

MEMORANDUM

Date: February 24, 2014

To: Prospective Child and Family Health Services Program Grantees

From: Karen Hughes, MPH, Chief *KAREN F. HUGHES (RFB)*
Division of Family and Community Health Services
Ohio Department of Health

Subject: Notice of Availability of Funds – State Fiscal Year MC15
July 1, 2014-June 30, 2019 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: 1) Community Health Assessment and Planning, 2) Child and Adolescent Health Services, 3) Perinatal Health Services, 4) the Ohio Infant Mortality Reduction Initiative (OIMRI) and 5) the Ohio Institute for Equity in Birth Outcomes (OEI).

To obtain a grant application packet:

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

All interested parties must submit a Notice of Intent to Apply for Funding (attached), no later than **Friday, March 7, 2014**, to be eligible for these funds.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via teleconference/webinar on **Wednesday, March 5, 2014 from 1:00 to 3:00 p.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Proposals. Information regarding the time and instructions on accessing the webinar will be posted to the ODH Child and Family Health Services web page.

All applications and attachments are due by **4:00 p.m. on Monday, April 7, 2014**. Electronic applications received after Monday, April 7, 2014 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Attachment #1) no later than Friday, March 7, 2014 to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding. If you have questions regarding this application, please contact Dyane Gogan Turner, CFHS Supervisor, by phone at (614) 644-6560, or by e-mail at Dyane.Goganturner@odh.ohio.gov.



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 PROGRAM

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 2015

(07/01/2014 – 06/30/2015)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and 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 by the due date indicated in sections D and G will result in the entire application not being considered for review.**

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

A. Policy and Procedure: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on Our Programs, Funding Opportunities, ODH Funding Opportunities, ODH Grants). Please refer to Policy and Procedure updates found on the GMIS bulletin board.

B. Application Name: *Child and Family Health Services Program* |

C. Purpose: Since its inception in 1983, the Child and Family Health Services (CFHS) Program has been a network of local consortia of health and social service agencies that identify the health needs, service gaps, and barriers to care for families and children and plan community public health and clinical services to meet those needs. As a community based program, CFHS uses a combination of federal, state and local monies to offer public health and safety net clinical services for the maternal and child health population.

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

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

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

through CFHS.

For FY2015 CFHS has refined its focus to become even more accountable for the use of public monies, assurance of quality in the provision of programs and services, and measurement of the effectiveness of those programs and services. This competitive announcement and revisions to the grant program are made to better align with State and Department strategic priorities to reduce infant mortality and obesity. There is increased momentum at the local, state, regional and national level to address the infant mortality and disparity issue.

In addition, ODH seeks to encourage and support programs that achieve measurable improvements in women's and children's healthcare and outcomes through quality improvement science. The MCH Public Health Pyramid is the framework for CFHS services: infrastructure, population-based; enabling and direct care (see Appendix C). CFHS agencies will continue to provide programs and services through the following components: **1) Community Health Assessment and Planning (required to be addressed by all applicants), 2) Child and Adolescent Health, 3) Perinatal Health, 4) the Ohio Infant Mortality Reduction Initiative (OIMRI), and 5) the Ohio Institute for Equity in Birth Outcomes (OEI).** Family Planning is no longer a component of the CFHS program. Funding for all family planning services will be funded through the Reproductive Health and Wellness Program.

CFHS agencies will continue to improve the quality of services by integrating evidence-based programs and interventions leading to better health outcomes. Where identified as a need, CFHS will maintain a role as a safety net provider of clinical services for uninsured and underinsured women and children in Ohio. CFHS agencies may continue to serve Medicaid clients with the requirement that the services provided to Medicaid clients that are billable and *must be billed to Medicaid*.

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

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). To be considered eligible for review, applicant agencies must submit the ODH Child and Family Health Services Program Assurances. Federally Qualified Health Centers are not eligible to apply for CFHS funding to provide Child and Adolescent Direct Care Services or Perinatal Direct Care Services. However, FQHC's may apply for CFHS funding to support infrastructure, enabling, population-based services within the Community Health Assessment; Child and Adolescent Health, Perinatal Health, OIMRI and the OEI Components.

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, April 7, 2014.

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: Agencies may subcontract with other entities to provide programs and services. Two or more entities may collaborate on one application to provide programs and services. The sources of funds supporting the CFHS subgrant program are both state and federal funds. No more than one agency per county will be awarded funding for this program. Up to 88 grants may be awarded for a total amount up to \$8,000,000. Eligible agencies may apply for up to the amount stated in Appendix D, SFY2015 ODH-CFHS Maximum Funds Available. Final funding amounts will be based on available funds and assessment of need.

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 D (SFY2015 ODH- CFHS Maximum Funds Available). Applicants proposing to serve multiple counties may apply for the sum of the funds available for all counties to be served. Dollars designated for a county must be spent to specifically address health issues in that county. This must include community health assessment and planning as well as the administrative and operating costs of programs and services for all counties included in the proposal.

Applicants must budget a minimum of \$150,000 for the OIMRI component.

Applicants proposing to participate in the Ohio Equity Institute (OEI) will be eligible for up to \$98,000 in additional funding for participation: \$20,000 for the annual application fee; \$28,000 Fetal Infant Mortality Review (FIMR); and \$50,000 for OEI interventions. Applicants must provide the remaining application fee of \$20,000 of local funds paid to CityMatCH for the annual application fee (total of \$40,000 for the application fee) separate from the CFHS budget. Each participating entity must work directly with CityMatCH to make the application fee payment.

G. Due Date: All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, April 7, 2014. Applications and required attachments received late will not be considered for review.

Contact Dyane Gogan Turner at Dyane.Goganturner@odh.ohio.gov or 614.644.6560 with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and the Maternal and Child Services Block Grant (Title V, Social Security Act, as amended, CFDA 93.944).
- I. Goals:** The goal of the CFHS Grant Program is to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants and children in Ohio by:
- Assessing and monitoring maternal and child health status to identify and address problems;
 - Informing and educating the public and families about maternal and child health issues;
 - Providing leadership for priority-setting, planning, and policy development;
 - Linking women, children, and youth to health and other community and family programs and services, and assuring access to comprehensive, quality systems of care; and
 - Evaluating the effectiveness, accessibility, and quality of personal health and population-based maternal and child health services.

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

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

CFHS grant dollars may be used to provide programs and services within the following five (5) component(s): **1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, the 4) Ohio Infant Mortality Reduction Initiative (OIMRI), and 5) the Ohio Institute for Equity in Birth Outcomes (OEI).** Community Health Assessment (CHA) is the ongoing process of identifying and analyzing a community’s health problems, needs and assets, as well as its resources and capacity to address priority needs. The purpose of the CFHS CHA is to identify these health problems, needs and assets in order to better the MCH related programs in the community.

Applicants must clearly identify the component(s) for which they are applying:

1)Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, the 4) Ohio Infant Mortality Reduction Initiative (OIMRI), and 5) the Ohio Institute for Equity in Birth Outcomes (OEI) *components*. *Measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*, are listed on the CFHS Components Grid (Appendix C). Each *measure* listed on the CFHS Components Grid is based on maternal and child health priority needs identified by ODH-Maternal and Child Health Block Grant Needs Assessment FY2011. Child and Adolescent Health and/or Perinatal Health *measures* may be addressed at all levels of the public health pyramid; infrastructure, population-based, enabling and direct health care. (Refer to the CFHS Programs Standards for more information on the public health pyramid.) Each *strategy* listed on the CFHS Components Grid (Appendix C) reflects evidence-based and/or best practices identified by ODH through literature reviews and other research. Applicants must use only those *strategies* identified by ODH for each *measure*. The applicant should list the specific *activities* that will be implemented to address each *strategy*. In order to be funded for Child and Adolescent Health, Perinatal Health, OIMRI and OEI Components, the applicant must clearly describe how they meet the *eligibility and justification* criteria on the CFHS Components Grid (Appendix C).

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

1. **Community Health Assessment and Planning Component**– The following CFHS Measure must be addressed by all applicants: Perform ongoing community health assessment and planning.
2. **Child and Adolescent Health Component** – Child and Adolescent Health may be provided for the following identified CFHS Measures: Improve access to child and adolescent health services; Ensure that the socio-emotional health and/or addiction needs of children and adolescents are met; Reduce the rate of smoking and increase smoking cessation among teenagers; Reduce the percentage of overweight children; and Reduce the rate of infant mortality.
3. **Perinatal Health Component** - Perinatal Health may be provided for the following identified CFHS Measures: Improve access to perinatal care; Reduce the rate of smoking among pregnant women and women of childbearing age; and Ensure that social/emotional health and/or addiction needs of pregnant and post-partum women are met.
4. **Ohio Infant Mortality Reduction Initiative (OIMRI) Component** - OIMRI may be provided for the following identified CFHS Measure: Improve birth outcomes in an at-risk, African-American community through care coordination. The following 14 counties are eligible for OIMRI funding: Allen, Butler, Clark, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Stark,

Summit and Trumbull.

5. **Ohio Institute for Equity in Birth Outcomes (OEI) Component-** OEI may be addressed by OEI participation; Fetal Infant Mortality Review (FIMR); and for OEI downstream and upstream interventions. The following nine cities/counties are eligible for OEI funding: Butler, Cleveland/Cuyahoga, Columbus/Franklin, Cincinnati/Hamilton, Toledo/Lucas, Youngstown/Mahoning, Dayton/Montgomery, Canton/Stark and Summit. To be eligible to receive funding for the OEI component the applicant must review and sign the CFHS OEI Assurances (Attachment #7).

For more detail about each of the CFHS Components please refer to the CFHS Program Standards link on the CFHS web page:

http://www.odh.ohio.gov/odhprograms/cfhs/cf_hlth/cfhs1.aspx .

J. *Program Period and Budget Period:* *The program period will begin July 1, 2014 and end on June 30, 2019. The budget period for this application is July 1, 2014 through June 30, 2015. Continuation of projects beyond the budget period is contingent upon the availability of funds to support the approved project, compliance with special conditions of the notice of award, and the subgrantee's performance.*

K. **Public Health Accreditation Board (PHAB) Standard(s):** *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:*

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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 PHAB Standards.

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

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

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB 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. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

The following section will provide basic framework and links to information to understand health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate

*incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

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

 - O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact Dyane Gogan Turner at Dyane.Goganturner@odh.ohio.gov or 614.644.6560 for questions regarding this RFP.
- Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS that acknowledges ODH system receipt of the application submission.

 - Q. Late Applications:** Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, April 7 2014.**

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 Services Unit, 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.**

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

Refer to Appendix F for the Application Review Form.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given RFPs. **There will be no appeal of the Department's decision.**

- U. 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 federally funded grants requested by any member of the public. The Ohio Public Records Act, specifically section 149.43 of the Revised Code requires the release of certain information regarding state funded grants. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5 and Sections 149.43 and 3701.17 of the Revised Code.

- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Child and Family Health Services, Child and Family Health Services Program and as a sub-award of a grant issued by [Health Resources and Services Administration (HRSA)] under the [Maternal and Child Health Block Grant], grant award number [B04MC26688], and CFDA number [93.994] and Am. Sub. H.B.59.

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the requirements of the ODH GAPP manual. Reports must be received in accordance with the requirements of the ODH GAPP manual and this RFP before the department will release any additional funds.

Note: Failure to assure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Program Reports must be completed and submitted via GMIS as required by the subgrant program by the dates listed below. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number. Untimely and incomplete submission of program reports may result in withholding of funds.

- **Client and Visit Data:**

Agencies funded for Child and Adolescent Health enabling and direct care will document client and visit data in the MATernal Child Health (MATCH) system. MATCH data must be submitted by the following due dates October 31, 2014; January 31, 2015; April 30, 2015; and July 31, 2015 or in a manner determined by the Ohio Department of Health.

