>C.1 Cover Page/Budget Narrative (20 points)</u></p> <p>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</u> - Applicant clearly identifies the components for which they are applying (Community Health Assessment and Planning [required], Child and Adolescent Health, Family Planning, Perinatal Health, and/or the Ohio Infant Mortality Reduction Initiative) and for each component, identify the cost per strategy on the CFHS Budget Summary Sheet (Attachment # 4). 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>GMIS Budget Narrative: Personnel, Other Direct Costs, Equipment, Contracts & Confirmation of Contractual Agreement Forms</u> - An electronically submitted budget for the appropriate budget period has been proposed. A detailed description of what is to be accomplished via contracts and subsidies, paying special attention to deliverables has been submitted. (5 points)</p>		
<p><u>V.1. Annual Progress Report (2 points)</u></p> <p>Applicant indicates they will submit the APR one month after the start of FY2006 grant year.</p>		

Appendix A

Grant Application Review Form

	SCORE OF PROPOSAL BY EXTERNAL REVIEWER (100 points possible)
	PANEL REVIEW SCORE

EXTERNAL REVIEW COMMENTS:

Strengths _____

Weaknessess _____

EXTERNAL REVIEW 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 FP 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:** _____

Grant Review Form

Internal Review Section -Applicants who do not meet all internal review requirements (CHA, Assurances, Attachments) will not be considered for funding.		Yes/No	Comments	
1) Assurances are signed and included in application				
2) Community Health Assessment Component is included in the Program Plan				
3) Attachments - All appropriate attachments are included. Were the following mailed by the filing due date: <input type="checkbox"/> #1 CFHS Program Assurances <input type="checkbox"/> #2 Abortion Certification <input type="checkbox"/> Health and Social Service Providers Letters of Support (for regional applicants) <input type="checkbox"/> #3 CFHS Program Plan <input type="checkbox"/> HMG Letter of Support (not an attachment) <input type="checkbox"/> #4 CFHS Budget Summary <input type="checkbox"/> Job description/responsibilities, and submit resumes, if possible, for each CFHS- <input type="checkbox"/> #5 CFHS Site and Service funded staff (not an attachment) <input type="checkbox"/> Community Resource Guide (if available, should be provided by those applicants proposing the OIMRI component and/or the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component)				
DIRECT CARE VISIT PROJECTIONS	FY2004 Total Visits	FY2004 Uninsured Visits	Projected FY2005 Total Visits	Projected FY2005 Uninsured Visits
PERINATAL - Antepartum				
PERINATAL - Postpartum				
CHILD AND ADOLESCENT HEALTH – Well-child				
CHILD AND ADOLESCENT HEALTH - Acute				
FAMILY PLANNING - Comprehensive				
FAMILY PLANNING- Problem focused, etc.				

Internal Reviewer Comments:

CFHS Internal Reviewer: _____

Date Completed: _____

CHILD AND FAMILY HEALTH SERVICES FY06 MAXIMUM FUNDS AVAILABLE

County	Maximum Funds	County	Maximum Funds
Adams	\$60,000	Licking	\$120,000
Allen	\$160,000	Logan	\$60,000
Ashland	\$90,000	Lorain	\$270,000
Ashtabula	\$160,000	Lucas	\$600,000
Athens	\$90,000	Madison	\$60,000
Auglaize	\$60,000	Mahoning	\$310,000
Belmont	\$120,000	Marion	\$90,000
Brown	\$90,000	Medina	\$120,000
Butler	\$240,000	Meigs	\$60,000
Carroll	\$60,000	Mercer	\$60,000
Champaign	\$60,000	Miami	\$90,000
Clark	\$160,000	Monroe	\$60,000
Clermont	\$160,000	Montgomery	\$570,000
Clinton	\$60,000	Morgan	\$60,000
Columbiana	\$160,000	Morrow	\$60,000
Coshocton	\$60,000	Muskingum	\$120,000
Crawford	\$60,000	Noble	\$60,000
Cuyahoga	\$1,700,000	Ottawa	\$60,000
Darke	\$60,000	Paulding	\$60,000
Defiance	\$60,000	Perry	\$60,000
Delaware	\$90,000	Pickaway	\$90,000
Erie	\$90,000	Pike	\$60,000
Fairfield	\$90,000	Portage	\$120,000
Fayette	\$60,000	Preble	\$60,000
Franklin	\$970,000	Putnam	\$60,000
Fulton	\$60,000	Richland	\$160,000
Gallia	\$90,000	Ross	\$90,000
Geauga	\$90,000	Sandusky	\$60,000
Greene	\$120,000	Scioto	\$160,000
Guernsey	\$90,000	Seneca	\$60,000
Hamilton	\$920,000	Shelby	\$60,000
Hancock	\$90,000	Stark	\$340,000
Hardin	\$60,000	Summit	\$510,000
Harrison	\$60,000	Trumbull	\$240,000
Henry	\$60,000	Tuscarawas	\$90,000
Highland	\$60,000	Union	\$60,000
Hocking	\$60,000	Van Wert	\$60,000
Holmes	\$90,000	Vinton	\$60,000
Huron	\$90,000	Warren	\$90,000
Jackson	\$60,000	Washington	\$90,000
Jefferson	\$120,000	Wayne	\$120,000
Knox	\$90,000	Williams	\$60,000
Lake	\$160,000	Wood	\$90,000
Lawrence	\$120,000	Wyandot	\$60,000

Appendix B

CFHS Measures and Strategies FY 2006

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.

