



Ohio Department of Health

Child and Family Health Services

FY15 Bidder's Conference

March 5, 2014

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Welcome:

- On behalf of the Ohio Department of Health's Bureau of Child and Family Health Services, I would like to welcome everyone to the Child and Family Health Services Bidder's Webinar/Teleconference.
- Today we will be presenting an overview of the purpose and goal of the Child and Family Health Services program; and an overview of the competitive Request for Proposal. We will use the acronym CFHS for Child and Family Health Services and RFP for Request for Proposal.
- Please place your phones on **MUTE** during the teleconference. **Do not** place phones on hold due to hold music. There will be time at the end of the presentation for questions. Please jot down your questions. We will open the line to take questions at the end of the discussion.

Child and Family Health Services Program

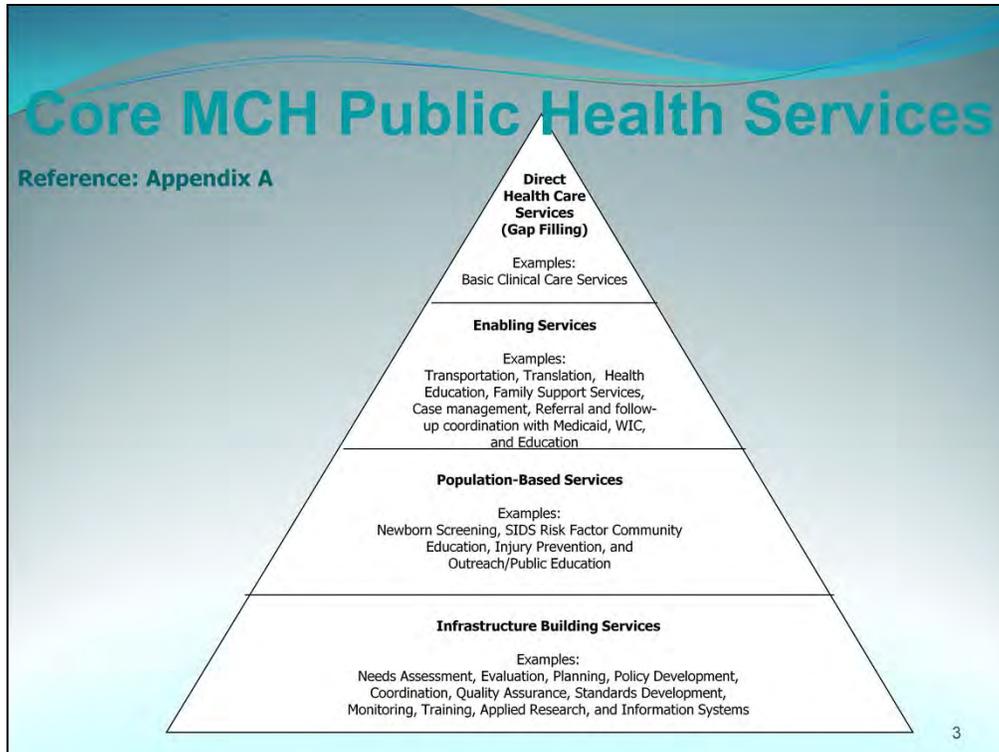
- Established 1983
- Community Based Program
- MCH Public Health Pyramid



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HISTORY-PURPOSE:

- CFHS 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.
- 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.
- These services have been provided by using the MCH Pyramid (see next slide).

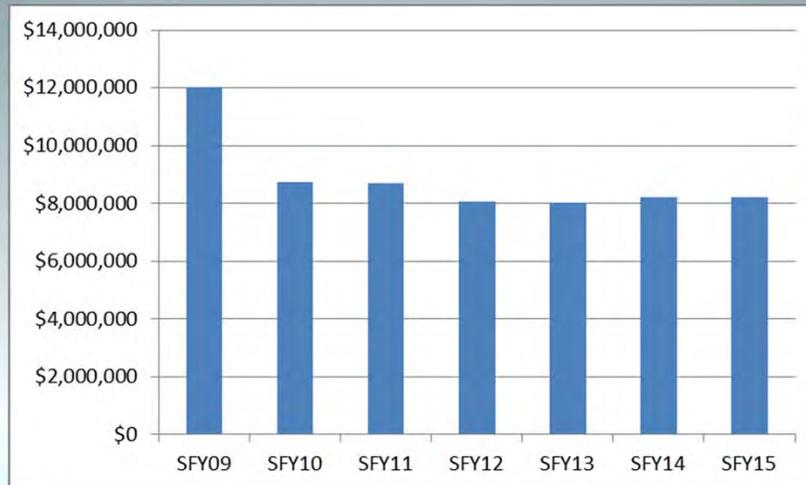


The CFHS Program will continue to fund and support all layers of the MCH Public Health Services Pyramid.

Please note that all layers rest and are justified by Community Health Assessment and Planning, which is a key Infrastructure Service.

CFHS will continue to fund direct care services for those counties/regions that can clearly meet the eligibility and justification requirements.

CFHS Total Grant Dollars (NOA) Notice of Awards



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A number of national and state level changes have occurred which have influenced the future focus of the CFHS program.

These include: the Affordable Care Act (ACA); a changing landscape of Medicaid providers & billable services; increased awareness of the impact of quality improvement science; and persistent and growing maternal and child health issues such as infant mortality, mental health, addiction, tobacco use, and childhood obesity.

While CFHS funding remains flat since SFY 2012, we are not anticipating any program cuts.

The maximum a county can apply for has been determined by a formula similar to the one used to fund the Maternal and Child Health Block Grant at the federal level. The formula is based on the number of children, and the number of children in poverty in the county.