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

Agencies funded for OIMRI must complete and submit reports and related client information quarterly by the following dates: October 15, 2014; January 15, 2015; April 15, 2015; and July 15, 2015 or in a manner determined by the Ohio Department of Health. Monthly reporting will not be accepted.

- **CFHS Mid-Year Progress Report (MYPR):** In the project narrative, state that the required MYPR will be submitted by the due date. MYPR must be submitted by **February 1, 2015**. The MYPR should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantees ability to meet the program's objectives or time schedules. **The MYPR must be submitted on the FY2015 CFHS Program Plan (Attachment #3). Include responses to the CHA Planning & Reporting Guide (refer to CFHS Program Standards).** Untimely submission of program reports may result in withholding funds.
- **CFHS Mid-Year Program Income Report:** In the project narrative, state that the required CFHS Mid-Year Program Income Report (Attachment 2) will be submitted by the due date February 1, 2015. Program Income is required to be reported and includes all sources of income, including client donations, client fees, and private health insurance.
- **CFHS Annual Program Income Report:** In the project narrative, state that the required CFHS Annual Program Income Report (Attachment 2) will be submitted by the due date. The FY2015 CFHS Program Income Report must be submitted thirty days after the close of the grant year (August 1, 2015). Program Income is required to be reported and includes all sources of income, including client donations, client fees, and private health insurance.

- **CFHS Annual Progress Report (APR):** In the project narrative, state that the required APR will be submitted by the due date. The APR must be submitted **thirty days** after the close of the grant year (**August 1, 2015**). The APR should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantees ability to meet the program's objectives or time schedules. **The APR must be submitted on the FY2015 CFHS Program Plan (Attachment #3). Include responses to the CHA Planning & Reporting Guide (refer to CFHS Program Standards).** Untimely submission of program reports may result in withholding of funds.
- **CFHS CLAS Annual Progress Report (APR).** In the project narrative, state that the required CLAS APR will be submitted by the due date **August 1, 2015**. The CLAS APR should describe the overall progress toward cultural competency, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that will affect the subgrantees ability to meet the program's objectives or time schedules. The CLAS APR must be submitted on the FY2012 CFHS CLAS Strategic Plan (Attachment #4). Untimely submission of program reports may result in withholding of funds.
- A Sliding Fee Scale for direct and enabling services must be submitted by the due date **August 1, 2014**. (See Appendix E for a sample Sliding Fee Scale).
- A Schedule of Charges for direct care and enabling services must be submitted by the due date **August 1, 2014**.

2. **Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: : October 15, 2014 (for the period of July 1, 2014 – September 30, 2014), January 15, 2015 (for the period of October 1, 2014 – December 31, 2014), April 15, 2015 (for the period of January 1, 2015 – March 31, 2015) and July 15, 2015 (for the period of April 1, 2015 – June 30, 2015).

Note: Outstanding obligations cannot be reported on the quarterly expense reports with the exception of the fourth quarterly expense report.

3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before (August 15th 2015). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as an invoice to return unused funds.

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

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments (including but not limited to bank fees);
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> then click on most recent Mileage

Reimbursement memo.)

17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. *Any other unallowable costs as listed in the CFHS Components Grid (Appendix C).*

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

Z. Client Incentives and Enablers: Client incentives and enablers are allowable costs. Please refer to the CFHS Standards for the procedure and forms. The CFHS Program allows the utilization of incentives and enablers for specific purposes. Incentives and enablers are based upon the needs of the targeted population and no specific amount or specific form of incentive is prescribed by ODH. Sub-grantee agencies submit the specific incentive or enabler item and define the amount per recipient within the sub grantee budget justification. Program has created a form for subgrantees to use to track the incentives and enablers. The incentive and enablers amounts vary depending upon the focus of the programming that is being incentivized for the grant year. All incentive and enabler amounts are subject to Program approval. If gift cards are used as an incentive or enabler, the procedures and form found in the CFHS Standards must be used.

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

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

Subgrantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

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

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

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

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 25 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA)

- reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
 9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
 10. Public Health Impact Statement
 11. Statement of Support from the Local Health Districts
 12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
 13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
 14. Attachments as required by Program:
 - Attachment # 1 CFHS Program Assurances
 - Attachment # 2 CFHS Program Income
 - Attachment # 3 CFHS Program Plan
 - Attachment # 4 CFHS CLAS Strategic Plan
 - Attachment # 5 CFHS Budget Summary
 - Attachment # 6 CFHS Site and Service Form
 - Attachment # 7 CFHS OEI Assurances

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

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

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

**Complete
Copy &
Mail To
ODH**

1. An original and one copy of **Attachments** (non-Internet compatible) as required by program:
 - Attachment # 1 CFHS Program Assurances
 - Attachment # 7 CFHS OEI Assurances (if applicable)

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

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

- A. **Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. **Budget:** Prior to completion of the budget section, please review page 13 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103.3 Cost Allocation Plan and the Compliance Section of the application for additional information.

Applications to provide programs and services to multiple counties will be accepted (regional applicants). FY2015 CFHS Maximum Funds Available (Appendix D) lists the maximum dollars which may be available for each county. Applicants may submit proposals to serve multiple counties and may apply for the sum of the funds available for each county to be served. Dollars designated for a county must be spent for programs and services for that county. These programs and services may include programs and services provided in another county and/or for administrative costs of the program, including Community Health Assessment and Planning and other infrastructure costs.

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

for which they are requesting funding. No more than one agency per county will be awarded funding for this program.

All applications must include a description of the community health assessment process and results. Based on these results applicants must clearly identify the components for which they are applying 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, the 4) Ohio Infant Mortality Reduction Initiative (OIMRI), and 5) the Ohio Institute for Equity in Birth Outcomes (OEI). For each component, the applicant must identify the cost per strategy on the FY2015 CFHS Budget Summary (Attachment # 5). One comprehensive CFHS Budget Summary must be submitted by the applicant agency. Multiple CFHS Budget Summary sheets from the applicant agency and subcontractors are not acceptable.

Applicants must clearly describe the community health assessment and planning process, including any in-kind and financial contributions of partners. Since community health assessment and planning is an on-going process, of identifying and analyzing a community's health problems, needs and assets, as well as its resources and capacity to address priority needs a program plan (Attachment #3) including specific activities must be completed for all strategies listed in the Community Health Assessment and Planning Component Grid (Appendix C). The sum of all budgeted programs and services (excluding OIMRI and OEI) should not exceed the funding caps indicated on Appendix D (FY2015 ODH-CFHS Maximum Funds Available).

An applicant proposing to provide direct health care services based on their community health assessment and aligning with justification indicated on the FY2015 CFHS Budget Summary (Attachment # 5) should budget \$120 per child and adolescent comprehensive direct health care visit and/or \$90 per child and adolescent acute care or follow-up visit; and/or \$120 per antepartum visit and/or \$145 per postpartum visit. \$40 per client (not per visit or encounter) may be budgeted based on previous clinic history for assisting clients gain Medicaid access. **Please note that these programs and services may be budgeted only for underinsured and uninsured clients.** The total number of uninsured/underinsured visits proposed should be based on reliable, documentable data source (MATCH, billing data, etc.).

On the FY2015 CFHS Budget Summary (Attachment #5) applicants should budget trainings for the following components:

- a. **Community Health Assessment:** All applicant agencies should plan for the project director and/or appropriate staff to participate in one community health assessment training for FY2015. This training will provide more in depth information on the community health assessment process and how it impacts your CFHS grant.
- b. **Child and Adolescent Health:** An applicant proposing to provide the “Reduce the percentage of children who are overweight” measure should plan for appropriate staff to attend approximately one training. Training dates, times and formats will depend upon

which evidence based intervention is being implemented.

- c. Perinatal Health: An applicant proposing to be funded for the “Provide perinatal direct health care services” measure should designate a coordinator for the Ohio Partners for Smoke-Free Families project and budget travel for two one-day meetings. Training and materials for the Ohio Partners for Smoke-Free Families project will be provided by ODH.
- d. Ohio Infant Mortality Reduction Initiative (OIMRI): Applicants proposing to provide OIMRI component should budget for travel expenses for all community health workers (CHW) and supervisors who have not already received the training to attend one four-day home visiting curricula training in Columbus, OH; and for all expenses necessary for those community health workers and supervisors who have not already done so to complete a community health worker training program at an approved institution. While OIMRI does not currently require CHWs to be certified in Ohio, all CHWs and supervisors are expected to complete this training as soon as possible after the beginning of the grant year. Locations and other information about community health worker training programs in Ohio can be found at the Ohio Board of Nursing website at <http://www.nursing.ohio.gov/CommunityHealthWorkers.htm>.

An applicant proposing to provide the OIMRI Component based on their community health assessment and aligning with the justification indicated on the FY2015 CFHS Budget Summary (Attachment # 5) must budget at least \$150,000 to provide community care coordination services. Any applicant requesting funding for OIMRI must provide a letter of support from the local Help Me Grow outlining how Help Me Grow and OIMRI will collaborate in serving the target population.

- e. Ohio Institute for Equity in Birth Outcomes (OEI): Teams will receive technical assistance as they consider their capacity, and design and implement their project(s). Technical assistance will include face-to-face Equity Institute Trainings, monthly calls and webinars, online curriculum components, mentoring relationships with experts, and topical technical assistance. At the close of the three-year initiative, an Ohio Equity Summit will be held that will feature the teams’ projects and outcomes along with other nationally known speakers. The national Maternal and Child Health community will be invited, and Ohio’s successes will be displayed.
2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2014 to June 30, 2015.

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

The applicant shall retain all original fully executed contracts on file. A completed

“Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

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

3. **Compliance Section D:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.*
4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter but not to exceed 20 percent of the funds being provided by ODH. Failure to complete and balance this section will cause delays in receipt of grant funds.

C. **Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. **Project Narrative:** (not to exceed 25 pages)

1. **Executive Summary:** Please provide a brief **(no more than three (3) pages)** synopsis of the purpose, methodology, components, measures, strategies and evaluation plan of this project. Clearly and specifically identify the priority population(s), services and programs to be offered and what agency/agencies will provide those services. Describe the public health problems that the project will address. Specify the total project budget and the portion requested from ODH through this grant

In brief narrative form, identify the program goals, Specific, Measureable, Attainable,

Realistic & Time-Phased (SMART) process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. In narrative form, identify the program measures, strategies and activities. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities will address health disparities.

- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions 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:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address must be stated in terms** of health status (e.g., morbidity and/or mortality) and health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

All applicants are required to demonstrate the need for CFHS funds by reporting the results of their community health assessment. These results must include data about the target population, evidence of need of services and programs, and how proposed strategies and interventions will address the need. Provide a brief (**no more than three (3) pages**) description of the process used to conduct the community health assessment

for this FY2015 application. Refer to the CFHS Program Standards for details on how to complete this portion of the narrative.

- 4. Methodology:** In narrative form, summarize the activities to be implemented to achieve the measures and strategies. (Do not copy and paste from Attachment #3). Additionally, complete and submit as an attachment with the grant application, the FY2015 CFHS Program Plan (Attachment #3). This program plan must identify the project's measures and strategies as outlined in the CFHS Components Grid (Appendix C). The applicant must develop the program plan based on the needs and gaps identified in their community health assessment. The applicant should list the specific activities that will be implemented to address each strategy. Providing multiple activities in detail will allow the application reviewer to better understand your program's intentions. Instructions for completing the FY2015 CFHS Program Plan are included in Attachment #3.

One comprehensive program plan must be submitted by the applicant agency. Multiple program plans from the applicant agency and subcontractors are not acceptable. Applicants must use the format provided in this RFP in order to be considered for funding.

