

Date: August 1, 2023

To: Maternal Behavioral Health Peer Support Program Competitive Applicants

From: Alicia Leatherman, Chief *AL*
Bureau of Maternal and Infant Vitality
Ohio Department of Health

Subject: Notice of Availability of Funds
Sunday, Oct. 1, 2023 – Monday, Sept. 30, 2024

The Ohio Department of Health (ODH) Bureau of Maternal and Infant Vitality, announces the availability of funds to support the Maternal Behavioral Health Peer Support Program.

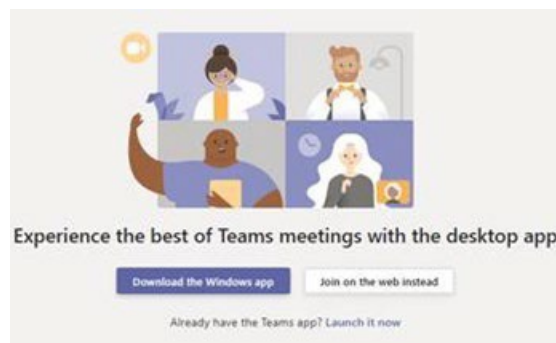
All applications and attachments are due by 4 p.m. on Monday, Aug. 28, 2023. Electronic applications received after Monday, Aug. 28, 2023, will not be considered for funding. Faxed, hand-delivered, or mailed applications will not be accepted.

All potential applicants are encouraged to attend a Bidders' Conference that will be held via webinar on **Friday, Aug. 18, 2023 from 9-10 a.m.** The Bidders' Conference will provide an opportunity for interested parties to learn more about the Request for Solicitation.

Microsoft Teams Meeting link:
[Click here to join the meeting](#)

Call-in information: Phone Conference ID:
[+1 614-721-2972](#)
[Conference ID Number: 548074570#](#)

ODH is using Microsoft Teams for this virtual meeting. We will be sharing our screen through this platform. To join the meeting, please click on "Join Microsoft Teams Meeting" below. If your agency does not have Microsoft Teams, you will be given the option to "Join on the web instead" (screenshot below). There is also a call-in number below if you do not plan to use your device's audio. Please note, this program works best in Google Chrome.



Bidders' Conference presentation slides from the meeting held on Friday, Aug. 18, 2023 will be sent to all entities who submit a Notice of Intent to Apply for Funds.



This is a competitive solicitation; **all interested parties must submit a Notice of Intent to Apply for Funding (NOIAF—Appendix A), no later than 4 p.m. on Wednesday, Aug. 9, 2023 to be eligible for these funds.**

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 (Appendix B) no later than 4 p.m. on Wednesday, Aug. 9, 2023 to begin the process to authorize your account.**

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding.

Important Date Reminders

- Notice of Intent to Apply for Funding (NOIAF—Appendix A)—by 4 pm on Wednesday, Aug. 9, 2023.
- ODH GMIS 2.0 Form (Appendix B)—by 4 p.m. on Wednesday, Aug. 9, 2023 (if applicable).
- Bidders Conference—Friday, Aug. 18, 2023, 9-10 a.m.
- Applications Due—by 4 p.m. on Monday, Aug. 28, 2023.

If you have questions regarding this application, please contact Stacy Herman by e-mail at stacy.herman@odh.ohio.gov.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH
BUREAU OF MATERNAL AND
INFANT VITALITY

Maternal Behavioral Health Peer Support Program
SOLICITATION FOR FISCAL YEAR 2024 (10/1/2023 –
9/30/2024)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

☒ Base Only Funding ☐ Base and Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

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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 components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Wednesday, **Aug. 9, 2023** so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For nonprofit agencies, the NOIAF must be accompanied by proof of nonprofit status. Both nonprofit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form, and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: *Maternal Behavioral Health Peer Support Program*

C. Purpose:

The purpose of the Maternal Behavioral Health Peer Support Program is to increase support through Peer Supporters to address mental health issues amongst one of Ohio's most vulnerable populations—expectant and new mothers, who are pregnant and/or up to one-year postpartum. According to the Ohio Department of Mental Health and Addiction Services, a certified peer supporter is “someone who has direct lived experience with behavioral health challenges, or someone who has navigated services on behalf of an individual with behavioral health challenges.” According to the American Medical Association (AMA)¹, behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress related physical symptoms. Behavioral health care refers to prevention, diagnosis and treatment of those conditions.