The CFHS Program includes five different components:

- 1) Community Health Assessment and Planning Component
- 2) Child and Adolescent Health Component
- 3) Family Planning Component
- 4) Perinatal Health Component
- 5) Ohio Infant Mortality Reduction Initiative (OIMRI) Component

All applicants must address the Community Health Assessment and Planning Component. Applicants can apply for any of the remaining components. Not all measures in a component must be addressed. Not all strategies in a measure must be addressed. Applicants should only apply for the specific components and measures that have been identified as a priority need from their community health assessment. (Note: All strategies listed under the OIMRI component on the CFHS Components Grid (Appendix D) must be provided in order to be funded for the OIMRI. All strategies listed under the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component must be provided in order to be funded for that strategy. All strategies listed under the Community Health Assessment and Planning Component must be addressed.).

Measures in the Community Health Assessment and Planning Component **(required for all applicants):**

- Perform ongoing community health assessment and planning

Measures in the Child and Adolescent Component:

- Improve access to child and adolescent health care services
- Improve childhood immunization rates
- Reduce childhood lead poisoning
- Reduce the percentage of children who are overweight
- Ensure that social/emotional health needs of children and adolescents are met
- Reduce the rate of infant mortality

Measures in the Family Planning Component

- Improve access to family-planning services
- Increase access to effective contraception
- Improve the preconception and interconception health of women
- Reduce sexually transmitted disease rates
- Reduce cervical, breast, and / or colorectal cancer

Measures in the Perinatal Health Component

- Improve access to perinatal care
- Reduce the rate of preterm births
- Ensure that social/emotional health needs of pregnant women are met
- Improve birth outcomes in an at-risk subpopulation through care coordination

Measures in the OIMRI Component:

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

Appendix C

CFHS Measures and Strategies FY 2006

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.

Community Health Assessment and Planning Component (REQUIRED)

Perform ongoing community health assessment and planning

- Conduct Partnership Building/Consortium Development Activities.
- Conduct Data Collection & Analysis (e.g., PPOR) Activities.
- Conduct Intervention Development & Best Practices Research Activities.
- Evaluate Program Efforts and Conduct Quality Assurance of Program Activities.
- Collaborate with the Child Fatality Review Board to ensure quality data are used to develop strategies that will prevent child deaths.
- Assure systems of quality health care in the county or region.
- If providing CFHS direct health care services, ensure that an ongoing Strategic Decisions Planning process is conducted including a resource inventory of the accessibility, affordability, availability, acceptability, or appropriateness of in the county or region.

Child and Adolescent Health Component

Improve the access to child and adolescent health care services

- Provide child and adolescent direct health care services.
- Assess children's access to medical homes in the county or region.
- Provide assistance for children and their families to gain access to Medicaid.
- Conduct care coordination for at-risk children.
- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.

Improve childhood immunization rates.

- Implement tracking and reminder system.
- Provide enabling services to ensure that all child and adolescent health clients are immunized.
- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.

Reduce childhood lead poisoning

- Ensure that all at risk child and adolescent health clients are tested for lead poisoning.
- Facilitate coordination of service providers and ODH-funded programs; facilitate discussion about issues and needs; share state and local data.
- Conduct community education campaign to improve testing rates and to decrease lead poisoning.

Reduce the percentage of children who are overweight

- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.
- Provide a nutrition assessment, counseling or education for all overweight & underweight child and adolescent health clients.
- Work with schools and/or childcare facilities to increase nutrition education, access to healthy food choices, and/or physical activity.

Ensure that social/emotional health needs of children and adolescents are met

- Ensure that a mental health resource inventory for the county or region is developed and distributed.
- Provide an assessment, counseling or education for child and adolescent health clients with an identified social/emotional risk factor.
- Train frontline providers to recognize and manage mental health issues; be aware of scientifically proven prevention and treatment services; and improve the assessment and recognition of mental health needs in children.

Reduce the rate of infant mortality

- Conduct focused community education campaign regarding infant safe sleep messages.

Appendix C

CFHS Measures and Strategies FY 2006

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.

Family Planning Component

Improve the access to family-planning services

- Provide family planning direct health care services.

Increase access to effective contraception

- Provide all CFHS family-planning direct-care clients additional assessment, referral and follow-up regarding the appropriate contraceptives as needed in addition to comprehensive family planning direct care visit.
- Facilitate coordination of services providers, ODH funded programs, and community stakeholders, discuss data.
- Conduct outreach to at-risk populations.