Counties are grouped according to the index and assigned a maximum funds level. This value does not represent how much an applicant agency will receive, but the most that they may apply for.

Since not all applicant agencies have the capacity to meet their counties' full need and will not be funded at their maximum level, the sum of the maximum funds that each of the 88 counties can apply for is significantly more than the available funds.

Counties may collaborate with other counties to submit regional applications.

CFHS Goal and Services

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

Assessment

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

Policy Development

- Provide leadership

Assurance

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

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The focus of CFHS has been refined 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.

ODH seeks to encourage and support programs that achieve measurable improvements in women's and children's healthcare and outcomes through quality improvement science.

The CFHS program aligns with the **Maternal and Child Health Block Grant (MCHBG) Categories/Priorities and the Infant Mortality Task Force recommendations**. CFHS services also coincide with the **Core Functions of Public Health: Assessment; Policy Development; and Assurance** and align directly with the **Essential Public Health Services**.

We *can not* meet this goal one person at a time with just clinical care services; we *must* take a public health approach to address health status issues.

CFHS Revised Standards

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

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

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CFHS Standards have been revised.

It is a Web-based format divided into these sections

- Community Health Assessment
- Child and Adolescent Health
- Perinatal Health
- **New: Guidance on Infrastructure/Enabling/Population based Services**
- Ohio Infant Mortality Reduction Initiative (OIMRI)
- **NEW: Ohio Equity Institute (OEI)**

Priority Populations

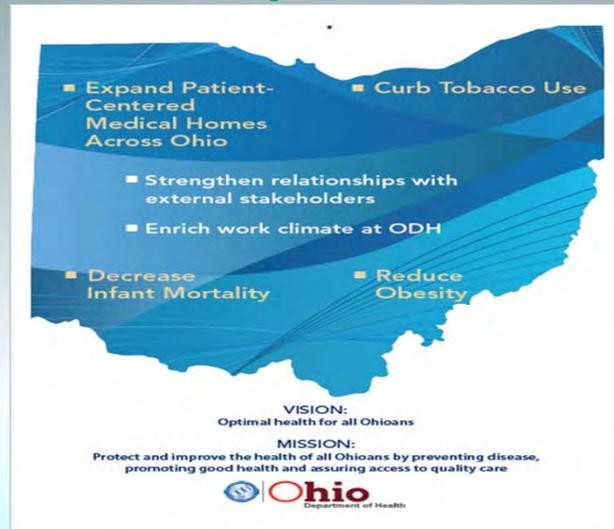
- Low-income children and families in racial and ethnic groups that are disproportionately affected by poor health outcomes
- Geographic areas and populations of highest need
- Collaboration with other MCH programs
- Assurance that services are not overlapping

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Because funding is received by the MCH BG (Title V of the Social Security Act), funding is provided to serve the maternal and child health population of Ohio.

- The population of interest continues to be low-income children and families in racial and ethnic groups that are disproportionately affected by poor health outcomes.
- The focus will be on geographic areas and populations of highest need.
- Applicants will be required to provide documentation of collaboration and will need to provide assurance that services are not overlapping with other programs serving the maternal and child population with similar approaches and multiple funding sources.

Ohio's Commitment to Prevent Infant Mortality



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This slide is to show ODH and its partners commitment to this priority

Our state budget includes a package of new & enhanced initiatives to reduce infant mortality.

These initiatives will be complemented by funding from Governor's Office of Health Transformation & Medicaid. Seriously Turning UP the Resources on this issue.

Initiatives focus on 3 areas that account for majority of infant deaths

1. Most infant deaths occur when babies are born too small (less than 5 1/2 lbs.) and too early (preterm births before 37 weeks gestation)
2. Victims of Sudden Infant Death or sleep-related injuries
3. Born with a serious birth defect

Key Features to FY15 CFHS

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



References:

Appendix B ODH GMIS 2.0 Training
Attachment #1 CFHS Assurances
Appendix D CFHS Maximum Funds Available

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Qualified Applicants:

- All applicants must be a local public or non-profit agency;
- Trained in GMIS 2.0 (Attachment B);
- have the capacity to accept electronic funds transfer (EFT);
- and to be considered eligible for review provide Attachment #1 CFHS Program Assurances.

•**Federally Qualified Health Centers (FQHC)**- 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.

Service Area: The service areas include all counties of Ohio. An applicant may apply to serve a **region** consisting of one or more counties.

Available 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 \$8M.
- Please refer to Appendix D ODH-CFHS Maximum Funds Available for each county.
- No grant award will be issued for less than \$30,000.
- Applicants proposing to serve multiple counties may apply for the sum of the funds available for each county to be served. Dollars designated for a county must be spent to specifically address health issues in that county. This must include community health assessment and planning as well as the administrative and operating costs of program and services for all counties included in the application.
- Agencies may subcontract with other entities to provide programs and services however, **grantees must provide oversight for all subcontractors**.
- Applicants proposing the OIMRI Component will be eligible for a minimum \$150,000 in additional funding.
- Applicants proposing the OEI component will be eligible for \$98,000 in additional funding.

Key Features of FY15 CFHS

CFHS Components

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



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CFHS grant dollars may be used to provide programs and services within 5 components

1. **A MCH Community Health Assessment and Planning** is REQUIRED to be addressed by all CFHS applicants. The decision to provide the other components is based on your Community Health Assessment and Planning results. If the grantee agency does not have primary responsibility for CHA applicants must describe their role in the health assessment process and how you are collaborating with the lead agency in that assessment.
2. **Child and Adolescent Health**
3. **Perinatal Health**
4. **Ohio Infant Mortality Reduction Initiative**
5. **Ohio Equity Institute (OEI)**

Each component will be addressed later

Overview of Changes

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

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This slide provides an overview of revisions to the grant program to better align with State & Department strategic priorities to reduce infant mortality, obesity and tobacco use.