Research indicates that women experience a lack of consistent and accessible standard of care in the United States in part due to a scarcity of qualified and financially accessible mental health providers. One way to address provider shortages within the fields of maternal mental health and addiction, is through the use of certified peer support specialists. Peer supporters provide support with phone calls, virtual visits, individual, and group support. Peer supporters are also available to provide outreach to communities, meet individuals where they are at in their physical environment and within their treatment process. Peer supporters can serve as part of treatment teams and other support programs within the community.²

The Centers for Medicare and Medicaid Services (CMS) initially cited the efficacy of peer support programs in 2007, defining peer services as “an evidenced based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness”³. Peer support has also been recognized by other federal agencies such as Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA) and endorsed by organizations like Mental Health America. Certified Peer Specialists supplement the mental health provider shortage, provide an emerging opportunity for support within maternal mental health, and have the potential to provide meaningful career pathways. They also assist with addressing current barriers within maternal mental health including stigma/shame and the need for culturally competent care, while doing so in a cost-effective manner.

¹ “What is behavioral health?” American Medical Association. <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>. Web. 24.1.2023.

² “A Significant Solution for Maternal Mental Health: Certified Peer Specialists.” 2020 MOM. <https://www.issuelab.org/resources/40014/40014.pdf>. Web. 24.1.23.

³ “A Significant Solution for Maternal Mental Health: Certified Peer Specialists.” 2020 MOM. <https://www.issuelab.org/resources/40014/40014.pdf>. Web. 24.1.23.

The 2016 Ohio Pregnancy Assessment Survey found that only 49.6% of recently pregnant women remembered being asked by their physician about feeling depressed, 49.25% reported being asked about abuse, and 13.6% reported being asked about substance use ⁴. According to the 2020 CDC Vital signs brief, one in eight women report symptoms of depression after giving birth. About one in five women were not asked about depression during a prenatal visit, and over half of pregnant women with depression were not treated.⁵ According to the World Health Organization, about 10% of pregnant women, and 13% of women who have just given birth, experience a mental disorder, primarily depression worldwide. In developing countries this is even higher, i.e., 15.6% during pregnancy and 19.8% after childbirth. Furthermore, mothers' suffering may be so severe that they commit suicide. In addition, the affected mothers cannot function properly. As a result, the children's growth and development may be negatively affected as well.⁶

The overall goal of the Maternal Behavioral Health Peer Support Program funding is to support pregnant and postpartum women with improving their mental health wellness through the provision of peer support services. The Maternal Behavioral Health Peer Support program supports the larger effort to improve mental health wellness among Ohio's most vulnerable population. Previous funding has been utilized to increase the number of peer support personnel working with pregnant and postpartum individuals to improve their mental wellness, increase the number of behavioral health screenings and referrals, and increase behavioral health knowledge of personnel who work with pregnant and postpartum women. The Maternal Behavioral Health Peer Support Program will build upon lessons learned through previous funding. Mental health and maternal and infant health are core components of the State Health Improvement Plan, ODH Strategic plan, the Maternal and Child Health Block Grant, recommendations generated by the Eliminating Disparities in Infant Mortality Task Force and the Ohio Council to Advance Maternal Health (OH-CAMH) strategic plan.

D. Qualified Applicants:

- Entities eligible to apply for these funds must be a local public or non-profit organization.
- Priority will be given to applicants with effective experience facilitating/implementing peer support programs/services.
 - Previous Maternal and Child Health Peer Support Program subgrantees and/or subcontractors are eligible to apply for funding.
 - Previous subgrantees and subcontractors are expected to continue services in the county in which they were previously funded but may apply to expand services in additional counties.
- Priority will be given to applicants proposing to provide peer support services in an Ohio Equity Initiative (OEI) community. Please reference Appendix C for the list of OEI counties.
- Applicants without peer support experience must demonstrate they have the ability to implement the Behavioral Health Peer Support program within six months of grant award. For example, a partnership/MOU in place with an existing peer support program, assuring the peer supporter meets the Ohio Department of Mental Health and Addiction Services' Adult Peer Supporter qualifications, if not already certified, partnerships with organizations who will serve as referral sources, physical space that ensures confidentiality to conduct individual and group peer support sessions, etc.

Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs

⁴ "Special Topics Report on Pregnancy-Associated Deaths Due to Suicide in Ohio, 2008-2016." Ohio Department of Health. <https://odh.ohio.gov/wps/wcm/connect/gov/2799c8cd-ebd9-4b72-a00d870e86a477/Special+Topics+Death+Due+to+Suicide+Final.pdf>. Web. 24.1.23.

⁵ "CDC Vital Signs Identifying Maternal Depression." Center for Disease Control (CDC). https://www.cdc.gov/reproductivehealth/vital-signs/identifying-maternal-depression/VS-May-2020-Maternal-Depression_h.pdf. Web. 24.1.23.

⁶ "Mental Health and Substance Use." World Health Organization (WHO). <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health>. Web. 24.1.23.

GMIS access, then a GMIS access form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, Aug. 28, 2023.**

- E. *Service Area:*** Service areas will be determined by subrecipients use of data to describe and justify the geographic area to be served. Consider using the Ohio Health Improvement Zones Dashboard to determine your priority service areas. The Dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specify factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information, and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- F. *Number of Grants and Funds Available:*** The source of the funds supporting the subgrant program is state general revenue and federal funds. The total amount of funding available is \$480,000.00. It is anticipated that at least six projects will be awarded. Applicants may apply to serve more than one county and should develop their budget accordingly.

*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.*

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically by **4 p.m. by Monday, Aug. 28, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Stacy Herman, Stacy.Herman@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute House Bill 33: Main Operating Budget; 135th General Assembly.

I. Goals: The goal of this funding opportunity is to increase access to address mental health supports and improve mental health wellness for individuals who are pregnant and/or up to one year postpartum.

J. Program Period and Budget Period: The program period will begin Sunday, Oct. 1, 2023 and end on Monday, Sept. 30, 2024. The budget period for this application is Sunday, Oct. 1, 2023 through Monday, Sept. 30, 2024.

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/PHABSM_WEB_LR1.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:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the 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 point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals, and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#), and local Community Health Assessments.
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership, and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing, and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. 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, learn, work, play, and age. Health disparities are unnatural and occur because of low 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, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to LGBT individuals,

individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 1. Populations at increased risk.
 2. Mental health population.
 3. Homeless population.
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Maternal and Behavioral Health Peer Support Program

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient 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 Solicitation to the ODH website and the receipt of the NOIAF. Please contact Stacy Herman, Stacy.Herman@ohd.ohio.gov or 614-214-7770 for questions regarding this Solicitation.
- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. 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, **Aug. 28, 2023 by 4 p.m.**
- 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 (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4 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 over the signature of the director of the Ohio Department 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, written notification, issued over 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. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
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, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.I.E) objectives, activities, milestones and outcomes with respect to timelines 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 reflect the communities served through grant funds.
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Is responsive to the special concerns and program priorities specified in the Solicitation.
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Has demonstrated compliance to OGAPP.
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.
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

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 Solicitations; **There will be no appeal of the department's decision.**

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

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 Maternal and Infant Vitality, Maternal Behavioral Health Peer Support Program and as a sub-award of a grant issued by the Ohio Department of Health under the Maternal Behavioral Health Peer Support Program grant, grant award number.”

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure 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:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [Additional language is optional]. **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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
Oct. 1 – 31, 2023	Nov. 10, 2023
Nov. 1 – 30, 2023	Dec. 10, 2023
Dec. 1 – 31, 2023	Jan. 10, 2024
Jan. 1 – 31, 2024	Feb. 10, 2024
Feb. 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	Aug. 10, 2024
Aug. 1 – 31, 2024	Sept. 10, 2024
Sept. 1 – 30, 2024	Oct. 10, 2024
Final Report – Oct. 1, 2023 – Sept. 30, 2024	Oct. 10, 2024

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP. Monthly and final reporting requirements will be provided during the grant year.

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

[Period	Report Due Date
Oct. 1 – 31, 2023	Nov. 10, 2023
Nov. 1 – 30, 2023	Dec. 10, 2023
Dec. 1 – 31, 2023	Jan. 10, 2024
Jan. 1 – 31, 2024	Feb. 10, 2024
Feb. 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024

May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	Aug. 10, 2024
Aug. 1 – 31, 2024	Sept. 10, 2024
Sept. 1 – 30, 2024	Oct. 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
Oct. 1 – Dec. 31, 2023	Jan. 10, 2024
Jan. 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – Sept. 30, 2024	Oct. 10, 2024

Note: Obligations not reported on the final monthly or fourth quarter expenditure report will not be considered for payment with the final expenditure report.