If an applicant proposes to provide direct care and/or enabling services for the Child and Adolescent Health, Perinatal Health and/or Ohio Infant Mortality Reduction Initiative, they must complete and submit the CFHS Site and Service Form (Attachment #6) with the grant application.

- 5. Cultural Competency:** Cultural competency in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs. In 1997, the DHHS Office of Minority Health (OMH) initiated a project to develop recommended National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that would support a more consistent and comprehensive approach to cultural/linguistic competence in health care. The FY2015 CFHS CLAS Strategic Plan (Attachment #4) must be completed and submitted **with the grant application**. Applicants must acknowledge in the project narrative that the CFHS CLAS Strategic Plan will be completed and submitted by the due date.

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

- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**

FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

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

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

(Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)

- G. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- H. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS 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 PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- I. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before (Monday, March 31, 2014).
A minimum of an original and one copy of non-Internet attachments are required.

III. APPENDICES

- 1. Appendix A Notice of Intent to Apply Form
- 2. Appendix B GMIS Training Form
- 3. Program Appendices
 - Appendix C CFHS Components Grid
 - Appendix D SFY 2015 ODH-CFHS Maximum Funds Available
 - Appendix E Sample Sliding Fee Scale 2013-ODH
 - Appendix F Application Review Form
- 4. Program Attachments
 - 1. Attachment # 1 CFHS Program Assurances
 - 2. Attachment # 2 CFHS Program Income

3. Attachment # 3 CFHS Program Plan
4. Attachment # 4 CFHS CLAS Strategic Plan
5. Attachment # 5 CFHS Budget Summary
6. Attachment # 6 CFHS Site and Service Form
7. Attachment # 7 CFHS OEI Assurances |

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

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) County Agency Hospital Local Schools
 City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ **E-mail Address** _____

Agency Head (Print Name)

Agency Head (Signature)

Does your agency have at least two staff members who have been trained in and currently have access to the ODH GMIS 2.0 system? YES NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS 2.0 system and submit a grant proposal. Fill out the training request form in the Request for Proposal. **The training form must be submitted with the Notice of Intent to Apply for Funding, W-9 form, EFT form, Proof of Liability (if applicable) and Proof of Non-Profit (if applicable).**

Mail, E-mail or Fax to: Dyane Gogan Turner, CFHS Program Supervisor |
Ohio Department of Health, BCFHS, CFHS
246 North High Street – 6th floor |
Columbus, OH 43215
E-mail: Dyane.Goganturner@odh.ohio.gov
Fax: 614.728.6793

NOTICE OF INTENT TO APPLY FOR FUNDING (NOIAF), W-9 form, Vendor Information Form (New Agency Only), EFT form, PROOF OF LIABILITY (if applicable), AND PROOF OF NON-PROFIT (if applicable) MUST BE RECEIVED BY March 7, 2014.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by the due date. NOIAF's considered late will not be accepted.

GMIS 2.0 TRAINING REQUEST (Competitive Cycle ONLY)

This document is to be used for GMIS 2.0 during a competitive cycle only. **EACH** person requesting training must complete a form. Requests will only be honored when form is signed by your **Agency Head** or **Agency Financial Head**. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH.

Grant Program: _____ RFP Due Date: _____

Agency Name: _____

Salutation: (Dr., Mrs., etc.) _____

User's Name: (no nicknames, please) _____

User's Job Title: (ex.: Program Director) _____

Phone Number: _____

Fax Number: _____

E-mail address: _____

Agency/Financial Head Signature: _____

(*Signature of Agency/ Financial Head)

(*Printed Name of Agency /Financial Head)

TRAINING REQUEST FORMS MUST BE SUBMITTED WITH THE NOTICE OF INTENT TO APPLY FOR FUNDING FORM

Users will receive his/her username and password via e-mail once they have completed training.

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

(IN=Infrastructure, PB=Population-Based, EN=Enabling and DC=Direct Care)

CFHS COMPONENTS GRID			
Community Health Assessment and Planning Component			
CFHS Measure	Eligibility and Justification	Strategies	Benchmarks/Evaluation Measures
	(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.	(All strategies must be implemented and all benchmarks must be addressed for this measure.)	(met by end of year FY2015 program year). Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Perform ongoing community health assessment and planning. (Progress towards implementing all strategies and all benchmarks must be addressed for this measure.)	<ul style="list-style-type: none"> • Applicant is the only agency conducting a health assessment in the community, or; • Applicant is the lead agency conducting a health assessment in the community, or; • Other justification. The following criteria must be met in order to apply for CHA funding: <ul style="list-style-type: none"> • Internal and external assessments have been completed and indicate that the community has the capacity and readiness to participate in the assessment process. Funds requested for the CHA component may be reallocated to other CHA steps/strategies throughout the grant cycle. This flexibility provides the opportunity for funds to be redistributed as your agency conducts the various steps of the CHA.	Build Partnerships Develop a consortium with the common goal of contributing to local CHA efforts.	A consortium of community partners has been organized and is actively participating in the CHA process. Membership rosters, meeting minutes and progress updates provided to ODH with the mid-year and annual progress reports.
		Conduct Planning Develop a detailed plan for data collection and reporting including a description of local CHA utilizing the CHIC model or another recognized community health assessment model. Revise CHA plan as required by ODH.	CHA plan submitted to ODH for approval with the grant application (Section II.D.3).
		Assess Data Needs/Capacity Collect/compile data to document the health status of the community. <ul style="list-style-type: none"> • Provide the data collection plan for the CHA to ODH. This shall include a description of any primary data collection, e.g., focus groups, surveys, and data sources for secondary data. • Collect/compile CHA data. • Analyze and interpret CHA data. • Assess and document the capacity and resources regarding ability to meet community health needs. 	An overview of the data collection plan submitted to ODH with Mid-Year or Annual Report. Results of data analysis and interpretation provided to ODH with the annual progress report.

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CFHS COMPONENTS GRID			
Community Health Assessment and Planning Component			
CFHS Measure	Eligibility and Justification (Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures (<i>met by end of year FY2015 program year</i>). Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Perform ongoing community health assessment and planning. (cont.)		Conduct Prioritization Objectively rank or prioritize health issues in the community. Document committee/stakeholders group participation in an objective prioritization process.	List of identified priority health issues provided to ODH.
		Plan Interventions Develop a plan of action based on identified priorities and resources. Identify evidence-based interventions and include SMART goals and objectives to address prioritized health issues. Develop and execute an intervention plan. Revise intervention plan as required by ODH.	An overview of the intervention plan submitted to ODH for approval with Mid-Year or Annual Report.
		Plan Implementation Determine how the interventions in the plan of action will be executed. Develop and execute an implementation plan from the intervention plan developed in Plan Interventions step. Revise implementation plan as required by ODH.	An overview of the implementation plan submitted to ODH for approval with Mid-Year or Annual Report.
		Conduct Evaluation Through the process of evaluation, determine the accomplishments, strengths and weaknesses of interventions, plans and programs. Evaluate interventions with regard to stated objectives. Revise evaluation plan/measures as required by ODH.	Description of evaluation measures and results submitted to ODH with Mid-Year or Annual Report.

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

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CFHS COMPONENTS GRID			
Child and Adolescent Health Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small><i>(met by end of year FY2015 program year).</i></small> <small>Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
Improve access to Child and Adolescent Health Services.	<p>To successfully provide health supervision care to infants, children and adolescents, applicants will utilize clinical protocols that are in accordance with all state, federal, and nationally recognized professional standards. Applicants will conduct care coordination for at-risk children, implement immunization tracking and reminder system, provide enabling services to ensure that all child and adolescent health clients are immunized and provide a nutrition assessment, counseling or education for all overweight & underweight child and adolescent health clients.</p> <ul style="list-style-type: none"> The average wait time for a well-child appointment for un/underinsured children in your county is greater than 30 days. (Include explanation of how wait time was determined); and/or The county has a 4 percent or greater rate of uninsured children. (Include Data Source: ODH County Profiles or other current reference); and/or Justify by providing data from community health assessment, including historical clinic data. (Include data source/citations: web-link, resources, etc.). Documentation of barriers to Medicaid enrollment is maintained for un/underinsured child and adolescent clients who are not successfully enrolled in Medicaid. 	<p>Provide child and adolescent direct health care services. (DC)</p> <p>Activities must include but are not limited to the following:</p> <ul style="list-style-type: none"> Conducting outreach to recruit new clients. Provide assistance for children and their families to gain access to Medicaid/Health Insurance Marketplace. Following the CFHS Program Standards and the AAP <i>Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition (Bright Futures)</i>. Linking clients to care, including home visiting programs and quality child care programs as appropriate. 	<ul style="list-style-type: none"> 90% of projected un/underinsured visits are conducted. ___ # of comprehensive visits proposed, ___ # comprehensive visits completed. ___ # of acute visits proposed, ___ # acute visits completed. Internal chart audits are conducted twice a year to ensure compliance with guidelines. 90% of CFHS well child and adolescent direct care clients are given a comprehensive exam using the <i>Bright Futures</i>. 90% of CFHS clients who screen at risk on any area of the exam will have a referral if needed and outcome documented in the chart and MATCH. 100% of the parents/caregivers of infant clients receive safe sleep education and a list of breastfeeding resources (if applicable). 90% of CFHS child and adolescent direct health care clients less than 1 year old have at least 5 visits per year. 90% of CFHS child and adolescent direct health care clients between 1 year and 2 years old have at least 3 visits per year. 90% of CFHS child and adolescent direct health care clients have their immunizations reviewed, documented and brought up to date or are on a recommended catch-up schedule. 90% of CFHS child and adolescent direct health care clients receive a nutritional screening to include plotted weight/height,

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			physical activity level, and lab values.
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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 (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(met by end of year FY2015 program year).</i> Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Improve access to Child and Adolescent Health Services. (cont.)	<ul style="list-style-type: none"> • Demonstrate a need to provide well-child care to 50 or more un/underinsured clients; and • Demonstrate using the community health assessment process, including a resource inventory, that no other resources are available to provide direct health care and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, or population group. <p>Not allowable:</p> <ul style="list-style-type: none"> • Lice checks or physicals (including pre-k or child care or sports-related physicals) outside of the well visit. • Immunization activities, Oral Health Services or Lead/Healthy Homes Services (at any level of the pyramid). 		<ul style="list-style-type: none"> • 90% of CFHS child and adolescent direct health care clients receive a <i>Bright Futures</i> Nutrition Questionnaire. • 90% of CFHS child and adolescent direct health care clients who are identified as having a high or low BMI or under/overweight have at least 30 minutes of assessment, counseling, and/or education enabling services. • 90% of CFHS child and adolescent direct care clients will have a developmental/behavioral screening/assessment at every visit per <i>Bright Futures</i>. • 100% of CFHS child and adolescent direct health care clients who are un/underinsured and under 200% of the Federal Poverty Level receive assistance enrolling in Medicaid.