Improve preconception and interconception health of women

- Provide women identified as having a social / behavioral risk factor an assessment, referral, and follow-up to ensure appropriate counseling / education is provided.
- Provide women identified as being obese an assessment, referral, and follow-up to ensure appropriate counseling / education is provided.
- Provide women identified as having a risk factor for obesity an assessment, referral, and follow-up to ensure appropriate counseling / education is provided.
- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.
- Assess availability of smoking cessation services to family planning clients in the county or region.

Reduce sexually transmitted disease rates

- Provide all CFHS family-planning clients who are tested for pregnancy or an STD with counseling and education.
- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.
- Assure a successful protocol and follow-up system are in place for male partner notification of STDs.

Reduce cervical, breast, and/or colorectal cancer rates

- Provide all CFHS family-planning clients identified as being at risk for cervical, breast, and/or colorectal cancer an assessment, referral, and follow-up including appropriate counseling / education.
- Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.
- Implement tracking and reminder system.

Perinatal Health Component

Improve access to perinatal care

- Provide perinatal direct health care services.
- Facilitate coordination of service providers and ODH-funded programs; facilitate discussion about issues and needs; share state and local data.
- Conduct outreach for clients in high risk neighborhoods.
- Provide assistance for clients to gain access to Medicaid.
- Implement tracking and reminder system.

Reduce the rate of preterm births.

- Identify women who are at risk for a preterm birth and refer to appropriate services (WIC, smoking cessation, education, counseling, etc.).
- Conduct care coordination for at-risk clients.
- Assess availability of perinatal smoking cessation services in the county or region.

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

- Train frontline providers to recognize and manage mental health issues, be aware of scientifically proven prevention and treatment services, and improve the assessment and recognition of mental health needs in the perinatal client.

Improve birth outcomes in an at-risk subpopulation through care coordination.

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

Ohio Infant Mortality Reduction Initiative (OIMRI) Component

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

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

CFHS COMPONENTS GRID

Community Health Assessment and Planning Component

CFHS Measure	Eligibility and Justification (Problem/Need)	Strategies IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (met by end of year)
Perform ongoing community health assessment and planning (All strategies must be implemented and all benchmarks must be addressed for this measure.)	All applicants must address this measure.	Conduct Partnership Building/Consortium Development Activities (IN)	CFHS Consortium meets at least four times a year
		Conduct Data Collection & Analysis (e.g., PPOR) Activities (IN)	Data is collected, analyzed, and shared with appropriate stakeholders at ____ meetings. ____# of recommendations or action steps developed from meetings.
		Conduct Intervention Development & Best Practices Research Activities (IN)	Information regarding best practices is shared and implemented.
		Evaluate Program Efforts and Conduct Quality Assurance of Program Activities (IN)	Evaluation plan is developed and shared with all stakeholders. Plan is shared at ____meetings. ____# of recommendations or action steps developed from meetings.
		Collaborate with the Child Fatality Review Board to ensure quality data are used to develop strategies that will prevent child deaths. (IN)	Child Fatality Review data are shared with consortium at quarterly meetings. CFHS consortium assists in the development and implementation of the CFR recommendations to prevent child deaths.
		Assure systems of quality health care in the county or region. (IN)	Analytic capacity to assess and assure quality of care is built. Health services and systems designed to improve quality of care are developed and promoted. Health services and systems that assure appropriate follow-up services are developed and promoted.
		If providing CFHS direct health care services, ensure that an ongoing Strategic Decisions Planning process is conducted that includes a resource inventory and	A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and

CFHS COMPONENTS GRID
Community Health Assessment and Planning Component

CFHS Measure	Eligibility and Justification (Problem/Need)	Strategies IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (met by end of year)
		an assessment of the accessibility, affordability, availability, acceptability, or appropriateness of direct health care in the county or region. (IN)	goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions. A strategic plan is developed and shared with appropriate direct health care providers and other stakeholders.

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 IN=Infrastructure, PB=Population EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
Improve access to Child and Adolescent Health Services	<ul style="list-style-type: none"> The wait time for a well-child appointment is greater than 30 days; and/or The county, region, or population group has a higher rate of uninsured children than the state; and/or Justify by using community health assessment data. <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 strategic decisions 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. A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve 	Provide child and adolescent direct health care services. (DC)	<p>90 % of projected uninsured visits are conducted.</p> <p>All out of compliance issues are addressed within 30 days of being identified.</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 at-risk CFHS child and adolescent direct health care clients are tested for lead poisoning.</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 are enrolled in the statewide immunization data system.</p> <p>90% of CFHS child and adolescent direct health care clients have their immunizations up to date.</p>
		Assess children’s access to medical homes in the county or region. (IN)	Applicant develops a plan that includes an assessment of children’s access to medical homes, and recommendations to improve children’s access