- 1. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4 p.m. on or before Nov. 5, 2024 - fifth day of second month after a grant period ends.** The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the Approve button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- 2. 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 subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. 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):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Y. Unallowable Costs:** Funds **may not** be used for the following:
 - To advance political or religious points of view or for fund raising or lobbying;
 - To disseminate factually incorrect or deceitful information;
 - Consulting fees for salaried program personnel to perform activities related to grant objectives;
 - Bad debts of any kind;

5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.);
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional items;
22. Office furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, 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 no later than nine months after the end of the Subrecipient's fiscal year. 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's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and NonProfit Organizations for additional audit requirements.

Subrecipient 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 [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- 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
- Program Narrative should not exceed 10 pages (**excludes** appendices, attachments, budget and budget narrative, workplan and MOUs).
- 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.
 - Justification.
 - Personnel.
 - Other Direct Costs.
 - Equipment.
 - Contracts.
 - Compliance Section.
 - Summary.
5. Civil Rights Review Questionnaire.
6. Assurances Certification.
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form.
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s))**.
9. Public Health Impact Statement Summary (non-health department only).
10. Statement of Support from the Local Health Districts (non-health department only).
11. Attachments as required by Program.
 - Workplan.
 - Memorandums of Understanding.
 - Include all memorandums of understanding for collaborations with any subcontracted organizations for whom you intend to partner.

One copy of the following document(s) must be submitted to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

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
35 E. Chestnut Street
Columbus, Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP 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.

Budget: Prior to completion of the budget section, please review pages 15 – 16 of the Solicitation 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 all 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. (A budget justification example can be found on GMIS).
- 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 Sunday, Oct. 1, 2023 – Monday, Sept. 30, 2024.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> And supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement.

Any personnel listed in the budget must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMIS 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.**

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

3. [Indirect (Facilities and Administration): Note to Applicant — please select one of the three options that apply.

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

4. Compliance Section: 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.***

B. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

C. Project Narrative:

Clearly label each section of the narrative (e.g., executive summary, description of applicant agency, documentation of eligibility, etc.). Follow the order of the solicitation requirements and use the Application Scoring Tool (Appendix E) to guide your response.

1. Executive Summary (not to exceed two pages):

- Describe knowledge or experience in the delivery of mental health services.
- Describe knowledge or experience in engaging the pregnant and postpartum population.
- Describe your experience effectively facilitating/implementing a peer support program.
 - Clearly indicate if you currently or previously receive Maternal and Child Health Peer Support funding as a subrecipient or subcontractor.
 - If not current providing peer support services, describe your ability to implement the program within six months of grant award. For example, a partnership/MOU in place with an existing peer support program, assuring the peer supporter meets the Ohio Department of Mental Health and Addiction Services' Adult Peer Supporter qualifications, if not already certified, partnerships with organizations who will serve as referral sources, physical space that ensure confidentiality to conduct individual and group peer support sessions, etc.
- Identify the county or counties in which you are proposing to provide peer support services and programs to be offered. Be sure to indicate the agency or agencies who will provide those services.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel (not to exceed one page):

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 accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method 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.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>.

- 3. Problem/Need (not to exceed two pages) :** Identify and describe the local mental health status concern(s) that will be addressed by the peer support program. Only provide national and state data if local data is not available. The specific mental health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) mental health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the priority 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.

Clearly identify the priority population using local ZIP codes and/or data to show areas of highest need. Local data can be discussed using the following sources:

- County-level Child Fatality Review (discuss outcomes for parental risk factors as a cause for fatality, if applicable).
- County-level Fetal Infant Mortality review (discuss outcomes regarding parental risk factors as a cause for fatality Information, if applicable).
- County-level suicide death reviews of pregnant and/or postpartum individuals within one year; and/or
- Local ADAMHS Board information on mental health in women of childbearing age.

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

Methodology (not to exceed five pages):

The purpose of the Maternal Behavioral Health Peer Support Program is to increase support through peer supporters to address mental health issues amongst one of Ohio's most vulnerable populations—birthing individuals who are pregnant and/or up to one year postpartum. According to the Ohio Department of Mental Health and Addiction Services, a certified peer supporter is “someone who has direct lived experience with behavioral health challenges, or someone who has navigated services on behalf of an individual with behavioral health challenges.” The overall goal of the Maternal Behavioral Health Peer Support Program funding is to support pregnant and postpartum women with improving their mental health wellness through the provision of peer support services. Previous funding has been utilized to increase the number of peer support personnel working with pregnant and postpartum individuals to improve their mental wellness, increase the number of behavioral health screenings and referrals, and increase behavioral health knowledge of personnel who work with pregnant and postpartum women.