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CFHS COMPONENTS GRID			
Child and Adolescent Health Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures (met by end of year FY2015 program year). <small>Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
<p>Ensure that the socio-emotional health and/or addiction needs of children and adolescents are met.</p>	<p>Children who grow up with unmet socio-emotional needs may have an increased risk for future behavioral issues, chronic physical health issues, substance abuse issues, and possible future incarceration. For children, behavioral, developmental, and mental health issues are more common than childhood cancers, cardiac and renal problems. Promoting screening and treatment of socio-emotional needs of children will help to ensure a positive wellbeing and future for all children. (AAP, <i>Bright Futures</i>)</p> <ul style="list-style-type: none"> • http://www.brightfutures.org/ • http://www.helpmegrow.ohio.gov/ <p>Justify by using community health assessment data.</p> <p>Not allowable: Reimbursement for psychiatrist or psychologist treatment services, psychotropic medications, or mental health counseling.</p>	<p>Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in child and adolescent health to address mental health and/or addiction needs. (IN)</p> <p><i>Required activities:</i></p> <ul style="list-style-type: none"> • Care coordination and quality assurance of linkages of children and adolescents to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals. • Coordinating agency developments network for referrals. • Coordinating agency receives referrals and assigns case to provider. • Tracking system developed to document and ensure monitoring and oversight of referrals to providers including processes and outcomes. <p><i>Other activities to achieve outcomes:</i></p> <ul style="list-style-type: none"> • Initiate relationships with other stakeholders in your county/region to support children/adolescents struggling with mental health/drug and alcohol issues (including the ADAMH board, mental health agencies, drug/alcohol agencies, and community centers). 	<ul style="list-style-type: none"> • Documentation is maintained of activities to address barriers to mental health and/or addiction services for children and adolescents identified in need of mental health services. • Documentation of recruitment of partners/networks/providers to provide mental health and/or addiction services to children and adolescents identified in need of mental health services. • 100% of the activities are tracked and an outcome is reported including documentation that referrals received by the coordinating agency are addressed. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>___# children and adolescents screened.</p> <p>___#children referred receiving treatment.</p>

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Ensure that the socio-emotional health needs of children and adolescents are met. (cont.)		<ul style="list-style-type: none"> • With partners, identify the best way to leverage funding when working with children/adolescents to reach more children/adolescents. • Identify a referral system that can be used when a child/adolescent needs to be referred for treatment. • Implement best practices regarding screening for mental health issues (35 item Pediatric Symptom Checklist, 17 item Pediatric Symptom Checklist). <p><i>Not allowable:</i></p> <ul style="list-style-type: none"> • Distributing educational materials/ handouts without referral and tracking. • Completing a screening and referral but not securing a linkage to care and following up. 	

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Reduce the rate of smoking and increase smoking cessation among teenagers.	<p>Almost 1/4 of US teens report smoking cigarettes and over 2/3 say they would like to quit. Most U.S adult smokers began smoking during adolescence. Youth are sensitive to nicotine and most teenage smokers continue to smoke into adulthood (3 out of 4). Tobacco use by youth causes both immediate and long-term damage. Prevention is critical to reduce smoking related morbidity and mortality. (CDC and the Surgeon General)</p> <p>Justify by using community health assessment data including current smoking rates in services area.</p>	<p>Implement the NOT school-based smoking cessation program for teenage smokers and to promote changes in the way tobacco is promoted and sold to teenagers. (EN)</p> <p>Not On Tobacco (NOT)- Smoking Cessation Program for 14-19 Year Olds (American Lung Association) consists of (10) 50-minute, gender-specific group sessions usually held in schools during school hours and led by trained facilitators (although NOT has also been used in community settings).</p> <p>The sessions are developmentally appropriate, expressed in teen-friendly language, and conducted in small groups (no more than 10-12 teenagers). Topics include motivation, stress management, the effects of smoking, preparing to quit, relapse prevention, dealing with peer pressure, media awareness, support networks, and healthy lifestyles. Four optional booster sessions are offered after the program’s conclusion.</p>	<p>Processes and Outcomes data identified to track medium and long term outcomes. Data reported with the Mid-Year and Annual Report.</p> <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>Of ___# of students proposed ___# of those proposed were served.</p> <p>Of ___# of schools, youth, parents proposed to reach ___# of those proposed reached.</p>

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Reduce the percentage of children who are overweight.	<p>Children who grow up overweight or obese may not have the same chances to play, learn or be as confident as their friends, and this can affect the health of the entire family. Coming together as a community to make changes that support healthy living will help ensure bright futures for our children.</p> <p>Justify by providing data from community health assessment. (Include Data Source: ODH County Profiles, PedNSS, and 3rd Grade BMI Citations: web-link, resources, etc.).</p>	<p>Work with childcare facilities to increase nutrition education, access to healthy food choices, and/or physical activity.(IN)</p> <p>ODH required activities:</p> <ol style="list-style-type: none"> 1. Implement the Ohio Child Care Resource and Referral Association (OCCRRA) Ohio Healthy Projects (OHP) Program in child care facilities. 2. Coordinate with OCCRRA and the ODH Creating Healthy Communities program to ensure facility is not already participating. 3. Obtain Letters of support from the targeted child care facilities and keep on file at grantee agency. 4. Submit initial program plan for ODH approval, including: <ul style="list-style-type: none"> • names of childcare facilities; • # of facilities proposed ; • # of children proposed to reach person(s) responsible for the activities; and • timelines for this strategy. 5. Keep all OHP related material on file at grantee agency. 6. Submit Mid-Year and Annual Report per ODH requirements, including success stories. 	<ul style="list-style-type: none"> • Documentation of applicant using the ODH approved intervention. • 100% of outcome data entered into OCCRRA registry. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>Of ____# childcare facilities proposed ____# of those proposed were served.</p> <p>Of ____# children proposed to reach ____# of those proposed were reached.</p>

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Child and Adolescent Health Component			
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Reduce the percentage of children who are overweight. (cont.)		<p>Work with schools to increase nutrition education, access to healthy food choices, and/or physical activity.(IN)</p> <p>ODH required activities:</p> <ol style="list-style-type: none"> 1. Select the evidence-based and/or best practice nutrition education program for school settings. 2. Submit initial program plan for ODH approval, including: <ul style="list-style-type: none"> • names of school setting; • # of schools proposed; • # of children proposed to reach • cost per child (maximum cost per child <i>not</i> to exceed \$110.00); • person(s) responsible for the activities; and • timelines for this strategy. 3. Obtain Letters of support from the targeted schools and keep on file at grantee agency. 4. Receive approval by ODH before putting into operation the Nutrition Education implementation and evaluation plan. 5. Keep on file at grantee agency approved Nutrition Education Program and all related material. 6. Submit Mid-Year and Annual Report per ODH requirements. 	<ul style="list-style-type: none"> • Documentation of applicant using an ODH approved intervention. • 100% of proposed schools are served. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>Of ____# schools proposed ____# of those proposed were served</p> <p>Of ____# children proposed to reach ____# of those proposed were reached.</p>

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Child and Adolescent Health Component			
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Reduce the rate of infant mortality.	<p>Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants between 1 month and 1 year of age. Babies who sleep in unsafe ways are much more likely to die of SIDS than babies who sleep safely. According to the Centers for Disease Control (CDC), 64.7% of Ohio white, non-Hispanic mothers initiate breastfeeding while only 54.1% of black, non-Hispanic mothers initiate breastfeeding. By 12 months, less than 15% of white, non-Hispanic mothers are breastfeeding and less than 10% of black, non-Hispanic mothers are breastfeeding.</p> <ul style="list-style-type: none"> The county has a 7.7 or higher rate of infant mortality using the most recent available data. <p>Justify by providing data from community health assessment. (Include Data Source/Citations: web-link, resources)</p> <p><u>ODH Approved Resources Safe Sleep Programs include:</u> ODH Safe Sleep campaign HealthyChildren.org (AAP) National SUIDS/SIDS Resource Center Centers for Disease Control and Prevention, SUIDS/SIDS National Institute of Child Health and Development, Safe to Sleep campaign (e.g., The Rx: Infant Safe Sleep Program)</p>	<p>Infant Safe Sleep (PB) and (IN) activities require development of a tracking system to record all activities (name, location, date, person in charge, numbers reached, results, barriers) and evaluation.</p> <ul style="list-style-type: none"> Conduct focused community education campaign regarding infant safe sleep messages by implementing ODH and Ohio Injury Prevention Partnership (OIPP) Child Injury Action Group (CIAG) campaign. (PB) <p><i>Activities to achieve outcomes:</i> develop list of existing resources; collaborate to maximize resources; target home providers and family caregivers; participate in the Cribs for Kids program.</p>	<ul style="list-style-type: none"> Tracking system developed. Evaluation plan developed. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>___# of families proposed, ___# families reached with culturally appropriate infant safe sleep messages. Reporting of accomplishments includes the education and/or enabling formats and number and type of venues.</p>
		<ul style="list-style-type: none"> Facilitate local infrastructure changes by educating professionals and organizations working with families to implement infant safe sleep strategies (e.g., hospitals, health care professionals, WIC, JFS, child protective services, child care, child birth educators, home visiting programs, GRADS, etc.) (IN) <p><i>Activities to achieve outcomes:</i> develop contact list; contact agencies; train and educate; develop resource lists; collaborate for systems-level changes at hospitals and other health care providers and retailers).</p>	<p>___# of professionals/organizations proposed, ___# professionals/organizations trained regarding infant safe sleep strategies. Reporting of accomplishments includes the number and name of professionals/organizations reached. ___# of professionals/organizations proposed, ___# professionals/organizations implementing infant safe sleep strategies. Reporting of accomplishments includes the number and name of professionals/organizations as well as the specific infrastructure changes made.</p>

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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 (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(met by end of year FY2015 program year).</i> Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Reduce the rate of infant mortality. (cont.)	<p>First Candle (e.g., Model Behavior: The Most Important Modeling Job of Your Life) <i>Note: corporate sponsorship</i></p> <p>Franklin County, Ohio Infant Safe Sleep and SIDS Risk Reduction Hospital-based Initiative.</p> <p><i>Prior approval required for: health fairs, billboards, media ads, logos.</i></p>	Facilitate the establishment of breastfeeding friendly workplaces by educating employers in the community about implementing <i>The Business Case for Breastfeeding</i> using the ODH training (training upon request). (IN)	<p>___# of employers trained about the business case for breastfeeding. Reporting of accomplishments includes the number and name of professionals/organizations reached.</p> <p>___# of organizations implementing breastfeeding friendly workplaces. Reporting of accomplishments includes the number and name of professionals/organizations as well as the specific infrastructure changes made.</p>

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CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small>(met by end of year FY2015 program year). Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
Improve access to perinatal care.	<p>To successfully provide health supervision care to infants, children and adolescents, applicants will utilize clinical protocols that are in accordance with all state, federal, and nationally recognized professional standards. Applicants will conduct care coordination for at-risk women; provide enabling counseling and referral; and implement a tracking and reminder system. Despite the well-documented maternal, fetal and infant health effects of smoking during pregnancy, 18.1 percent (2010 VS) of pregnant women in Ohio smoke. Studies suggest that pregnancy is a good time to intervene and that a brief intervention with self-help materials can increase cessation rates by 30-70%. A requirement for applicants receiving CFHS funds for perinatal direct health care will be to work with ODH staff to integrate evidence-based smoking cessation interventions into a routine part of healthcare visits.</p> <ul style="list-style-type: none"> • The average wait time for initial appointment for un/underinsured women in your county is greater than 14 days. (Include explanation of how wait time was determined); and/or • Justify by providing data from community health assessment. (Include Data Source/Citations: web-link, resources, etc.). • Demonstrate a need to provide perinatal care to 25 or more un/underinsured clients; and 	<p>Provide perinatal direct health care services. (DC)</p> <p>ODH Required Activities (DC): Implement as a routine part of perinatal care:</p> <ul style="list-style-type: none"> • provide assistance for perinatal clients to gain access to Medicaid/Health Insurance Marketplace; • evidence-based 5A's smoking cessation intervention; • post-partum diabetes screening for clients identified with gestational diabetes mellitus (GDM); • prenatal and post-partum mental health screening; • prenatal environmental health risks screening; • referrals for care (e.g. home visiting) as appropriate; • folic acid education; • distribute multi-vitamins; containing folic acid to all patients with a pregnancy test (prenatal vitamins for positive test); and • assist client with development and implementation of a reproductive life plan. 	<ul style="list-style-type: none"> • ___ # of pregnant clients proposed to serve, ___ # of pregnant clients served. • ___ # of post-partum clients proposed to serve, ___ # of post-partum clients served. • 90 % of projected un/under insured visits are conducted. • Chart audits are conducted twice/year to ensure compliance with guidelines. • Increase % CFHS perinatal clients with documented birth outcomes from ___% to ___%. • Increase % CFHS perinatal clients who complete their postpartum visit from ___% to ___%. • 100% of women who are identified with GDM are screened at the postpartum visit. • Increase % perinatal women who are successfully linked to a women's health provider postpartum from ___% to ___%. • 90% of CFHS perinatal clients are tracked and reminded of appointments. • 90% of CFHS perinatal clients who missed an appointment are successfully contacted. • 90% of prenatal clients have been screened during each trimester and at postpartum visit for mental health risk factors. • 100% of pregnant and postpartum women are screened for tobacco use. • 100% of women who smoke information about the Ohio Quitline.