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 IN=Infrastructure, PB=Population EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
	the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions. <ul style="list-style-type: none"> • The percentage of Medicaid eligible children who have not had an EPSDT exam in the last year is higher than the state. • The percentage of potentially eligible children not enrolled in Medicaid is higher than the state. 	Provide assistance for children and their families to gain access to Medicaid.(EN) Conduct care coordination for at-risk children. (EN) Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (IN)	to medical homes in the county or region. 90% of CFHS child and adolescent clients who are under/uninsured and under 200% of the Federal Poverty Level receive CPA enabling assistance. 90% of CFHS child and adolescent clients who are under/uninsured and under 200% of the Federal Poverty Level are enrolled in Medicaid. ___ % of at-risk CFHS child and adolescent clients receive 10 or more care-coordination enabling hours. ___# of meetings held / attended. ___# of recommendations or action steps developed from meetings. The wait time for a child and adolescent direct health care visit is decreased from ___ to ____.
Improve childhood immunization rates	Justify by using community health assessment data.	Implement tracking and reminder system.(PB) Provide enabling services to ensure that child and adolescent health clients are immunized. (EN) Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (IN)	___# of CFHS that child and adolescent health clients tracked and reminded of immunizations. ___% of CFHS that child and adolescent health clients are provided enabling services. ___# of meetings held / attended. ___# of recommendations or action steps developed from meetings.

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 IN=Infrastructure, PB=Population EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
			___% of pediatric care providers in the county or region consistently participate in the statewide immunization data system.
Reduce childhood lead poisoning	Justify by using community health assessment data.	Ensure that all at risk that all child and adolescent health clients are tested for lead poisoning. (EN)	90 % of all at-risk that child and adolescent health clients are tested for lead poisoning.
		Facilitate coordination of service providers and ODH-funded programs; facilitate discussion about issues and needs; share state and local data.(IN)	___ # of meetings held. ___ # of recommendations or action steps developed from meetings.
		Conduct community education campaign to improve testing rates and to decrease lead poisoning. (PB)	___ # of families of at-risk that child and adolescent health clients reached with appropriate message.
Reduce the percentage of children who are overweight	The county, region, or population group has a higher percentage of children who are overweight in their WIC population than the state. (PEDNSS Data)	Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (IN)	___ # of meetings held. ___ # of recommendations or action steps developed from meetings.
	Or	Provide a nutrition assessment, counseling or education for all overweight & underweight child and adolescent health clients. (EN)	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, or education enabling services.
	Justify by using community health assessment data.	Work with schools and/or childcare facilities to increase nutrition education, access to healthy food choices, and/or physical activity.(IN)	Applicant develops and/or implements a plan to increase nutrition education, access to healthy food choices, and/or physical activity.
Ensure that social/emotional health needs of children and adolescents are met	Justify by using community health assessment.	Ensure that a mental health resource inventory for the county or region is developed and distributed. (IN)	Applicant develops and distributes a resource inventory.
		Provide an assessment, counseling or education for that child and adolescent health clients with an identified social/emotional risk factor. (EN)	90% of at risk CFHS child and adolescent direct health care clients will have at least 30 minutes of assessment, counseling, or education enabling

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 IN=Infrastructure, PB=Population EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
		Train frontline providers to recognize and manage mental health issues, be aware of scientifically proven prevention and treatment services, and improve the assessment and recognition of mental health needs in children. (IN)	services. ____# of providers are trained.
Reduce the rate of infant mortality	The county, region, or population group has a higher rate of infant mortality than the state.	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)
- Reimbursement for psychiatrist or psychologist treatment services, psychotropic medications, or mental health counseling
- Clinics for children who are not otherwise provided direct health care such as school physicals, (including pre-k or child care), sports physicals
- Immunization clinic
- Public health lead investigations, or lead education activities in currently funded OCCLP counties

CFHS COMPONENTS GRID			
Family 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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
Improve access to family-planning services	<p>Justify by using community health assessment data.</p> <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 family planning direct health care services to 50 or more un/underinsured clients; and • Demonstrate using strategic decisions 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, the subpopulation, or the population of interest. • A resource inventory is developed that does the following: 1) identifies the range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about 	Provide family planning direct health care services. (DC)	<p>90 % of projected uninsured visits are conducted.</p> <p>Out of compliance issues are identified and addressed within 30 days.</p> <p>90% of all CFHS family-planning clients are screened for cervical, breast, and/or colorectal cancer.</p> <p>90% of all CFHS family-planning clients who request contraception leave appointment with designated method and a scheduled follow-up appointment.</p> <p>90% of all CFHS family-planning clients are screened for alcohol abuse, tobacco use, other illicit drug abuse, and intimate partner violence and receive appropriate referrals.</p> <p>90% of CFHS family-planning clients will be offered education about obesity prevention.</p> <p>90% of CFHS family-planning clients are screened by a medical history for any medical conditions (e.g. diabetes, hypertension) that may impact birth or long-term health outcomes.</p> <p>90% of CFHS family-planning clients receive an annual Pap test.</p> <p>The proportion of CFHS family-planning clients aged 40 years and older receiving a mammogram within two years is increased from ____ to ____.</p>

