

Child & Family Health Services Program

Q & A Part 3, for FY 15 Grant

April 2, 2014

1. Our local hospital has a TTS on staff. I would like to collaborate with the hospital to avoid duplication of programs. Can the client visits be paid through CFHS funds or just the hourly rate of the TTS?
You can set up your memorandum of understanding with the hospital for CFHS funds to pay just the hourly TTS rate, or to include the visits and the TTS hourly rate.
2. Do we have to choose all of the strategies?
Please refer to the Q&A document Part 2, question #3
It has come to our attention that Appendix C, CFHS Components Grid, has an error: For the Community Health Assessment and Planning Component and the Ohio Infant Mortality Reduction Initiative Component, the Grid column “Strategies” should read: (All strategies must be implemented and all benchmarks must be addressed for this measure) For all other Components (Child and Adolescent Health, Perinatal Health and the Ohio Equity Institute), the Grid column “Strategies” should read: (Each strategy that is addressed must have all the associated benchmarks/evaluation measures also addressed)
3. If not, do we receive the same amount of money?
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.
4. For the access to Child and Adolescent, do we have to provide acute visits? We have always been a well- child clinic for the most part.
Please refer to the eligibility and Justification regarding the Child and Adolescent Direct Care Strategy, and use your community health assessment to determine the needs/gaps in your community regarding **continuity of care.**
5. Under Improving access to perinatal care, “documentation of barriers to enrollment is maintained for un/underinsured perinatal clients who are not successfully enrolled in Medicaid is this an activity? And if so, should we for example, just be keeping a spreadsheet of any barrier we see for each client who has trouble enrolling? Is there a benchmark for this?
For FY 2014 the benchmark was with the strategy Provide assistance for perinatal clients to gain access to Medicaid. This is no longer a stand- alone activity. For FY 2015, it is the last bullet under the eligibility and justification for the measure “Improve Access to Perinatal Care”. Documentation is needed to justify this measure. How you document this should be determined by your local agency to ensure you can report benchmarks for the measure.
6. Will we still be doing the 5As Smoking program?
Yes, it is a required activity in the Perinatal Health Component under the measure Improve access to perinatal care.

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7. Is the next Project Director's Meeting scheduled?
Not at this time. We met once per year for the project directors' meeting (one-day). We will aim to host 2-3 conference calls. You should budget for (2) one-day trips in case something arises during the course of the fiscal year.
8. Is there any way that the grant deadline can be pushed back? I was at the OPHA DON meeting on Friday. It was a conversation point and projects feel it is an unreasonable time period for a competitive grant with new deliverables....
No, the due date is April 7, 2014 by 4:00pm.
9. Attachment B mentioned at the top of pg., 24. WE have a DUNS and CCR number which it says to submit on Attachment B, however we cannot find an attachment B.
Attachment B is now located in GMIS per the RFP.
10. Should we repeat the entire description from the Strategy column of Appendix C, the Components Grid, or just the name of the strategy then list our activities? Should the child and adolescent direct care benchmark read “ ___ # of acute visits proposed, ___ # acute visits completed” or” ___ # of acute/follow-up visits proposed, ___ # acute/follow-up visits completed?” Do the rows of each column have to align perfectly?
Copy the name of the strategy then list your activities. See the example on page 60 of the RFP. You can change it to Acute/Follow-up. No, but you should try to align rows as much as possible.
11. Should I use the RFP Attachment 5 (in Word) or the Excel document that was sent to applicants via email?
Use Attachment 5 in Excel format. This is the format that it should be submitted. And, there is a typo in the RFP (Word) for improving access to direct care; the following is deleted from Attachment 5 in Excel, “ \$_____Provide assistance for perinatal clients to gain access to Medicaid (Enabling).”
12. The last line of your answer to Question #38 in Part 1 of the Q & A said to continue to direct ALL questions to CFHS so I was wondering where we could see this curriculum to be able to determine our capability of implementing this in area childcare facilities. Currently I am still unsure as to what we as the Health Department will be doing and what is expected of the actually childcare facilities.
The link to Healthy Children, Healthy Weights curriculum is in the 2nd Q&A document. The site was down this week but should be running now. The CFHS subgrantee agency will attend the train-the-trainer training and provide 3 TA visits to each participating child care facility. Each visit should be 1 hour or less. Child care facility directors and staff will implement the program and complete online modules for their free 15 hours of Step Up to Quality approved trainings.

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13. The answer to Question #22 in Q & A part 1 states we will not do anything through OCCRRA (i.e. signing up for the registry), but in the CFHS Components Grid and Program Plan under Benchmarks it says “100% of outcome data entered into OCCRRA registry.” Any input or information you can supply would be greatly appreciated, because I am not sure how we can successfully write our Program Plan without an understanding of what the Healthy Program project is and what it will take to implement (i.e. staff time and materials).
The child care facility will enter the data into the registry that is maintained by OCCRRA.

14. Do we use OHP with school-based preschools or do we use the school-age programs with school-based preschools? Can we use Grow It, Try It, Like It with preschools?
OHP is designed for licensed child care facilities. Whether a preschool is based in a school/district or the preschool is not located in a school/district, the preschool is a licensed child care facility. The OHP program is to be used with licensed child care facilities. Please keep in mind that if you plan to work with a school-based preschool, you may need to work with the school district office; ODH, in collaboration with the trainers, will provide technical assistance.

Refer to Q&A document #2, #46 for approved K-12 programs.

<https://jfs.ohio.gov/cdc/childcare.stm>

<http://education.ohio.gov/Topics/Early-Learning/Preschool-Licensing-and-School-Age-Child-Care-Lice>

<http://www.earlychildhoodohio.org/elcg.php>

<http://columbus.gov/healthy-children-healthy-weights.aspx>

15. For multiple counties: Do we submit separate program plans? Do we submit one project narrative and budget justification? Finally the CLAS plan, is that specific to the lead agency? Or do we submit one per county?

Refer to the first Q&A document #2. Submit one narrative and one justification but be inclusive and specify services and funding amounts for each county. The CLAS plan is for the lead agency but includes the strategies for services provided in the communities.