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CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification (Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(met by end of year FY2015 program year).</i> Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Improve access to perinatal care. (cont.)	<ul style="list-style-type: none"> • Demonstrate using a community health assessment process, including a resource inventory, that no other resources are available to provide direct health care to the population of interest and that direct health care is not accessible, affordable, available, acceptable, or appropriate for the county, region, subpopulation, or population of interest. • Documentation of barriers to enrollment is maintained for un/underinsured perinatal clients who are not successfully enrolled in Medicaid. 		<ul style="list-style-type: none"> • 90% of CFHS perinatal patients received folic acid education and ODH Healthy Steps bookmark. • 100% of CFHS perinatal patients with a pregnancy test completed receive multi-vitamins containing folic acid (prenatal vitamins for positive test). • 100% of patients of childbearing age have a documented reproductive life plan established in the chart. • 90% of un/uninsured perinatal direct health care clients with income <200% of FPL receive assistance enrolling in Medicaid.

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

(IN=Infrastructure, PB=Population-Based, EN=Enabling and DC=Direct Care)

CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification	Strategies	Benchmarks/Evaluation Measures
	(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.	(All strategies must be implemented and all benchmarks must be addressed for this measure.)	<i>(met by end of year FY2015 program year).</i> Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Reduce the rate of smoking among pregnant women and women of childbearing age.	<p>Smoking during pregnancy remains one of the most common preventable causes of infant morbidity/mortality. Maternal cigarette smoking increases the risk for pregnancy complications including placenta previa, placental abruption, premature rupture of the membrane, preterm delivery, restricted fetal growth, and SIDS. Smoking around conception associated with the development of cleft lip with/without cleft palate. In the U.S., 5-8% of preterm deliveries, 13-19% of term low-birth-weight deliveries, 23-34% of SIDS, and 5-7% percent of preterm-related deaths are attributable to prenatal smoking.</p> <p>Almost 1 in 3 women who had a live birth in Ohio in 2010 smoked in the 3 months before becoming pregnant. Of those women, 47% quit during pregnancy, with 16% of all women still smoking in the last trimester. Some women who quit returned to smoking after their baby was born, with 22% of Ohio women smoking 2-6 months after delivery. Smoking rates have not changed significantly, either before or during pregnancy. During the last 3 months of pregnancy women ages 20-24 women; with less 12 years of education; women with Medicaid insurance; or women participating in WIC were more likely to smoke than other demographic groups.</p> <p>Justify by using community health assessment data.</p>	<ul style="list-style-type: none"> Identify and train select staff as Certified Tobacco Treatment Specialists (TTS). (EN) <p><i>Activities to achieve outcomes: complete TSS training; conduct outreach; accept referrals; provide smoking cessation education.</i></p>	<p>The following are to be reported on the Mid-Year and Annual Report:</p> <p>__# of staff trained as Tobacco Training Specialists (TTS).</p> <p>__# of clients proposed to serve, __# of clients served.</p> <ul style="list-style-type: none"> Outreach, service provision and referral tracking systems developed
		<ul style="list-style-type: none"> Implement the evidence-based smoking cessation intervention program, Baby & Me-Tobacco Free (a smoking cessation program created to reduce the burden of tobacco use in the pregnant and post-partum population). (EN) <p>Pregnant women referred to provider agency by physician, clinic, hospital, health department or word of mouth. Each participant receives at least 4 counseling sessions, support, and CO monitoring. After the birth, mothers return monthly to continue CO monitoring, and if smoke-free, receive \$25 vouchers for diapers for up to 6-12 months postpartum. One-day training session is provided by program.</p>	<p>The following benchmarks is reported on the Mid-Year and Annual Report:</p> <p>__# of clients proposed to serve, __# of clients served.</p>

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

(IN=Infrastructure, PB=Population-Based, EN=Enabling and DC=Direct Care)

CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small><i>(met by end of year FY2015 program year).</i></small> <small>Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
Ensure that social/emotional health and addiction needs of pregnant and post-partum women are met.	<p>Depression is common among pregnant women and mothers with small children. In urban, high-risk populations of mothers, depression rates are higher than other populations (Feinberg et al 2009). Many cases of perinatal depression go unrecognized and untreated, often with significant negative consequences for both mothers and their families. A priority for CFHS is to implement evidence-based programs and interventions into perinatal systems of care.</p> <p>Justify by using community health assessment data.</p>	<p>Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in women’s health to address mental health and/or addiction needs for women before, during and after pregnancy. (IN)</p> <p><i>Required activities:</i></p> <ul style="list-style-type: none"> • Care coordination and quality assurance of linkages of women to care by developing a network of providers that will accept referrals for un/under-insured clients and tracking those referrals. Coordinating agency developments network for referrals. • Coordinating agency receives referrals and assigns case to provider. • Tracking system developed to document and ensure monitoring and oversight of referrals to providers including processes and outcomes. <p><i>Other activities to achieve outcomes:</i></p> <ul style="list-style-type: none"> • Initiate relationships with other stakeholders in your county/region to support women struggling with mental health/drug and alcohol issues (including the ADAMH board, mental health agencies, drug/alcohol agencies, and community centers). • With partners, identify the best way to leverage funding when working with women to reach more women. • Identify a referral system that can be used when a women needs to be referred for treatment. 	<ul style="list-style-type: none"> • Documentation is maintained of activities to address barriers to mental health and/or addiction services for women identified in need of mental health and/or addiction services before, during and after their pregnancy. • A screening system is in place and each prenatal and post-partum women is screened using an ODH approved screening. • 100% of the women who screen positive for mental health or addiction issues are seen or have an appointment with a mental health provider within 1 week of the screening. • 100% of the referrals are tracked, followed up on, and an outcome is reported. <p><i>The following are to be reported on the Mid-Year and Annual Report:</i></p> <p>___# children and adolescents screened.</p> <p>___#children referred receiving treatment.</p>

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

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CFHS COMPONENTS GRID			
Perinatal Health Component			
CFHS Measure	Eligibility and Justification (Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.	Strategies (All strategies must be implemented and all benchmarks must be addressed for this measure.)	Benchmarks/Evaluation Measures <i>(met by end of year FY2015 program year).</i> Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i> .
Ensure that social/emotional health and addiction needs of pregnant and post-partum women are met. (cont.)		<ul style="list-style-type: none"> Implement best practices regarding screening for mental health and/or addiction issues (e.g., Edinburgh Screening tool, ASBI). <p><i>Not allowable:</i></p> <ul style="list-style-type: none"> Distributing educational materials/handouts without referral and tracking. Completing a screening and referral but not securing a linkage to care and following up. 	

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

(IN=Infrastructure, PB=Population-Based, EN=Enabling and DC=Direct Care)

CFHS COMPONENTS GRID			
Ohio Infant Mortality Reduction Initiative Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small>(met by end of year FY2015 program year). Please note that proposed Benchmarks cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed Benchmarks.</small>
<p>Improve birth outcomes in an at-risk, African-American community through care coordination.</p> <p>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</p>	<p>The program is focused on at-risk African-American women and justification of one or more of the following :</p> <ul style="list-style-type: none"> • An Infant Mortality Rate (IMR) that is at least 2 times the state rate of infant mortality,(15.4 per 1,000 live births); or • A Low Birth Weight (LBW) rate that is at least 1.5 times the state rate (12.9 per 1,000 live births); or • A Very Low Birth Weight (VLBW) rate that is at least 1.5 times the state rate (2.4 per 1,000 live births) in the most recent year for which data is available; or • A prenatal population with a combination of high risk factors, including alcohol/ drug use; smoking; <18 or >35 years old; medical problems (e.g., STD's, UTI, diabetes); anemia; previous pregnancy complications;2nd pregnancy within 12 months; late entry into prenatal care; domestic violence; pregnancy intended; developmental/mental illness; homelessness/ poor living conditions; and language barriers. 	<p>Conduct planning efforts. (IN) Develop a plan to address and/or eliminate barriers to early and continuous prenatal care.</p>	<ul style="list-style-type: none"> • The # of community health workers (in full-time equivalents) _____. • Of ___# of clients proposed to serve, ___# served. • Documentation of barriers to early and continuous prenatal care in the community are maintained and addressed. • 85% of clients enter prenatal care in the first trimester in response to outreach strategies, e.g., identification, recruitment, and enrollment. • Increase the number of clients enrolled through community outreach from ___# to ___#. • Documentation is maintained on site of successful community outreach strategies.
		<p>Ensure ongoing training. (IN) Hire and train community health workers and supervisors who are culturally connected to the population of interest. Trainings include but are not limited to both community health worker training and training in a comprehensive curricula providing appropriate guidance for home visitors and others working with pregnant women and their families as approved by ODH (i.e. Partners for a Healthy Baby Curriculum).</p>	<ul style="list-style-type: none"> • 100% of community health workers and supervisors must be culturally connected to the population of interest and appropriately trained according to the CFHS/OIMRI standards. • 100% of care coordination staff receives on-going in-services and training. • 100% of community health workers are trained in the 5A's brief, smoking cessation intervention. • 100% of community health workers are trained in <i>Breast for Success</i>.

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CFHS COMPONENTS GRID			
Ohio Infant Mortality Reduction Initiative Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small>(met by end of year FY2015 program year). Please note that proposed Benchmarks cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed Benchmarks.</small>
<p>Improve birth outcomes in an at-risk, African-American community through care coordination. (cont.)</p>		<p>Provide adequate supervision. (IN) In order to ensure home visits and client case reviews meet the content and quality of CFHS standards and that caseload are maintained as indicated in CFHS Standards, the applicant must assure that adequate supervision is provided to the program.</p>	<ul style="list-style-type: none"> • ___ # of clients (___# pregnant, ___# post-partum) per community health worker (list staff name and # of clients total, # of pregnant clients and # of post-partum clients). • 90% of home visits and client case reviews meet the content and quality of CFHS standards. • 95% of CHWs maintain a caseload as indicated in CFHS Standards. • 75% of women found through outreach keep their first prenatal care appointment. • Increase the percent of OIMRI perinatal clients who complete their first postpartum visit from ___% to ___%. • 100% of program reports reviewed for quality assurance prior to submission. • Systems are in place for supervisor review for all referrals, case conferencing, monitoring and evaluating of the competencies of CHWs. • 90% of un/underinsured clients receive assistance enrolling in Medicaid. • Documentation of barriers to enrollment is maintained for un/underinsured clients who are not successfully enrolled in Medicaid.