Appendix D

CFHS COMPONENTS GRID			
Family 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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
	the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions.		90% of women aged 40 years and older receive an annual rectal examination with hemocult test. 90% of CFHS family-planning clients do not have a recurrent STD. The proportion of CFHS family-planning who do not have an unintended pregnancy is increased from _____ to _____. 90% of CFHS family planning clients who smoke have received comprehensive 5 A's Smoking Cessation Intervention from an appropriately trained staff within the clinic.
Increase access to effective contraception	County, region, or population group has a greater proportion of women in need of contraceptive services than the state (according to the Alan Guttmacher Institute). or Justify by using community health assessment data.	Provide all CFHS family-planning direct-care clients additional assessment, referral and follow-up regarding the appropriate contraceptives as needed in addition to comprehensive family planning direct care visit. (EN)	90 % of CFHS family -planning clients are assessed, provided education about an appropriate contraceptive choice and leave with an effective contraceptive method choice.
		Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (IN)	___# of meetings held / attended. ___# of recommendations or action steps developed from meetings.
		Conduct outreach to at-risk populations. (PB)	___# of new men and women provided with family planning direct health care or enabling services due to outreach efforts.
Improve the preconception and	County, region, or population group has worse birth outcomes	Provide women identified as having a social / behavioral risk factor an	90 % of women identified as having a social / behavioral risk factor are referred to or provided with appropriate

Appendix D

CFHS COMPONENTS GRID			
Family 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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
interconception health of women	than the state.	assessment, referral, and follow-up to ensure appropriate counseling / education is provided. (EN)	counseling / education.
	or	Provide women identified as being obese an assessment, referral, and follow-up to ensure appropriate counseling / education is provided. (EN)	90 % of women identified obese are referred to or provided with appropriate counseling / education. 90% of CFHS family planning clients are using multi-vitamin that includes folic acid.
	Justify by using community health assessment data.	Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.(IN)	___# of meetings held / attended. ___# of recommendations or action steps developed from meetings.
		Assess availability of smoking cessation services to family planning clients in the county or region. (IN)	A plan is developed to ensure all family planning service providers have implemented comprehensive 5A's Smoking Intervention. A resource inventory of public and private providers in the community who provide group counseling and education to family planning clients who smoke.
Reduce sexually transmitted disease rates	County, region, or population group has a higher rate of STDs than the state.	Provide all CFHS family-planning clients who are tested for pregnancy or an STD with counseling and education. (EN)	90 % of all CFHS family-planning clients who receive an STD or pregnancy test also receive at least 20 minutes of education / counseling enabling.
	or	Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data.(IN)	___# of meetings held / attended. ___# of recommendations or action steps developed from meetings.
	Justify by using community health assessment data.	Assure a successful protocol and follow-up system are in place for male partner	A successful protocol and follow-up system has been developed and successfully implemented.

Appendix D

CFHS COMPONENTS GRID			
Family 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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
		notification of STDs. (IN)	
Reduce cervical, breast, and / or colorectal cancer rates	County, region, or population group has a higher rate of cervical, breast, and / or colorectal cancer than the state. or Justify by using community health assessment data	Provide all CFHS family-planning clients identified as being at risk for cervical, breast, and/or colorectal cancer an assessment, referral, and follow-up including appropriate counseling / education. (EN)	90% of all CFHS family-planning clients at risk for cervical, breast, and/or colorectal cancer are provided an assessment, referral, and follow-up.
		Facilitate coordination of service providers, ODH-funded programs, and community stakeholders; facilitate discussion about issues and needs; share state and local data. (IN)	____ # of meetings held / attended. ____ # of recommendations or action steps developed from meetings.
		Implement tracking and reminder system. (EN)	____ # of women tracked and reminded of cancer screenings.

Unallowable strategies & activities for the Family Planning Component:

- Pregnancy test not connected with education and counseling or a comprehensive family planning service.

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
Improve access to perinatal care	<ul style="list-style-type: none"> • The wait time for initial PNC appointment is greater than 30 days; and/or • The county, region, or population group has a lower rate of adequate prenatal care according to the Kotelchuck Index or has a lower proportion of women entering prenatal care in the first trimester than the state; and/or • Justify by using community health assessment data. <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 50 or more un/underinsured clients; and • Demonstrate using a strategic decisions 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. • A resource inventory is developed that does the following: 1) identifies the 	Provide perinatal direct health care services. (DC)	<p>90 % of projected uninsured visits are conducted.</p> <p>Out of compliance issues are identified and addressed within 30 days.</p> <p>Increase average number of visits per client from ___ to ___.</p> <p>90% of CFHS perinatal clients have a birth outcome documented.</p> <p>90% of CFHS perinatal clients who smoke have received comprehensive 5 A’s Smoking Cessation Intervention from an appropriately trained staff within the clinic.</p> <p>90% of CFHS perinatal clients complete their postpartum visit.</p> <p>90% of CFHS perinatal clients are successfully linked to a women’s health provider postpartum.</p>
		Facilitate coordination of service providers and ODH-funded programs; facilitate discussion about issues and needs; share state and local data. (IN)	<p>___# of meetings held / attended.</p> <p>___# of recommendations or action steps developed from meetings.</p> <p>Wait time for an initial prenatal care visit is decreased from ___ to ___.</p>
		Conduct outreach for clients in high risk neighborhoods (PB)	Increase percentage of CFHS direct-care clients receiving prenatal care in the first trimester from ___ to ___.
		Provide assistance for clients to gain access to Medicaid.(EN)	90% of uninsured prenatal clients seen in the CFHS Clinic receive CPA enabling assistance.