A comprehensive review of funding and activities was completed. In addition, ODH staff reviewed MCHBG reported activities from around the nation as well as RFPs posted by other state agencies. As a result,

- The following were *removed*:
 - The measure to **Reduce the rate of preterm births**, which included the **strategy: Identify women with previous poor birth outcome and link to appropriate care**.
 - Under the measure to **Improve access to perinatal care**, the **strategy: Conduct outreach for perinatal clients in high risk neighborhoods**.
Many activities reported to ODH were supporting direct health care services.
 - The measure **Improve women's preconception and inter-conception health**. (folic acid)
There are efforts being undertaken by the Department through the BCSDHN to address this measure.
- The following were maintained but revised:
 - Strengthened benchmarks throughout.
 - Appendices minimized; we moved the former Section D of the RFP to the Standards (refer to ODH web site link)
 - For the CAH obesity measure, child care strategy—the only option will be the Ohio Healthy Program (OHP).
 - Strengthened PN socio-emotional health measure to ensure that women are linked to and receive care & added addiction.
 - Strengthened Safe Sleep and added support of the ODH campaign.
 - Included Medicaid EN as part of PN & CAH DC as this enabling service should be a component of direct care services funded by CFHS.

My colleagues will discuss new measures/strategies in upcoming slides.

Key Features to FY15 CFHS

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

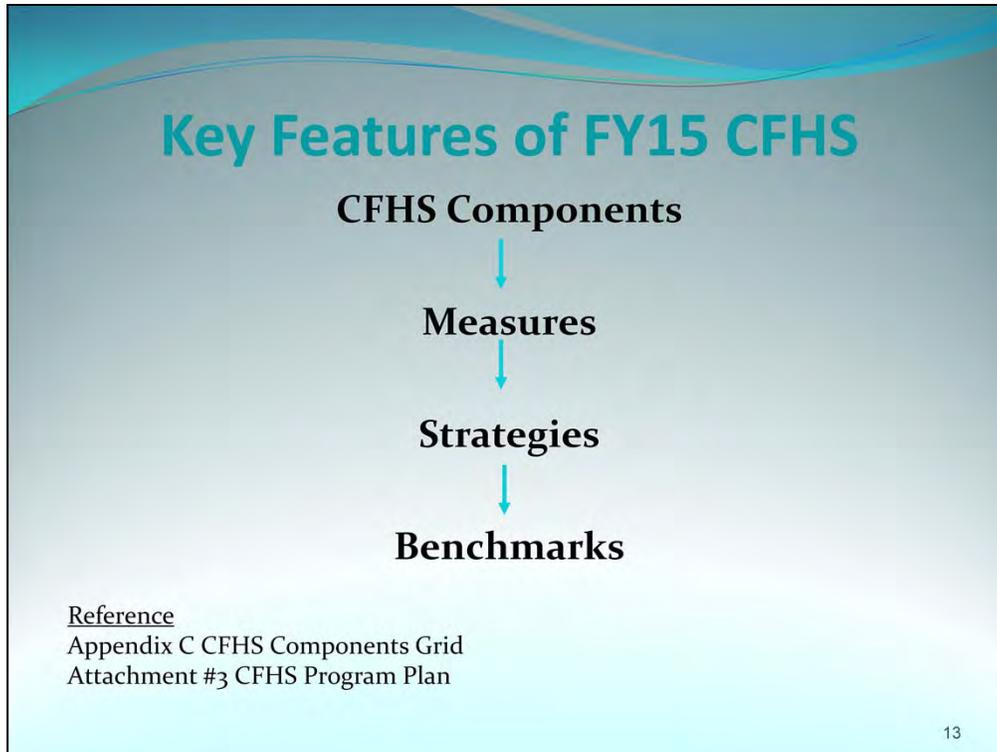


References:

Appendix C CFHS Components Grid
Attachment #5 CFHS Budget Summary

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Eligibility and justification - There must be clear eligibility and justification for each proposed measure and strategy. In order to be funded, the applicant must clearly describe how they meet the *eligibility and justification* criteria on the CFHS Components Grid (Appendix C).



CFHS Components and Measures are set by ODH. Please refer to Appendix C CFHS Components Grid to see each *components, measures* and *strategies*, along with their corresponding *eligibility criteria* and *benchmarks*.

- Applicants should apply for Components/Measures as identified by the CHA.
- CFHS **Measures** are based on maternal and child health priority needs as identified by ODH for the Maternal and Child Health Block Grant Needs Assessment and comprehensive review of the other states MCH programs.
- Child and Adolescent Health and/or Perinatal Health *measures* may be addressed at all levels of the public health pyramid; infrastructure, population-based, enabling and direct health care. See the CFHS Standards for more information on the public health pyramid.

Each **strategy** listed reflects evidence-based and/or best practices as identified 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*.