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CFHS COMPONENTS GRID			
Ohio Infant Mortality Reduction Initiative Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small>(met by end of year FY2015 program year). Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
Improve birth outcomes in an at-risk, African-American community through care coordination. (cont.)		Ensure that standardized care processes are followed. (EN) The applicant must ensure that standardized care processes are followed and reported to ODH.	<ul style="list-style-type: none"> • Of ___# clients proposed to be served ___# of Pathways/Standardized care process are completed for pregnant women and their infants. • 100% of pregnant and postpartum women are screened for tobacco use. • 100% of women who smoke receive information about the Ohio Quitline. • 100% of women receive safe sleep education. • 100% of women offered breastfeeding education. <p><i>The following are to be reported on the Mid-Year and Annual Report for that six-month period:</i></p> <p>___# total number of clients ___# pregnant clients ___# post-partum clients ___# infant deaths ___# births, ___ % LBW ___ % Premature</p>
		Ensure ongoing data collection and evaluation. (IN) In order to assess program success and client outcomes, the applicant will ensure ongoing data collection and evaluation including documenting client risk factors.	<ul style="list-style-type: none"> • 100% of OIMRI staff receive data collection/system training. • 100% of all clients have documented risk factors. • Client satisfaction surveys are completed a least bi-annually. • Of the ___# of births to clients ___# of birth outcomes are documented.

Unallowable strategies & activities for the Ohio Infant Mortality Reduction Initiative (OIMRI) Component: Services to non-African Americans

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

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CFHS COMPONENTS GRID			
Ohio Institute for Equity in Birth Outcomes Component			
CFHS Measure	Eligibility and Justification <small>(Problem/Need) A summary of how the applicant meets the eligibility and justification criteria should be included in the program plan. A complete description of how the applicant meets the criteria must be included in the application narrative.</small>	Strategies <small>(All strategies must be implemented and all benchmarks must be addressed for this measure.)</small>	Benchmarks/Evaluation Measures <small>(met by end of year FY2015 program year). Please note that proposed <i>Benchmarks</i> cannot be altered. Program reports should reflect the enablers and/or barriers to meeting the proposed <i>Benchmarks</i>.</small>
Actively participate in OEI and implement community interventions approved by CityMatCH (CM) and ODH. (Progress towards implementing all strategies and all benchmarks must be addressed for this measure.)	The following criteria must be met in order to apply for OEI funding: <ul style="list-style-type: none"> • Applicant is an approved OEI Team 1. Butler County 2. Canton/ Stark County 3. Cincinnati/Hamilton County 4. Columbus 5. Cleveland/Cuyahoga County 6. Youngstown/Mahoning County 7. Dayton/Montgomery County 8. Summit County 9. Toledo/Lucas County <ul style="list-style-type: none"> • Signed CFHS Program Assurance to actively participate in Year 2 of the OEI. • Includes a complete description of the scope of the problem in numbers of fetal infant mortality. 	Complete application for Year 2 of OEI –total of \$40,000 fee, made up of ODH portion (\$20,000) and local portion (\$20,000) paid to CM by 7/30/2014. (IN)	CityMatCH receives payment for \$40,000 (ODH & local contribution). Submitted workplan and associated budget narrative approved by ODH.
		Implement Fetal Infant Mortality Review using NFIMR & ODH guidelines. (IN)	X percent/number of FIMR cases have been reviewed & reported in NFIMR database by FIMR Team.
		Implement DOWNSTREAM strategy approved by CM & ODH. (IN)	Insert benchmarks approved by CM & ODH.
		Implement UPSTREAM strategy approved by CM & ODH. (IN)	Insert benchmarks approved by CM & ODH.

*A brief description of whether the benchmark was successfully accomplished should be reported in the accomplishments column of the program plan when submitting mid-year and annual progress reports.

FY2015 ODH CFHS MAXIMUM FUNDS AVAILABLE

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

**Does not include additional \$150,000 for those applying for OIMRI Component or \$98,000 for OEI Component*

Appendix D

Sample Sliding Fee Scale 2013 - Ohio Department of Health

Assessed Rate	Household Size								
	1	2	3	4	5	6	7	8	
0%	annual	\$ 11,490	\$ 15,510	\$ 19,530	\$ 23,550	\$ 27,570	\$ 31,590	\$ 35,610	\$ 39,630
	monthly	\$ 958	\$ 1,293	\$ 1,628	\$ 1,963	\$ 2,298	\$ 2,633	\$ 2,968	\$ 3,303
	weekly	\$ 221	\$ 298	\$ 376	\$ 453	\$ 530	\$ 608	\$ 685	\$ 762
20%	annual	\$ 11,491 - \$ 15,798	\$ 15,511 - \$ 21,323	\$ 19,531 - \$ 26,853	\$ 23,551 - \$ 32,380	\$ 27,571 - \$ 37,908	\$ 31,591 - \$ 43,435	\$ 35,611 - \$ 48,963	\$ 39,631 - \$ 54,490
	monthly	\$ 959 - \$ 1,316	\$ 1,294 - \$ 1,776	\$ 1,629 - \$ 2,237	\$ 1,964 - \$ 2,697	\$ 2,299 - \$ 3,158	\$ 2,634 - \$ 3,619	\$ 2,969 - \$ 4,079	\$ 3,304 - \$ 4,540
	weekly	\$ 232 - \$ 303	\$ 299 - \$ 409	\$ 377 - \$ 515	\$ 454 - \$ 622	\$ 531 - \$ 728	\$ 609 - \$ 834	\$ 686 - \$ 941	\$ 763 - \$ 1,047
40%	annual	\$ 15,799 - \$ 20,107	\$ 21,326 - \$ 27,142	\$ 26,854 - \$ 34,177	\$ 32,381 - \$ 41,212	\$ 37,909 - \$ 48,247	\$ 43,436 - \$ 55,282	\$ 48,964 - \$ 62,317	\$ 54,491 - \$ 69,352
	monthly	\$ 1,317 - \$ 1,675	\$ 1,777 - \$ 2,261	\$ 2,238 - \$ 2,847	\$ 2,698 - \$ 3,433	\$ 3,159 - \$ 4,020	\$ 3,620 - \$ 4,606	\$ 4,080 - \$ 5,192	\$ 4,541 - \$ 5,778
	weekly	\$ 304 - \$ 386	\$ 410 - \$ 521	\$ 516 - \$ 656	\$ 623 - \$ 792	\$ 729 - \$ 927	\$ 835 - \$ 1,062	\$ 942 - \$ 1,197	\$ 1,048 - \$ 1,333
60%	annual	\$ 20,108 - \$ 24,415	\$ 27,143 - \$ 32,958	\$ 34,178 - \$ 41,500	\$ 41,213 - \$ 50,043	\$ 48,248 - \$ 58,585	\$ 55,283 - \$ 67,128	\$ 62,318 - \$ 75,670	\$ 69,353 - \$ 84,213
	monthly	\$ 1,676 - \$ 2,034	\$ 2,262 - \$ 2,746	\$ 2,848 - \$ 3,457	\$ 3,434 - \$ 4,169	\$ 4,021 - \$ 4,881	\$ 4,607 - \$ 5,693	\$ 5,193 - \$ 6,305	\$ 5,779 - \$ 7,017
	weekly	\$ 387 - \$ 469	\$ 522 - \$ 633	\$ 657 - \$ 797	\$ 793 - \$ 961	\$ 928 - \$ 1,126	\$ 1,063 - \$ 1,290	\$ 1,198 - \$ 1,404	\$ 1,334 - \$ 1,618
80%	annual	\$ 24,416 - \$ 28,724	\$ 32,959 - \$ 38,774	\$ 41,501 - \$ 48,824	\$ 50,044 - \$ 58,874	\$ 58,586 - \$ 68,924	\$ 67,129 - \$ 78,974	\$ 75,671 - \$ 89,024	\$ 84,214 - \$ 99,074
	monthly	\$ 2,035 - \$ 2,393	\$ 2,747 - \$ 3,230	\$ 3,456 - \$ 4,066	\$ 4,170 - \$ 4,905	\$ 4,882 - \$ 5,743	\$ 5,594 - \$ 6,580	\$ 6,306 - \$ 7,418	\$ 7,018 - \$ 8,255
	weekly	\$ 470 - \$ 551	\$ 634 - \$ 745	\$ 798 - \$ 938	\$ 962 - \$ 1,131	\$ 1,127 - \$ 1,324	\$ 1,291 - \$ 1,518	\$ 1,455 - \$ 1,711	\$ 1,619 - \$ 1,904
100%	annual	\$ 28,725	\$ 38,775	\$ 48,825	\$ 58,875	\$ 68,925	\$ 78,975	\$ 89,025	\$ 99,075
	monthly	\$ 2,394	\$ 3,231	\$ 4,069	\$ 4,906	\$ 5,744	\$ 6,581	\$ 7,419	\$ 8,256
	weekly	\$ 552	\$ 746	\$ 939	\$ 1,132	\$ 1,325	\$ 1,519	\$ 1,712	\$ 1,905

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS, ADD \$4,020 FOR EACH ADDITIONAL FAMILY MEMBER.

SERVICES WILL NOT BE DENIED DUE TO INABILITY TO PAY.

BASED ON REVISED CSA POVERTY GUIDELINES PUBLISHED IN THE FEDERAL REGISTER.

Date: _____ Project#: _____ Project Name: _____

County: _____ Agency Name: _____

FY2015 CFHS Grant Application Review Form

County: _____

GMIS # _____

Reviewer Name _____

External Reviewer checklist regarding responsibilities	Yes ✓	Due Date
Absence of Conflict of Interest for each application submitted		
Two to three grant applications received		
Reviewer scores and recommended action submitted via survey monkey		
Attend External Panel Review, if needed		
Applications, attachments and score sheets mailed to ODH		

External Reviewer checklist regarding application requirements	Yes ✓	Comments
Where to find it in the RFP		
Applicant is local public or non-profit agency.		
Applicant request meets minimum (\$30,000) allocation.		
Applicant request meets maximum allocation. (Appendix D)		
Only applicant for the county/region.		
Attachment #2 CFHS Program Income form submitted		
Attachment #3 CFHS Program Plan submitted		
Attachment #4 CFHS CLAS Strategic Plan		
Attachment #5 CFHS Budget Summary submitted		
Attachment #6 CFHS Site and Service form submitted for each site		
Public Health Impact Statement Summary submitted		
Public Health Impact Statement of Support submitted		
Statement of Intent to Pursue Health Equity Strategies submitted		
Applicant included Community Health Assessment in the Program Plan		

FY2015 CFHS Grant Application Review Form

County: _____

GMIS # _____

Reviewer Name _____

	Score	Comments
<p>External Review Section</p> <p><u>Overall quality and clarity of the application</u> Formatting: 1.5 spacing with 1 inch margins, all pages numbered, Program Narrative should not exceed 25 pages (excludes appendices, attachments, budget, and budget narrative), 12 point font. (2 points)</p> <p>Applicant clearly identified, by number and title, the section of the narrative to which they were responding. (2 points)</p> <p>Applicant clearly labeled all attachments with Agency Name, and GMIS #. (2 points)</p> <p align="right">(6 points total)</p>		
<p><u>II. D. Project Narrative 1. Executive Summary</u> Applicant summarizes the purpose, methodology, components, measures, strategies, 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. (6 points)</p> <p>Applicant clearly describes the public health problems that the project will address. (4 points)</p> <p>Applicant specifies the total project budget and the portion requested from ODH through this grant. (✓ Yes)</p> <p align="right">(12 points total)</p>		
<p><u>II. D. Project Narrative 2. Description of Applicant Agency/Documentation of /Eligibility/Personnel</u></p> <p>Applicant summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. (2 points)</p> <p>Applicant clearly demonstrates the capacity of their organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (2 points)</p> <p>Applicant notes any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant and clearly describe plans for hiring and training, as necessary. (2 points)</p> <p>Applicant delineates all personnel who will be directly involved in program activities, including the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. (2 points)</p> <p>Applicant clearly describes the program’s potential in improving health outcomes, using data to substantiate statements of achievements of past goals and objectives. (2 points)</p> <p align="right">(10 points total)</p>		