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
	<p>range of organizations and agencies in the county or region that serve the population of interest; 2) provides information about the perceived quality of service; 3) estimates service utilization and service capacity; 4) provides understanding of capabilities and goals of agencies and organizations; 5) includes information about the potential for coordinating community activities and linkages among agencies; 6) identifies gaps in services and opportunities for collaborative actions.</p> <ul style="list-style-type: none"> • 	<p>Implement tracking and reminder system.(EN)</p>	<p>90% of perinatal clients under 150% of the Federal Poverty have a CPA application completed.</p> <p>___% of women enrolled in Medicaid keep their first appointment.</p> <p>___# of CFHS perinatal clients tracked and reminded of appointments</p> <p>90% of CFHS perinatal clients who missed an appointment are successfully contacted.</p>
Reduce the rate of preterm births	County, region, or population group has higher rate of preterm births than the state.	<p>Identify women who are at risk for a preterm birth and refer to appropriate services (WIC, smoking cessation, education, counseling, etc.) (EN)</p> <p>Conduct care coordination for at-risk clients. (EN)</p> <p>Assess availability of perinatal smoking cessation services in the county or region. (IN)</p>	<p>90% of CFHS perinatal clients who are at risk for a preterm birth are assessed and linked to appropriate services.</p> <p>___% of at-risk CFHS perinatal clients receive at least 10 hours of care-coordination enabling.</p> <p>75% of women found through outreach keep their first prenatal care appointment.</p> <p>Increase average number of visits per client from ___ to ___.</p> <p>A plan is developed to ensure all perinatal service providers have implemented comprehensive 5A’s Smoking Intervention.</p>

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
			A resource inventory of public and private providers in the community who provide group counseling and education to perinatal clients who smoke.
Ensure that social/emotional health needs of pregnant women are met	Justify by using community health assessment data.	Train frontline providers to recognize and manage mental health issues, be aware of scientifically proven prevention and treatment services, and improve the assessment and recognition of mental health needs in the perinatal client. (IN)	___# of providers are trained.
Improve birth outcomes in an at-risk subpopulation through care coordination. (If addressing this CFHS measure, all strategies must be implemented.)	A target population with a high percentage (at least 90%) of population of interest with poor birth outcomes and one or more of the following: <ul style="list-style-type: none"> • An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality,(15.8 per 1,000 live births); or • A Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.5 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); 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 	<p>Conduct planning efforts. (IN)</p> <hr/> <p>Ensure ongoing training. (IN)</p> <hr/> <p>Provide adequate supervision. (EN)</p> <hr/> <p>Ensure that standardized care processes are followed.(EN)</p>	<p>___# of barriers to early and continuous prenatal care in the community are addressed and/or eliminated.</p> <p>85% of care coordination clients enter prenatal care in the first trimester in response to outreach strategies, e.g., identification, recruitment, and enrollment.</p> <hr/> <p>Adequate and appropriate care coordinators and supervisors who are culturally connected to the population of interest and can implement this model are hired and trained.(See Appendix H & G for more information on training)</p> <hr/> <p>90% of home visits and client case reviews meet the content and quality of CFHS standards.</p> <hr/> <p>95% of care coordinators maintain a caseload as indicated in CFHS Standards.</p> <hr/> <p>90% of clients receive family planning reinforcement: specifically addressing spacing issues, birth control methods and choices, and literature used for reinforcement of family planning.</p> <hr/> <p>___# of referrals are completed for each of the following:</p>

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)	Benchmarks/Evaluation Measures (all must be met by end of year)
	<p>within 12 months; late entry into prenatal care; domestic violence; pregnancy intended; mental retardation/ mental illness; homelessness/ poor living conditions; and language barriers.</p>	<p>Ensure ongoing data collection and evaluation. (IN)</p>	<p>for prenatal care; child and adolescent health; family planning; mental health; substance use; specialty care; WIC; HMG; social services.</p> <p>95% of clients are assessed for needs; a care plan has been developed and implemented and the client's progress has been evaluated.</p> <p>5 Pathways/Standardized care process are developed and implemented.</p> <p>___# of Pathways/Standardized care process is completed for pregnant women and their infants enrolled in the program.</p> <p>Applicant develops method of documenting client risk factors.</p> <p>90% of birth outcomes of clients are documented.</p>

Unallowable strategies & activities for the Perinatal Health Component:

- Services to sub-populations not meeting the eligibility and justification for care coordination
- Conducting 5A's Prenatal Smoking Cessation training for providers
- Conducting Prenatal Smoking Cessation group counseling and education for the community