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

Community Health Assessment and Planning Component



Community Assessment and Planning Component

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

Reference
Appendix C: CFHS Components Grid

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- Community Health Assessment 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 CFHS CHA is to identify these health problems, needs and assets in order to better the MCH related programs in the community. For the purpose of the CFHS program, the community health assessment process should focus on the maternal and child health population. You may have a comprehensive community health assessment that addresses all populations but we want to see information specific to women of childbearing age, infants and children.
- It is "required" but does not have to be budgeted. However, if the strategy is not budgeted an explanation needs to be included on how you are going to meet the benchmarks for the strategy. A program plan still will need to be completed addressing all the strategies and benchmarks.
- A number of resources are available to assist you with your community health assessment on the ODH CFHS web page at
- http://www.odh.ohio.gov/odhPrograms/cfhs/cf_hlth/cha/commhealth.aspx
- County profiles with a number of data points are available for each county

CFHS Health Status Profiles

CFHS & RHWP Health Status Profile: Pike County, Ohio

Updated February 2014

County Type: Rural Appalachian

County Population: 28,480

Demographics

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

MCH Data, Pike County and Ohio

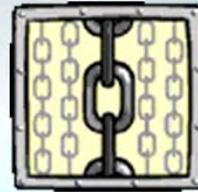
Vital Statistics		
	Pike	Ohio
Total Births ⁷	338	138,284
% Low Birth Weight ⁷	8.0%	6.8%
% Very Low Birth Weight ⁷	2.1% (7)	1.7%
% Preterm ⁷	11.8%	9.7%
% Very Preterm ⁷	3.6% (12)	2.6%
% Maternal Smoking ⁷	33.1%	16.9%
% 1st Trimester Prenatal ⁷	47.3%	57.9%
% Unmarried ⁷	50.0%	43.2%
Teen Birth Rate (15-17)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

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On the ODH web page, under CFHS you will click on the CFHS Community Health Assessment Resources link and then on the Health Status Profile link on the left hand side of the page. One of our researchers put together county profiles with the most recent data available at a county level. This is not a comprehensive list of data – you will most likely need to go to other *reliable* sources for data and will want to use any other local level data that may more clearly define your target population and their needs.

CFHS Community Health Assessment Data Resources

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

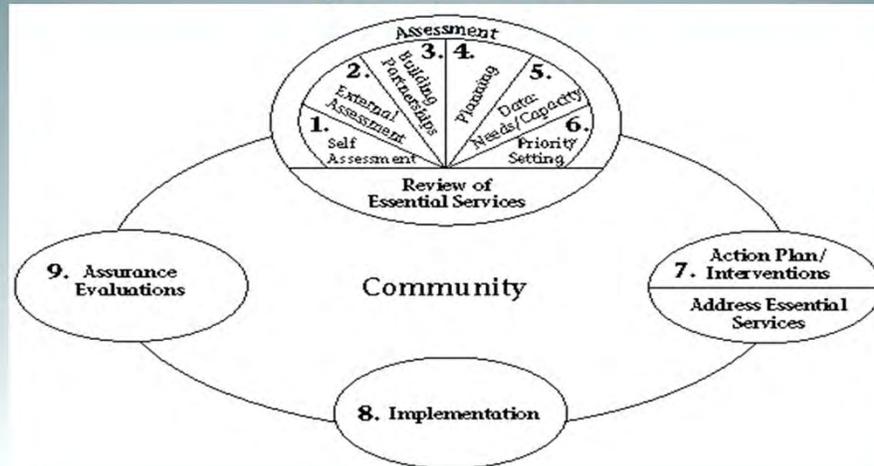


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At that same location mentioned on the previous slide, you can also click on the Data Resources link – it will take you to a page that has links to multiple sources of data including those listed in this slide. These sources are among the reliable sources mentioned in the previous slide.

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

Community Health Improvement Cycle (CHIC) Model



Reference
CFHS Community Health Assessment Standards

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- See Standards for more insight on the Community Health Improvement Cycle (CHIC) Model.
- CFHS Community Health Assessment and Planning Component is aligned with the CHIC Model. More information on the CHIC model is available on the CFHS web page – you will click on the CFHS Community Health Assessment Resources and then on the “technical assistance” link on the left.
- The community health assessment process is on-going and typically takes 3-5 years to complete the cycle before circling back to the beginning.

Community Health Assessment and Planning Component

Measure:

Perform ongoing community health assessment and planning.

Strategies:

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



Reference

Appendix C CFHS Components Grid
Attachment #3 CFHS Program Plan
Attachment #5 CFHS Budget Summary

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

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Measure: Perform ongoing community health assessment and planning

For more detail about the CHA and Planning Component see

1. Appendix C;

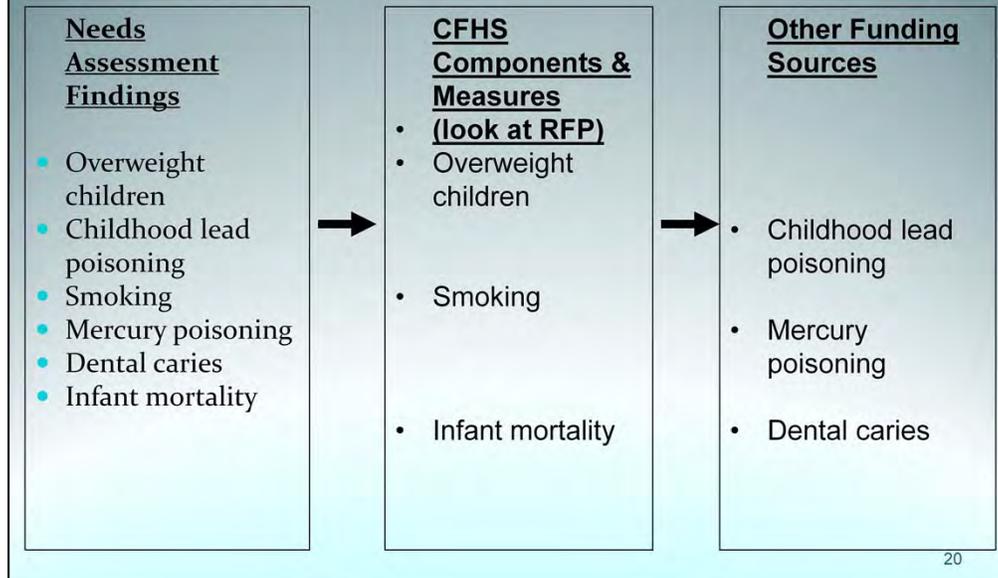
New this year is that agencies do not need to apply for all strategies within this measure.