FY2015 CFHS Grant Application Review Form

County: _____

GMIS # _____

Reviewer Name _____

External Review Section	Score	Comments
<p><u>II D. Project Narrative 3. Problem/Need</u></p> <p>Applicant clearly identifies and describes the local health status concern that will be addressed by the program. (4 points)</p> <p>Applicant includes data concerning health status, health systems and health disparities, how these were used, and who participated in the process of deciding on the priority areas and population. If applicable, applicant clearly describes the challenges of reaching the priority population. (4 points)</p> <p>Applicant explicitly describes segments of the target population who experience a disproportionate burden of the local health status concern or issue; or who are at an increased risk for problem addressed by this funding opportunity. (2 points)</p> <p>Applicant includes description of other agencies/ organizations also addressing this problem/need and clearly describes how project will improve the health of individuals and communities by partnering with other public health programs. (2 points)</p> <p>Applicant clearly demonstrates the need for CFHS funds by reporting the results of their community health assessment. These results must include data about the target population, evidence of need of services and programs, and how proposed strategies and interventions will address the need. (4 points)</p> <p>Applicant provides a brief (no more than three (3) pages) description of the process used to conduct the community health assessment for this FY2015 application. The description includes: Internal Assessment; External Assessment; Partnership Building and Collaboration Efforts; Methodology; Data Sources; Linkages between Assessment, Capacity, and Priorities; Dissemination; and Evaluation of Process. (4 points)</p> <p align="right">(20 points total)</p>		

FY2015 CFHS Grant Application Review Form

County: _____

GMIS # _____

Reviewer Name _____

External Review Section	Score	Comments
<p>II. D. Project Narrative 4. Methodology (Attachment #3; Attachment #5) Note to Reviewer: Applicant must use the CFHS Components Grid, Appendix C to populate the FY2015 CFHS Program Plan (Attachment #3).</p> <p>The activities to be implemented to achieve the measures and strategies are summarized in narrative form. (3 Points)</p> <p>The proposed CFHS program plan aligns with what is proposed in the project narrative, budget narrative and budget summary (Attachment #5). (3 Points)</p> <p>Each proposed CFHS component is clearly identified on the CFHS Program Plan (Attachment #3). The proposed CFHS Program Plan (Attachment # 3) clearly identifies the proposed measure(s), strategy(s), along with their corresponding eligibility and justification as outlined in the CFHS Components Grid (Appendix C). (6 points)</p> <p>Appropriate and meaningful activities are listed for each strategy along with their corresponding benchmark/evaluation measure. All activities are organized, measurable and clearly labeled by CFHS Measure and Strategy. (6 points)</p> <p>Benchmarks are clearly identified for each strategy and ODH required benchmarks were not altered. (2 points) Additional benchmark/evaluation measures for specific activates were included in the program plan. (✓Yes)</p> <p>The required Community Health Assessment Component Attachment #3 Program Plan is included. An organizational commitment to an ongoing process of community health assessment and planning is clearly demonstrated. The CHA Component includes all required strategies and benchmarks. (5 points)</p> <p align="right">(25 points total)</p>		
<p>II. D. Project Narrative 5. Cultural Competency Applicant complete and submitted the CLAS Strategic Plan. (5 points)</p> <p align="right">(5 points total)</p>		

FY2015 CFHS Grant Application Review Form

County: _____

GMIS # _____

Reviewer Name _____

External Review Section	Score	Comments
<p><u>II. B.1 Cover Page/Budget Narrative</u> Applicant provides a detailed narrative budget justification that clearly describes how the categorical costs are derived which discusses the necessity, reasonableness, and allocability of the proposed costs as well as the specific functions of the personnel, consultants, and collaborators. Applicant explains and justifies equipment, travel, (including any plans for out-of-state travel, supplies and training costs). (5 points)</p> <p><u>CFHS Budget Summary Sheet (Attachment #5)</u> Applicant clearly identifies the components for which they are applying 1) Community Health Assessment and Planning, 2) Child and Adolescent Health, 3) Perinatal Health, 4) Ohio Infant Mortality Reduction and 5) Ohio Institute for Equity in Birth Outcomes Initiative and for each component, identifies the cost per strategy on the CFHS Budget Summary Sheet (Attachment # 5). For applicants proposing to provide services to more than one county, applicant clearly identifies how dollars designated for a county will be spent for programs and services for that county. (8 points)</p> <p><u>II. B. 2 GMIS Budget: Personnel, Other Direct Costs, Equipment and Contracts (3 points total)</u> An electronically submitted budget for the appropriate budget period has been proposed. Applicant provided justification for grant funds to support personnel, other direct cost, equipment and contracts when applicable relating to planning, organization and conducting proposed program activities. (5 points)</p> <p align="right">(18 points total)</p>		<p>\$ _____ Maximum Funding Available for FY2015 (Appendix B)</p> <p>\$ _____ (Total Funding Requested Budget Narrative)</p> <p>\$ _____ (Total Funding Requested Budget Summary Attachment #5)</p> <p>\$ _____ (Total Funding Requested GMIS Budget)</p> <p>\$ _____ (Program Income Attachment #2)</p>
<p><u>I. W.1. Reporting Requirements (RFP pages 9-11)</u> <i>CFHS Mid-Year Progress Report:</i> Applicant states in the project narrative that they will complete and submit the Attachment #2, MYPR and CHA update by the due date February 1, 2015. (2 points)</p> <p><i>CFHS Annual Progress Report:</i> Applicant states in the project narrative that they will complete and submit the Attachment #2, APR, Annual CLAS report, and CHS update by the due date August 1, 2015. (2 points)</p> <p align="right">(4 points total)</p>		

FY2015 CFHS Grant Application Review Form

County: _____ GMIS # _____ Reviewer Name _____

External Review Section	Points Possible	Reviewers Score
Overall quality and clarity completeness	6	
II. D. Project Narrative 1. Executive Summary	12	
II. D. Project Narrative 2. Description of Applicant Agency/Documentation of /Eligibility/Personnel	10	
II. D. Project Narrative 3. Problem/Need	20	
II. D. Project Narrative 4. Methodology	25	
II. D. Project Narrative 5. Cultural Competency	5	
II. B.1. Cover Page/Budget Narrative	18	
II. B.2. GMIS Budget Narrative: Personnel, Other Direct Costs, Equipment and Contracts		
I. W.1. Reporting Requirements	4	
TOTAL	100	

EXTERNAL REVIEWER COMMENTS:

Strengths: _____

Weaknesses: _____

EXTERNAL REVIEWER RECOMMENDED ACTION:

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

COMMENTS: _____

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

CHILD AND FAMILY HEALTH SERVICES PROGRAM ASSURANCES

For State Fiscal Year 2015

By signing below, applicants are agreeing to have the following components and/or statements of assurance in place by July 1, 2014. 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 and will utilize practice guidelines and recommendations developed by recognized professional organizations and other federal agencies in the provision of evidence-based health services;
 2. Assurance that the applicant and all subcontractors and vendors will adhere to all applicable federal, state and local statute;
 3. Assurance that the applicant will provide oversight to any and all subcontractors and vendors as described in the ODH CFHS standards and guidelines;
 4. Assurance that funds from this grant which are used for direct health care services are only for those who are underinsured or uninsured;
 5. Assurance that services are not overlapping with other programs serving the maternal and child population with similar approaches and other funding sources;
 6. Assurance that a Sliding Fee Scale reflecting the current Federal poverty guidelines will be used to assign charges to clients and that a schedule of charges, with sufficient proportional increments are used for clients with incomes between 101-250% of the Federal poverty level and that clients will not be denied services or be subjected to variation in the quality of services provided because of inability to pay;
 7. Assurance that the program does not discriminate in the provision of services based on an individual's religion, race, national origin, handicapping condition, age, sex, number of pregnancies or marital status;
 8. Assurance that the applicant and all subcontractors and vendors have the capacity to implement the data collection system utilized by the project which documents the provision of programs and services;
 9. Assurance that the applicant and all subcontractors and vendors will submit data in a manner prescribed by ODH;
 10. Evidence that the Health Insurance Portability and Accountability Act (HIPAA) is instituted by the applicant and all subcontractors and vendors;
 11. Assurance that the applicant has the capacity to provide services to persons with Limited English Proficiency (LEP);
 12. Assurance that the applicant and all subcontractors and vendors will utilize practice guidelines and recommendations developed by recognized professional organizations and other Federal agencies in the provision of best practices and evidence-based health programs and services; and
 13. Assurance that the designated CFHS project director and/or appropriate staff will attend CFHS project director meetings and trainings as prescribed by ODH.
 14. Assurance that all activities and publications adhere to the ODH Infant Feeding and Infant Safe Sleep policies.
- In addition, for those applicants proposing to provide the OIMRI Component:**
15. Assurance that all community health workers (CHW) and supervisors are trained using the Community Health Advisor/Advocate: Six Basic Competency Areas;
 16. Assurance that the applicant will monitor and evaluate the competencies of the CHWs, including health care, social services, communication skills, individual and community advocacy, health education, and general service skills and responsibilities; and
 17. Assurance that all Community Health Worker's and supervisors are trained in a comprehensive curricula providing appropriate guidance for home visitors and others working with pregnant women and their families as approved by ODH.

CFHS Subgrantee Agency Name: _____ GMIS # _____

Signature _____

(Agency Head Signature)

Attachment 1

CFHS Program Income Report
Each applicant must complete the CFHS Budget Summary Attachment #2 in excel format

CFHS Subgrantee Agency Name: GMIS #: Date:

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

<input type="checkbox"/>	Proposed Program Income Report	<input type="checkbox"/>	Revised Program Income
<input type="checkbox"/>	Mid-Year Program Income Report	<input type="checkbox"/>	Annual Program Income Report

Program Income is required to be reported. Grantee agencies are encouraged to earn income to defray program costs. Please place a check mark in the Not Applicable box if you are not providing Direct Care or Enabling Services. If you provide Direct Care or Enabling Services but do not have project income please leave the fields blank (\$0.00). Do NOT include Medicaid project income.

Components Client Fees and Reimbursement (Program Income)	Application		Mid-Year Report		Annual Report	
	Proposed Program Income	Not Applicable	Actual Program Income	Not Applicable		Not Applicable
Child and Adolescent Health Component						
Total Client Fees Collected/Self-Pay	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Client Donations	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Private Health Insurance	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Other, (please specify) <input type="text" value="text here"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
(Child and Adolescent Health) Sub-Total	\$0.00		\$0.00		\$0.00	
Perinatal Health Component						
Total Client Fees Collected/Self-Pay	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Client Donations	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Private Health Insurance	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Other, (please specify) <input type="text" value="text here"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
(Perinatal Health) Sub-Total	\$0.00		\$0.00		\$0.00	
Ohio Infant Mortality Reduction Initiative Component						
Total Client Fees Collected/Self-Pay	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Client Donations	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Private Health Insurance	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
Other, (please specify) <input type="text" value="text here"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>
(OIMRI) Sub-Total	\$0.00		\$0.00		\$0.00	
(Sum of all Components) TOTAL	\$0.00		\$0.00		\$0.00	

FY2015 CFHS Program Plan Instructions

Applicants must use the CFHS Components Grid, Appendix C to populate the FY2015 CFHS Program Plan, Attachment 3

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

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

Component: Check the component that will be addressed in the program plan. An applicant may apply for one or more of the components. The Community Health Assessment and Planning Component is a required component for all applicants. The four components are as follows: 1) Community Health Assessment and Planning Component; 2) Child and Adolescent Health Component; 3) Perinatal Health Component; 4) the Ohio Infant Mortality Reduction Initiative Component (OIMRI); and the 5) Ohio Institute for Equity in Birth Outcomes (OEI).