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (all must be met by end of year)
Improve birth outcomes in an at-risk, African-American community through care coordination. (All strategies must be implemented and all benchmarks must be addressed for this measure.)	A focused population with a high percentage (at least 90%) of African-Americans with poor birth outcomes and one or more of the following: <ul style="list-style-type: none"> • An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality, (15.8 per 1,000 live births); or • A Low Birth Weight (LBW) rate that is at least 1 ½ times the state rate (12.5 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); 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. 	Conduct planning efforts. (IN)	___# of barriers to early and continuous prenatal care in the community are addressed and/or eliminated. 85% of clients enter prenatal care in the first trimester in response to outreach strategies, e.g., identification, recruitment, and enrollment.
		Ensure ongoing training. (IN)	Adequate and appropriate community care coordinators and supervisors who are culturally connected to the population of interest and can implement this model are hired and trained. (See Appendix H & G for more information on training)
		Provide adequate supervision. (EN)	90% of home visits and client case reviews meet the content and quality of CFHS standards. 95% of CCCs maintain a caseload as indicated in CFHS Standards.
		Ensure that standardized care processes are followed. (EN)	90% of OIMRI 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. 95% of OIMRI clients are assessed for needs, a care plan

Appendix D

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 IN=Infrastructure, PB=Population, EN=Enabling and DC=Direct health care (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (all must be met by end of year)
			has been developed and implemented, and the client's progress has been evaluated. 5 Pathways/Standardized care process are developed and implemented. ___# of Pathways/Standardized care process are completed for pregnant women and their infants enrolled in the program.
		Ensure ongoing data collection and evaluation. (IN)	Applicant develops method of documenting client risk factors 90% of birth outcomes of OIMRI clients are documented.

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

- Services to non-African Americans

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 distills core public health services into four main categories. Each set rests on the foundation beneath.

- **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.

- **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.
- **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.
- **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, family planning 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.

Appendix E

OIMRI COMPONENT DESCRIPTION

(may also apply to the CFHS Measure Improve Birth Outcomes in an At-Risk Subpopulation through Care Coordination in the Perinatal Component)

Although infant deaths have declined over the years, infant mortality rates for African-American babies is almost three times the rate for whites, 17.5 vs. 6.1 per 1,000 live births in 2002. 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 (7.3% vs. 13.9% in 2002). 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 a safety net system 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 care coordinators (CCC) provide a cultural link to community resources, through family-centered services. These services focus on achieving success in health, education, and self-sufficiency. The CCC 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 care coordinators 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 care coordinator. Establishing and implementing a common data collection system that documents the impact of services is vital to measuring success.

The **Community Care Coordinator (CCC)** is a trained advocate from the targeted community who empowers individuals to access community resources through education, outreach, home visits, and referrals. The CCC 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 tracks and neighborhoods.

Appendix F

OIMRI Community Health Advisor/Advocate Six Basic Competency Areas
(and Care Coordination Strategy of the Perinatal Health Component)

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.

Community Care Coordinator I Training Sample Curriculum

Buckeye College, Buckeye County, OH
Health Sciences Division: Human Services Program 18 Credits

Module I: Community Care Coordinator I Core Competencies

4 Cr. Hrs.

Module II: Maternal Health

4 Cr. Hrs.

Module II: Infant and Child Health

4 Cr. Hrs.

Module III: Practicum and Seminars I and II are arranged with 2 options:

1) *Your Program Site*

2) On Campus:

1 Cr. Hrs. Community Care Coordinator I Practicum I

7 Lab Hours - 6 Contact Hours (Site/Home Visits: Two-3 hour visits arranged per student with Practicum Supervisor)

2 Cr. Hrs. Community Care Coordinator I Seminar I

Community Care Coordinator I Practicum II

1 Cr. Hrs. 7 Lab Hours - 6 Contact Hours (Site/Home Visits: Two-3 hour visits arranged per student with Practicum Supervisor)

2 Cr. Hrs. Community Care Coordinator I Seminar II

Training Costs per Student

(Based upon 12 credit-enrolled students)

Certificate Program Housing is available near the campus: \$63 single, \$69 double room

Mod. I-III credit, 7-course sequence (practicum contact hrs. & liability insurance, curriculum licensing fee)	\$1,564
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<u>Textbooks/Materials</u>	\$ 250
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Total	\$1,814
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HSV XXX Series Courses only	\$ 270
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Per course fee	\$ 250
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	\$ 520
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Supervisors: No tuition costs to program supervisor for 3 HSV 291 courses; Textbooks/Materials, \$250