In fact, we encourage you to be very thoughtful about allocating funds throughout the cycle to best suit your needs. You can select which strategy or strategies you want to apply for in the first year, and these can (and should) change over the life of the grant to reflect the community health assessment cycle. Refer to the RFP for more details on this change.

Strategies:

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

Results of CHA and Planning



This slide shows an example of how you can use the findings from your community health assessment in your CFHS grant application. As the left hand box shows, a variety of health issues were identified in the community health assessment. In the CFHS RFP, various interventions are included. The middle box shows which of the needs assessment findings can be addressed with CFHS funds. You should use your community health assessment results to provide the justification to apply for these funds. In the right hand box, you will see there are remaining health issues for which you will need to seek funds from other sources. CFHS funds can only be used for the measures and strategies listed in the RFP.

Child and Adolescent Health Component



Child and Adolescent Health Component

Measures

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

Reference

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



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The Child and Adolescent Health Measures are listed on the slide. You can refer to the RFP and revised Standards for more information.

Measures and Strategies:

- The first measure is: Improve access to child and adolescent health services. Provide child and adolescent direct health care services and includes Medicaid enabling assistance. If funded, you will receive the American Academy of Pediatrics *Bright Futures* books that align with the Standards.
- The second measure is Ensure that the socio-emotional health and/or addiction needs of children and adolescents are met. This measure is new to the CFHS grant and is added to coordinate and monitor service provision.
- The third measure is Reduce the rate of smoking and increase smoking cessation among teenagers. This measure is also new to the CFHS grant. The Not On Tobacco (NOT) program is a smoking cessation program for 14-19 year olds with training provided by the American Lung Association. NOT consists of (10) 50-minute, gender-specific group sessions usually held in schools during school hours and led by trained facilitators.
- The fourth measure is Reduce the percentage of children who are overweight
 - The strategy to work with childcare facilities to increase nutrition education, access to health food choices, and/or physical activity has slightly changed—the only program available will be the Ohio Healthy Programs. ODH is contracting with the Ohio Child Care Resource and Referral Association (known as OCCRRA) to provide trainings and coordinate with other statewide early childhood education efforts. Successfully participating in the Ohio Healthy Programs is an incentive to the child care facilities as they can earn the Step Up to Quality rating. Please direct your questions to CFHS, not OCCRRA.
 - The strategy work with schools to increase nutrition education, access to healthy food choices, and/or physical activity remains the same.
- And finally, the fifth measure is Reduce the rate of infant mortality. There are three strategies.
 - Conduct focused community education campaign regarding infant safe sleep messages.
 - Facilitate local infrastructure changes by educating professionals and organizations working with families to implement infant safe sleep strategies.
 - Facilitate the establishment of breastfeeding friendly workplaces by educating employers in the community about

implementing The Business Case for Breastfeeding using the ODH training.

Unallowable strategies & activities for the Child and Adolescent Health Component (at any level of the pyramid):

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

Perinatal Health Component



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A priority for CFHS is to enhance evidence-based and /or promising practices in the perinatal system(s) of care.

Perinatal Care Component

Measures

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

Reference

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



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For more detail about the Perinatal Component see: Appendix C CFHS Components Grid and the Standards

- The first measure is - Improve access to perinatal care.
 - This includes Perinatal direct health care services and Medicaid enabling assistance.
- The second measure is Reduce the rate of smoking among pregnant women and women of childbearing age. This is a new measure and is added to reduce the burden of tobacco use in the pregnant and post-partum population.
 - Funds may be used to train select staff as Certified Tobacco Treatment Specialists (TTS).
 - Funds may be used to implement the evidence-based smoking cessation intervention program, *Baby & Me Tobacco Free*.
- The third measure is Ensure that the social/emotional health and addiction needs of pregnant and post-partum women are met.
 - The purpose is to 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.

Ohio Infant Mortality Reduction Initiative (OIMRI) Component



Ohio Infant Mortality Reduction Initiative (OIMRI)

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

Reference

Appendix C, CFHS Components Grid
OIMRI Standards

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

- You will find more detail about the OIMRI Component by referring to:
Appendix C, CFHS Components Grid and by referring to the revised OIMRI Standards

Ohio Infant Mortality Reduction Initiative Component

Strategies:

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



Reference

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

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

For this measure, the **Eligibility and Justification** is that it must be a focused population, African-Americans, with poor birth outcomes . By referring to Appendix C, CFHS Components Grid for OIMRI, you will find a list of four Eligibility and Justification requirements; and, one or more of them must apply to your community.

The Strategies for this Component are:

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

Please note, for the OIMRI Component, All strategies must be implemented and all benchmarks must be addressed for this measure.

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

- Services to non-African Americans

14 OIMRI Counties



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As stated in the RFP, the **Ohio Infant Mortality Reduction Initiative (OIMRI) Component** - Only the 14 counties shown in red, are eligible for the minimum, \$150,000, OIMRI funding. They are: Allen, Butler, Clark, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Richland, Stark, Summit and Trumbull.

Ohio Equity Institute (OEI)



Ohio Institute for Equity In Birth Outcomes (OEI)



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



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The new CFHS program component is the Ohio Institute for Equity in Birth Outcomes is also known as the Ohio Equity Institute or OEI.

From 2000-2010, the US infant mortality rate improved 11% while the Ohio infant mortality rate got 3% worse. Therefore, the gap or disparity between Ohio and the rest of the nation is widening.