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

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

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

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

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

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

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

Accomplishments: Please note that the accomplishments column in Attachment 3 when submitted as the applicant’s initial program plan should remain blank. Applicants will complete the accomplishments column when they submit Mid-Year and Annual progress reports. A description of the accomplishments is due on two dates. A FY 2015 Mid-Year Progress Report (MYPR) must be submitted by February 1, 2015. A FY2015 Annual Progress Report (APR) must be submitted **thirty days** after the close of the FY2015 grant year (August 1, 2015). Both Progress Reports should describe the overall progress, including results to date and comparison of actual accomplishments with proposed goals for the period, any current problems or favorable or unusual developments, and work to be performed during the succeeding period. The report should identify and elaborate on problems, delays, and adverse conditions that affect the subgrantee’s ability to meet the program’s objectives or time schedules. The Progress Reports should address how the specific benchmarks/evaluation measures will be addressed. It is not acceptable to state “in progress”.

FY2015 CFHS Program Plan

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

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

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

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

CFHS Measure: _____ **Funding requested: \$** _____

Eligibility & Justification: _____

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

CFHS Program Plan EXAMPLE

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

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

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

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

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

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

Strategy	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Accomplishments
Conduct focused community education campaign regarding infant safe sleep messages. (PB)	1. Write articles on infant safe sleep (ISS) for local newspaper	Joe White, Clerk	1. 10/2014 & 4/2015	<ul style="list-style-type: none"> • 100 families are reached with culturally appropriate ISS messages. • 20 organizations trained regarding ISS strategies • 2 retailers sell safe sleep only bedding • 2 newspaper articles published • 4 displays and 10 videos in 10 family-focused businesses • 10 restaurants using placemats with ISS messaging • 5 baby retailers distributing handouts with infant product purchase; 1 hospital distributes at discharge • Billboard displayed • Messages posted • 25 CFK babies sleeping safely 	<i>Accomplishments column to be completed for Mid-Year Progress Report and Annual Progress Report</i>
	2. Place safe sleep display/video in waiting rooms of local businesses serving families; policies implemented	Mary Smith, Social Worker	2. On-going		
	3. Place ISS messages on placemats in community restaurants in the Fall	Sue Jones, Health Educator	3. Fall 2014		
	4. Create safe sleep awareness slides for movie theater; run during the month of May	Joe White	4. March-May 2015		
	5. Create a display/distribute brochures at Buckyemart/second- hand stores	Mary Smith	5. November 2014-April 2015		
	6. Create billboard to be displayed for month of October and April	Sue Jones	6. 10/2014 & 4/2015		
	7. Post safe sleep messages on health district’s website and Facebook page	Joe White	7. On-going		
	8. Partner with Cribs for Kids® (CFK)	Mary Smith	8. On-going		

Attachment 3 (example)

FY2015 CFHS Culturally and Linguistically Appropriate Services (CLAS) Strategic Plan

CFHS Subgrantee Agency Name: _____

GMIS # _____

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

Initial Plan Annual Progress Report

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation	Accomplishments <i>(See note above)</i>
Standard #1: Understandable and Respectful Care					
Standard #2: Diverse Staff and Leadership					
Standard #3: Ongoing Education and Training <i>EXAMPLE</i>	<ul style="list-style-type: none"> • Orient new staff members to cultural competence training • Develop orientation materials related to cultural competency • Encourage all staff to participate in cultural competence training 	Administrative Staff Clinical Staff	July 1 st 2014 – June 30 th 2015	Staff participation in ongoing training and education will be accounted for in a database. The percentage of staff who have participated in ongoing training will be assessed bi-monthly to monitor progress toward our objective.	The percentage of staff who have participated in ongoing training and education from 75% to 90%
Standard #4: Language Assistance Services					
Standard #5: Right to Receive Language Assistance Services					
Standard #6: Competence of Language Assistance					
Standard #7: Patient-Related Materials					
Standard #8: Written Strategic Plan					
Standard #9: Organizational Self-Assessment					
Standard #10 Patient / Consumer Data					
Standard #11: Community Profile					
Standard #12 Community Partnerships					
Standard #13 Conflict/Grievance Processes					
Standard #14 Implementation					

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

- Based on what your agency learned from the CLAS self-assessment (<http://www.odh.ohio.gov/ODHPrograms/FAMX/familyX1.htm>), activities should be identified to improve Culturally Competency of services in FY2014. Additional resources available at: <http://minorityhealth.hhs.gov/> and <https://www.thinkculturalhealth.hhs.gov/>
- At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.

CFHS Subgrantee Agency Name: _____

GMIS # _____

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

Initial Budget

Revised Budget

Date: _____

SAMPLE FY2015 CFHS Budget Summary

The yellow highlighted fields are the only areas that will accept the input of data. Tabs at the bottom of this page (CHAP, Childhood Adolescent Health, Perinatal Health, OIMRI and OEI) collect budget information for each of the CFHS program components. Complete all applicable components for your grant application. Data inputted into these component tabs will self-populate to the Cover Sheet & Total tabs of the document.

Overview

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

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

\$ _____ **Total Perinatal Component**

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

\$ _____ **Total OEI Component** (Up to \$98,000)

\$ _____ **Total CFHS Budget** *(sum of all components)*
(Not to exceed maximum funds available listed in Appendix D)

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2015 CFHS Budget Summary

COMMUNITY HEALTH ASSESSMENT AND PLANNING COMPONENT BUDGET

Perform ongoing community health assessment and planning

\$ _____ Build Partnerships

\$ _____ Conduct Planning

\$ _____ Assess Data Needs/Capacity

\$ _____ Conduct Prioritization

\$ _____ Plan Interventions

\$ _____ Plan Implementation

\$ _____ Conduct Evaluation

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

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2015 CFHS Budget Summary

CHILD AND ADOLESCENT HEALTH COMPONENT BUDGET

Improve the access to child and adolescent health services

\$ _____ Provide child and adolescent direct health care services

(sum the budgets from the two lines below)

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

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

_____ # of clients receiving Medicaid access assistance (\$40 one time per client) (Enabling)

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

_____ # of children and their families

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

\$ _____ Enhance the coordination and collaboration of evidence-based strategies among diverse stakeholders in child and adolescent health to address mental health and addiction needs for children and adolescents are met (Infrastructure)

Reduce the rate of smoking and increase smoking cessation among teenagers

\$ _____ Implement the **NOT** school-based smoking cessation program (Enabling)

Reduce the percentage of children who are overweight

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

_____ # of childcare facilities

_____ # of children

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

_____ # of schools

_____ # of children

Reduce the rate of infant mortality

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

\$ _____ Educate professionals and organizations working with families about infant safe sleep strategies (e.g., hospitals, health care professionals, WIC, JFS, child protective services, child care, child birth educators, home visiting programs, GRADS, etc.) (Infrastructure)

\$ _____ Educate employers in the community about *The Business Case for Breastfeeding* using the ODH training. (Infrastructure)

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

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2015 CFHS Budget Summary

PERINATAL HEALTH COMPONENT BUDGET

Improve access to perinatal care

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

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

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

_____ # of clients receiving Medicaid access assistance (\$40 one time per client) (Enabling)

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

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

_____ # of perinatal clients

Reduce the rate of smoking among pregnant women and women of childbearing age

\$ _____ Identify and train staff as Certified Tobacco Treatment Specialists (Infrastructure)

_____ # of staff trained as Certified Tobacco Treatment Specialists (TTS)

_____ # of clients proposed to serve

\$ _____ Implement Baby & Me-Tobacco Free smoking cessation program (Infrastructure)

_____ # of clients proposed to serve

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

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

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

CFHS Subgrantee Agency Name: _____

GMIS # _____

FY2015 CFHS Budget Summary

OIMRI COMPONENT BUDGET

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

\$ _____ Conduct planning efforts (Infrastructure)

_____ # of women proposed to be served

\$ _____ Ensure ongoing training (Infrastructure)

\$ _____ Provide adequate supervision (Infrastructure)

_____ # of community health workers in full-time equivalents

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

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

\$ _____ **OIMRI Component** (*add above budget amounts*)
Must be \$150,000 at a minimum.

CFHS Subgrantee Agency Name: _____

GMIS

FY2015 CFHS Budget Summary

OEI COMPONENT BUDGET

Actively participate in OEI and implement community interventions approved by CityMatCH

\$ _____ Year 2 application fee (Infrastructure)
(CFHS contribution of \$20,000; requires local funds match of \$20,000)

\$ _____ FIMR Implementation (Infrastructure)

\$ _____ Downstream strategy (Infrastructure)

\$ _____ Upstream strategy (Infrastructure)

\$ _____ **OEI Component** *(add above budget amounts)*
Up to \$98,000.

FY2014 Attachment #6 - CFHS Site and Service Form - Version 1.0

CFHS Subgrantee Agency Name:

GMIS #

This document is being submitted as: (please check one) Initial Form Date:
 Revision Date:
(MM/DD/YYYY)

Complete a form for each site location. The site may provide direct health care and enabling services or direct health care only and/or enabling services only. The yellow highlighted fields are the only areas that will accept the input of data. Tabs at the bottom of this page (Site 1, Site 2, Site 3, etc.) can be used for agencies with multiple sites. Complete all applicable components for your grant application.

Name of Site (location where services occur):
 Site Address:
 Site Supervisor/Contact Name:
 Phone Number:

I. Perinatal (check all that apply)

- Direct Health Care Only
 - Direct Care & Enabling
 - Enabling Only
 - OIMRI Community Care Coordination
 - Home visits
 - IPHIS data entered at this location
 - IPHIS data entered at other location (If checking this box, address must be entered below)
- Address of other location:

II. Child and Adolescent (check all that apply)

- Direct Health Care Only
 - Direct Care & Enabling
 - Enabling Only
 - MATCH data entered at this location
 - MATCH data entered at other location (If checking this box, address must be entered below)
- Address of other location:

Day	Agency Hours		Clinic Hours		Comments
	Start	End	Start	End	
Monday	<input style="background-color: yellow;" type="text"/>				
Tuesday	<input style="background-color: yellow;" type="text"/>				
Wednesday	<input style="background-color: yellow;" type="text"/>				
Thursday	<input style="background-color: yellow;" type="text"/>				
Friday	<input style="background-color: yellow;" type="text"/>				

List all CFHS/OIMRI funded staff working at this location

Last Name	First Name	Position
<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>
<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>
<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>
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**CHILD AND FAMILY HEALTH SERVICES PROGRAM ASSURANCES
OHIO EQUITY INSTITUTE (OEI) COMPONENT**

Statement of Assurance

For State Fiscal Year 2015

By signing below, applicant/subgrantee is agreeing to have the following components of this Statement of Assurance in place by July 1, 2014 as a part of the MC15 grant award received.

1. Assurance that the applicant will fully participate in the Ohio Equity Institute (OEI) for a period of three years beginning July 1, 2013 and ending June 30, 2016;
2. Assurance that the designated funding of \$20,000 which has been added to the MC15 CFHS award, will be used for participation in the Ohio Equity Institute in SFY15;
3. Assurance that the applicant /subgrantee will enter into a written agreement with CityMatCH concerning their participation in the Ohio Equity Institute;
4. Assurance that the applicant/subgrantee will secure the necessary matching funds by July 30, 2014 in the amount of \$20,000 to participate in the Ohio Equity Institute with CityMatCH;
5. Assurance that the applicant/subgrantee will demonstrate willingness to engage in the difficult conversations necessary to address inequities (e.g., racism, historical trauma, socioeconomic biases);
6. Assurance that the applicant/subgrantee will implement effective or innovative initiatives directly aimed at local birth outcome inequities;
7. Assurance that the applicant/subgrantee will create a plan for sustaining efforts by the close of the OEI (June 30, 2016);
8. Assurance that the applicant/subgrantee will participate fully in sponsored OEI activities and share results from Ohio Equity Institute work with the Ohio Department of Health, other participating teams, and national, state, and local entities.

CFHS Subgrantee Agency Name: _____

GMIS #: _____

Signature: _____
(Agency Head Signature) (Date)

Attachment #7