Appendix H

SAMPLE SLIDING FEE SCALE 2004 FAMILY SIZE

Assessed Rate		1	2	3	4	5	6	7	8
0%	Annual	9,310	12,490	15,670	18,850	22,030	25,210	28,390	31,570
	Monthly	776	1,041	1,306	1,571	1,836	2,101	2,366	2,631
	Weekly	179	240	301	363	424	485	546	607
20%	Annual	9311-12801	12491-17174	15671-21546	18851-25919	22031-30291	25211-34664	28391-39036	31571-43409
	Monthly	777-1067	1042-1431	1307-1796	1572-2160	1837-2525	2102-2889	2367-3253	2632-3618
	Weekly	180-246	241-330	302-414	364-499	425-583	486-667	547-751	608-835
40%	Annual	12802-16293	17175-21859	21547-27423	25920-32989	30292-38553	34665-44119	39037-49683	43410-55249
	Monthly	1068-1389	1432-1822	1797-2287	2161-2750	2526-3215	2890-3678	3254-4141	3619-4606
	Weekly	247-314	331-421	415-528	500-636	584-743	668-850	752-957	836-1064
60%	Annual	16294-19784	21860-26543	27424-33299	32990-40058	38554-46814	44120-53573	49684-60329	55250-67088
	Monthly	1360-1650	1823-2212	2288-2777	2751-3339	3216-3904	3679-4466	4142-5028	4607-5593
	Weekly	315-381	422-511	529-641	637-772	744-902	851-1032	958-1162	1065-1292
80%	Annual	19785-23272	26544-31224	33300-39172	40059-47124	46815-55072	53574-63024	60330-70972	67089-78924
	Monthly	1651-1938	2213-2600	2778-3264	3340-3927	3905-4589	4467-5253	5029-5912	5594-6578
	Weekly	382-447	512-601	642-751	773-904	903-1058	1033-1212	1163-1366	1293-1516
100%	Annual	23,273	31225	39,173	47,125	55,073	63,025	70,973	78,925
	Monthly	1,938	2601	3,265	3,928	4,590	5,254	5,913	6,579
	Weekly	448	602	752	905	1,059	1,213	1,367	1,517

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$3,180 FOR EACH ADDITIONAL MEMBER. SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.

BASED ON CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER ON 2/14/04, P.P. 7336-7338. THESE GUIDELINES ARE EFFECTIVE ON 2/13/04.

DATE: _____ PROJECT: _____ PROJECT NAME: _____

COUNTY: _____ AGENCY NAME: _____

APPENDIX I

Instructions for Submitting Attachments via GMIS

1. Complete the Word document “FY05 RFP Attach” then save the document to your computer’s hard drive using “FY05 *Your Agency’s Name* RFP Attachment” as a file name.
2. After submission of your FY05 grant application through GMIS, go to the GMIS Welcome screen and click on “**Send-Record Comments.**”
3. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your FY05 grant attachments.
4. Next to the Attachment box, click on the **Browse** button.
5. Find your saved attachment (FY05 *Your Agency’s Name* RFP Attachment) document on your hard drive.
6. Double click on the file name and the file name will appear in the Attachment box on the **Add New Comments** screen.
7. Click on **Add New Comments** screen at the bottom of the page.
8. You should get a message that says “Please wait Sending E-mail.” This may take a few minutes.
9. This should be followed by a message that says “Email sent successfully!”
10. If no other attachments are needed, click on **CLOSE**. If other attachments are needed, return to step #1 and begin the process again.

If you have any questions or problems, please contact ([person listed in Section I. N. of this RFP](#)).

Please note that the Program Attachments #3, 4 and job descriptions above will ONLY be accepted via GMIS.

Instructions for Submitting Program Reports via GMIS

1. Log on to your GMIS account.
2. You will see the Welcome screen.
3. Choose the **Program Report** option.
4. Select the appropriate **Available Report Period**.
5. Click the **Get Information** button.
6. The screen will display the **Subgrantee Program Report** form. This form will display three boxes with questions and text boxes. In the first text box, **I. Comparison of actual accomplishments to the objectives required by the Request for Proposals (RFP)** type a response which indicates that you are submitting the program report with this report (for example, "Program Quarterly Activity Reports for second quarter FY05 are being submitted on 4/12/05.") You do not need to enter a message in all of the text boxes, just the first one.
7. Scroll down to the bottom and click on **Save Changes**.
8. Then click on **Add Attachments**.
9. An e-mail message box will come up. Scroll down to the **Add New Comments** section. Type in a message indicating that you are submitting your program report.
10. Next to the Attachment box, click on the **Browse** button.
11. Find your saved program report document on your hard drive.
12. Double click on the file name and the file name will appear in the Attachment box on the Add New Comments screen.
13. Click the **Add Comments** button at the bottom of the page.
14. You should get a message that says "Please wait. Sending E-mail. This may take a few minutes."
15. This should be followed by message that says "E-mail Sent Successfully!"
16. If you wish to send another attachment (with optional forms), click on the box that says "Send Another E-mail" and attach your document to this e-mail.
17. If no other attachments are needed, click on **Close**.
18. You should then be back at the **Subgrantee Program Report** screen. Go to the bottom of this page and click on **Save Changes**. Then click on the **Submit Program Report** button. You should get a message box that says "The Program Report has been successfully Submitted!"
19. You are then finished.

If you have any questions or problems, please contact [[person listed in Section I. N. of this RFP](#)].

Appendix K