As we have discussed in previous slides, our black infant mortality rate is extremely high and high in comparison to the white infant mortality rate and the overall infant mortality rate. The black infant mortality rate increased to 15.8 in 2011; so once all the national data is tabulated for 2011, Ohio may become the nation's *worst state* in this category.

The OEI is an initiative designed by CityMatCH, the national organization of urban maternal & child health) to strengthen the scientific focus and evidence base for realizing equity in birth outcomes. The Institute is a data-driven, high-visibility movement by nine urban Ohio communities. This effort marks the first time that CityMatCH will work in so many cities in a single state at the same time. The hope is for Ohio to become a template for other states or communities also wishing to make measurable reductions in birth outcome inequities.

OEI Cohort

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



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The cohort for the OEI is listed on this slide. Therefore, these are the only cities/counties eligible to apply for OEI funds.

Attachment 7, OEI Assurances, must be completed and submitted for each city/county.

OEI Cohort

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

- **Application Fee**
- **FIMR Implementation**
- **Upstream & Downstream Interventions**



During a three-year span (July 1, 2013 – June 30, 2016) these communities will participate and receive training to support them as they select, implement, and evaluate equity-focused projects.

ODH is committing \$1 million over three years to fund:

- The Annual Application fee, \$20,000
- Fetal-Infant Mortality Review (FIMR) Implementation start up costs, \$28,000
- Upstream and Downstream Interventions, \$50,000

Strategies will be evidence-based and considered “downstream” (impacts made in 18-24 months) and “upstream” (those addressing social determinants of health and will take longer to reach impact).

Complete the CFHS Budget Summary (attachment 5) and Program Plan (attachment 3). Refer to the Components Grid (Attachment C) and the Standards.

OIMRI staff should be part of the travel and/or home teams.

Request for Proposal Guidance



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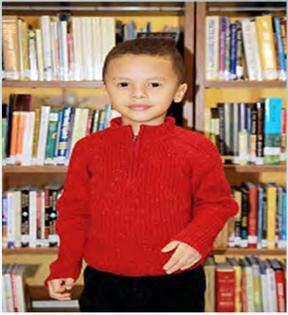
My colleagues have provided you with an overview of the purpose/goal and criteria for this program. We are now going to turn our attention to the application and review process.

Request for Proposal Guidance

Table of Contents



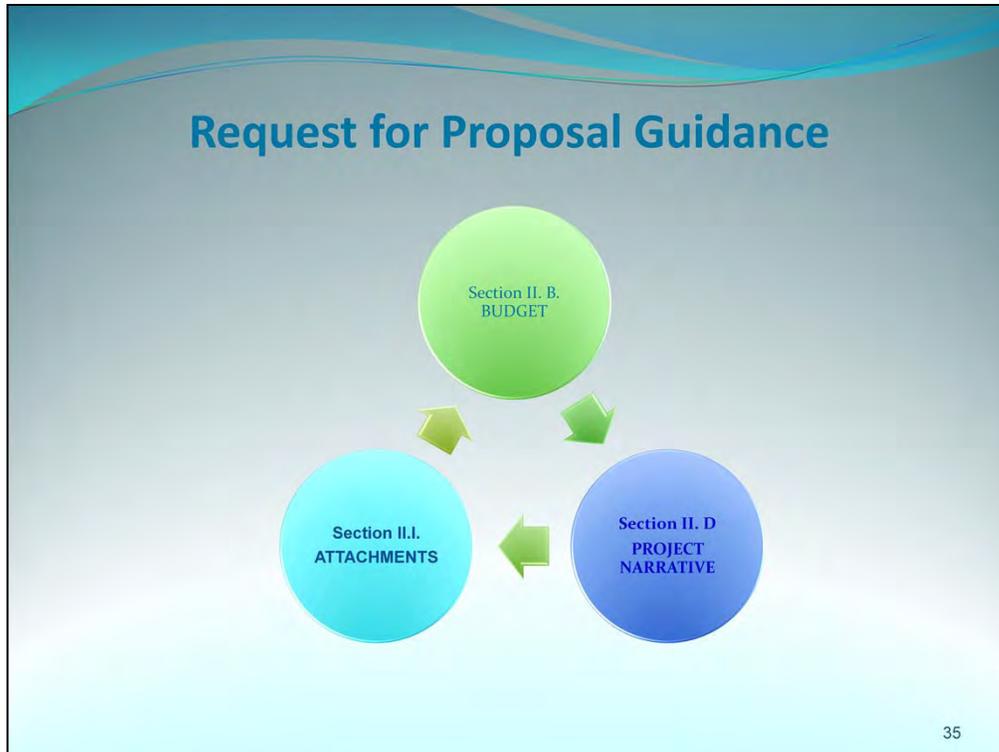
- I. Application Summary and Guidance
- II. Application Requirements and Format
- III. Appendices



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I would like to walk you through the Competitive RFP so please turn to the Table of Contents. As you can see the RFP is divided into three sections:

- I. Application Summary and Guidance:** is provided to assist your agency in identifying funding criteria and begins on Page 1.
- II. Application Requirements and Format** begins on Page 18. This section includes attachments that must be submitted with your application. (Attachments begin on Page 18)
- III. Appendices** are referenced in the RFP to provide you with more information/guidance when completing your application. These include Appendix:
 - A. Notice of Intent to Apply Form
 - B. GMIS Training Form
 - C. CFHS Components Grid
 - D. SFY 2015 ODH-CFHS Maximum Funds Available
 - E. Sample Sliding Fee Scale 2013
 - F. Application Review Form



- All proposals will be judged on clarity and completeness of the competitive application.
- In the next few slides we will go over the Application Requirements and Format for three areas:
 - Section II. B. Budget,
 - Section II. D. Project Narrative, and
 - Section II. I. Attachments.
- Remember your proposal will be judged on clarity so it is **important** that you align these three areas: the Budget, Project Narrative and Attachments –

For example:

Let's think for a minute about the personnel and/or contracts you propose to fund through CFHS grant dollars-

It would be in your best interest to align or make sure the same personnel and/or contractors you mention in the budget/project narrative are the same individuals mentioned in GMIS 2.0 line item budget, and the Person(s) Responsible Column in the Attachment #3 Program Plan.

Request for Proposal Guidance

II. B. Budget

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

Reference

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



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Section II. B. Budget begins on page 18 of the RFP

1. For the **Primary Reason and Justification** narrative:
 - Clearly identify components and strategies you are applying for and the costs associated with each strategy.
 - Applicants proposing **Child & Adolescent** direct health care services should budget \$120 per comprehensive visit and/or \$90 per child and adolescent acute care or follow-up visit;
 - Applicants proposing **Perinatal** direct health care services should budget \$120 per antepartum visit and/or \$145 per postpartum visit
 - A one time \$40 per client can be budgeted for Medicaid application assistance
 - Applicants proposing the **OIMRI** Component must provide a letter of support from the local HMG outlining how HMG and OIMRI will collaborate in serving the target population.
 - **Regional applications will be accepted** as described on pages 18-19 of the RFP. Regional applicants must provide letter(s) of support from all significant MCH 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.**
 - **The sum** of all budgeted programs and services (excluding OIMRI and OEI) should not exceed the funding caps indicated on Appendix D (Maximum Funds Available).

Prior to completion of the budget section, please review page 13 for unallowable costs!

Request for Proposal Guidance

II. D. Project Narrative

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

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Section II. D. Project Narrative begins on page 21 of the RFP:

1. For the **Executive Summary** – You will need to provide the purpose, methodology, and evaluation plan for this project. Describe the public health problems that the project will address, including the services and programs to be offered.
2. When **Describing the Applicant Agency** – Discuss your agency's eligibility to apply, its structure and how it will manage the program. Note personnel, equipment, or training needs that will be addressed to carry out this grant. Delineate all personnel who will be directly involved in program activities, and other partners/agencies that will be working on this program.
3. In the **Problem/Need** or *Eligibility and Justification narrative* :
 - Describe the local health status concern that will be addressed by the program.
 - **Describe segments of the target population who experience a disproportionate burden of the local health status concern**
 - Demonstrate the need for CFHS funds by reporting the results of your 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 description (**no more than three (3) pages**) of the process used to conduct the community health assessment for this application.
 - See Community Health Assessment Standards
4. Methodology will be discussed on the next slide.
5. The Culturally and Linguistic Appropriate Services (known as CLAS) plan is to be submitted at time of grant application

II. D. Project Narrative 4. Methodology

CFHS Components Grid Appendix C is used to populate

CFHS Program Plan Attachment #3

Project describes activities, person responsible and timeline

CFHS COMPONENTS GRID
Child and Adolescent Health Component

CFHS Measure	Eligibility and Justification	Strategies	Benchmarks/Evaluation Measures
Reduce the rate of infant mortality.	(Problem/Need) A majority 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 justification narrative.	(All strategies must be implemented and all benchmarks must be addressed for this measure.)	Measures (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.
	Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants between 1 month and 1 year of age. Babies who sleep in unsafe ways are much more likely to die of SIDS than	Infant Safe Sleep (PB) and (TN) activities require development of a tracking system to record all activities (name, location, date, person in charge, numbers reached, results, barriers) and	<ul style="list-style-type: none"> Tracking system developed. Evaluation plan developed. <p>The following are to be reported on the Mid-Year and Annual Report:</p>

CFHS Program Plan EXAMPLE

CFHS Sub-grantee Agency Name: Backeye LED, OMS 01110011M00415 Date: 06/01/14

This document is being submitted as: (place 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 infant mortality rate (IMR) was 7.6 deaths per 1,000 live births, and in 2011, it was 7.7. Backeye County's 2012 IMR was 8.42. According to the Ohio CFR 157 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.ohio.gov/odhprograms/cfhs/ccpim/infantmortality.aspx>
<http://www.ohio.gov/odhprograms/cfhs/cfhsprofiles.aspx> <http://www.ohio.gov/odhprograms/cfhs/ccpim/parent.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. 2. Place safe sleep display video in waiting rooms of local businesses serving families; policies implemented. 3. Place ISS messages on posters in community restaurants in the Fall. 4. Create safe sleep awareness slides for movie theater, run during the month of May. 5. Create a display/distribute brochures at BabyBum at second hand store. 6. Create billboard to be displayed for month of October and April. 7. Posters with Crib for Kids® (CFK)	Joe White, Clerk Mary Smith, Social Worker Sue Jones, Health Educator Joe White Mary Smith Sue Jones Mary Smith	1. 10/2014 & 4/2015 2. On-going 3 Fall 2014 4. March-May 2015 5 November 2014-April 2015 6. 10/2014 & 4/2015 7. On-going 8. On-going	<ul style="list-style-type: none"> 100 families are reached with culturally appropriate ISS messages. 20 organizations are reached regarding ISS messages. 2 retailers place safe sleep only bedding. 2 newspaper articles published. 4 displays and 10 videos in 10 family-focused businesses. 10 restaurants using placards with ISS messaging. 5 baby retailers displaying handouts with infant product purchase, 1 hospital distributes at discharge. 	Accomplishment column to be completed for Mid-Year Progress Report and Annual Progress Report

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

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Methodology: Applicants must use the CFHS Components Grid (Appendix C) to populate the CFHS Program Plan - Attachment #3. Here's how it is done:

- On the program plan (attachment #3) check the **component** that will be addressed.
- Copy the specific **CFHS measure** that will be addressed from the "CFHS Components Grid-Appendix C" to the program plan- Attachment #3.
- Copy the specific **eligibility and justification** from the "Components Grid" to the program plan. The eligibility and justification describes how the project meets the criteria for the specific CFHS measure.
- Indicate the amount of **funding requested**
- For each measure you list, copy the specific **strategy** from the "Components Grid" to the **strategy column** on the program plan. The strategies describe how the applicant will meet each measure and should be used to design and implement program activities.
- In the **activities column** list the specific activities that will be implemented to address each strategy. Activities must be provided for each strategy. Providing multiple activities in detail will allow the application reviewers to better understand your program's intentions.
- List the name of the person(s) responsible for implementing the specific activities in the **person(s) responsible** column.
- In the **timeline** column indicate the date the activities will be completed or accomplished. It is not acceptable to list "at end of grant period" for any activities.
- Each strategy must have the defined benchmark/evaluation measure(s) associated with it. **Benchmarks can not be altered.** However, additional benchmark/evaluation measures for specific activities should be included in the program plan.
- The **Accomplishments** column on the program plan is not due at the time of the grant submission.

Request for Proposal Guidance

Attachments as Required by Program – Hard copy

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

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

Request for Proposal Guidance

Attachments as Required by Program - GMIS

Provide the following attachments through the GMIS system:

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

Request for Proposal Guidance

Program Reports

On-Going

- IPHIS Reports (Perinatal Direct Care)

Each Quarter

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

By February 1, 2015

- Mid-Year Progress Report for FY15

By August 1, 2015

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



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Please note that we will no longer be requiring the Community Health Assessment Guide Narrative to be submitted as a separate document with the mid-year and annual reports. Instead, you will include the updates in the program plan (attachment 3) in the mid-year and annual reports. The Guide, now located in the CHA Standards, serves to assist you in completing your program plan and annual reports.

Section I. W. Reporting Requirements begins on page 10 of the RFP.

Applicants must acknowledge in the narrative that all **reporting requirements** will be completed by the dates outlined in this RFP.

CFHS projects must complete and submit reports and related client information in a manner determined by ODH. Untimely submission of program reports may result in withholding of funds.

Review of Grant Applications



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CFHS Grant Application Review tool is located in Appendix F and should be used to help you put your application together and to help you do a self assessment of your application before it is submitted.

Grant Review Process

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



Reference
Appendix F CFHS Grant Application Review Form

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Please Note: All proposals will go through an initial review/screening before the external objective review to ensure that:

- all attachments have been submitted,
- the applicant is qualified,
- funding request meets the minimum and maximum allocation, and
- the applicant addressed the Community Health Assessment.

BCFHS policies and procedures for the external objective review:

- obtain the best available professional judgments for each application submitted,
- conduct a thorough review of each application,
- evaluate consistently and independently each application against the program criteria as described in the Request for Proposals (RFP),
- provide a summary with strengths and weaknesses of each application based on the review criteria,
- provide a recommendation for approval, approval with modification, or disapproval of the application.
- The reviewers' recommendations concerning the merit for the application and the statements of strengths and weaknesses are the primary basis for funding action.
- Information from the review serves not only to form recommendations, but also to provide feedback to the applicant.

FY2015 Competitive Application Timeline

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

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

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

New this year: You must submit your EFT form, W9 form, proof of liability (if applicable) and proof of non-profit (if applicable) with the Notice of Intent to Apply for Funding. If possible, please scan these and email as one document. Applications missing these forms with the Notice of Intent to Apply for Funding will not be considered.

All grant applications must be submitted via the Internet, using the ODH Application Gateway-Grant Information System (GMIS 2.0). **Applications are due Monday April 7, 2014 by 4 p.m. It never hurts to apply early!**

Applicants must attend or must document in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. For agencies needing GMIS 2.0 training please complete and submit the GMIS Training Request Form (Appendix B, pg 27 of RFP) by March 7, 2014 so the Grants Administration Unit can schedule your GMIS 2.0 training session.

Last Words...

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

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Describe what you propose to do clearly and in detail so the reviewer can tell what and how you intend to accomplish your program.

- Read, reread, and reread the RFP and highlight/mark down key information
- Review the unallowable costs/unallowable strategies
- Assume the person reviewing the application knows nothing about your program
- Study the review criteria- it tells you the basis on which applications will be evaluated and scored.
- Proof read your proposal/application, make sure the proposed GMIS Budget and Budget Narrative, Project Narrative and Attachments align
- Make sure the application, including attachments are complete
- Submit SFY15 Attachments, not old forms
- Push the send button by the deadline! **Monday, April 7 by 4 p.m.**



A Question and Answer document along with updates will be sent via e-mail to agencies who submit a Notice of Intent to Apply for Funding.

If you do not get the opportunity to ask your questions, please submit them to Dyane Gogan Turner via email.

Before we open the line for the Q&A here are a few questions we have received:

- 1. How can I receive the RFP attachments?** The attachments are located in the RFP but we will send the attachments in word/excel via e-mail to those who have submitted a Notice of Intent to Apply for Funding.
- 2. What needs to be submitted with the Notice of Intent to Apply for Funding?** You must submit your EFT form, W9 form, proof of liability (if applicable) and proof of non-profit (if applicable) with the Notice of Intent to Apply for Funding. If possible, please scan these and email as one document. Applications missing these forms will not be considered.

We would also like to point out a typo on page 42 of the RFP. In the benchmarks/evaluation measures column, it should read # of women screened and # of women referred receiving treatment.