According to the Ohio Department of Mental Health and Addiction Services, peer support services consist of activities that promote resiliency and recovery, self-determination, advocacy, well-being, and skill development. Peer support services are individualized, resiliency and recovery focused, and based on increasing knowledge and skills through a peer relationship that supports an individuals or family's ability to address needs, navigate systems and promote recovery, resiliency, and wellness. They promote family driven, youth guided, trauma informed care and cultural humility, encourage partnership with individuals and families, and advocate for informed choice.

Please develop a narrative addressing each of the components outlined below. Be sure the narrative complements the Program Requirements located in Appendix C.

- Identify the program goals, **SMART** process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program.
 - For mental health disparities and/or mental health inequities identified, describe how program activities are designed to address these issues.
- Describe how program participants will be recruited, enrolled, and retained in services.
- Describe how the program will partner with local healthcare systems, physicians, clinics, maternal and infant health programs, health departments and community health centers to facilitate referrals to the program. Describe current or planned partnership with the entities listed in Appendix C.
- Indicate how required services will be provided, including screenings, referrals, and individual and group peer support services.
 - Indicate the evidence-based screening tool to be used.
- Describe successful completion of the program for a program participant.
- Staffing Plan.
 - Within your narrative, build a table illustrating the following for all positions that will be associated with your peer support program:
 - Position title.
 - Brief description of the position.
 - Indication of new or existing position.
 - Indication if the position will be funded by grant or in-kind.
 - Describe the plan for the peer supporter to become certified or renew their certification as required by the Ohio Department of Mental Health and Addiction Services and [Ohio Revised Code](#). Additionally, describe the plan of the supervisor to complete the required learning and training through OHMAS.
 - Describe the plan to fill the position(s) funded under this grant, the anticipated timeframe to fill the position(s), and of the onboarding plan.
- Describe the plan for the provision of supervision and ongoing support for the peer supporter(s) and the program as required by the Ohio Department of Mental Health and Addiction Services and [Ohio Revised Code](#).
- Workplan (does NOT count toward the 10 page limit): Complete a program workplan (Appendix D) to identify program objectives and activities and the start and completion dates for each. At a minimum, the workplan must outline the following:
 - Promotion and outreach strategies.
 - Intake (process to receive referrals).

- Assessment (of individual needs and process to determine if the individual will be served by the peer supporter or referred to a different level of support).
 - Peer support activities, including the anticipated number of screenings completed (must complete 50/quarter for quarters two through four); number of individuals to be enrolled; and number of individual and group sessions to be completed. (for example, service plan to address needs, referrals, tracking of progress towards meeting goals, case closure, follow-up to those lost to care, etc.).
 - Data tracking and reporting.
 - Staff training (maternal mental health, substance abuse, peer support model, and trauma informed care).
- Memorandums of Understanding (does NOT count toward the 10 page limit): Include all memorandums of understanding for any entity in which you are going to subcontract.

D. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

E. Federal Funding Accountability and Transparency Act (FFATA): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.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 <https://www.whitehouse.gov/>.

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

F. Public Health Impact: Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your 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 that your agency forwarded to the local health district(s).

G. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. 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. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4 p.m. on or before Monday, Aug. 28, 2023.**

[A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.]

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. Program Requirements
- D. Workplan Template
- E. Application Scoring Tool

Appendix A

Reimbursement
Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Maternal and Infant Vitality

ODH Program Title:

Maternal Behavioral Health Program

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice of
Intent to Apply for Funding Form

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form, and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Stacy Herman at stacy.herman@odh.ohio.gov by Aug. 9, 2023.

NOTE: NOIAFs will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAFs considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via email once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Maria Kapenda, Data Administration Manager 614-620-5184

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan and Email: Maria.Kapenda@odh.ohio.gov

Appendix C

Program Requirements

Outreach

- Conduct outreach and education to promote the peer support program and availability of services to birthing individuals who are pregnant and/or up to one year postpartum.
 - Outreach and education materials can be produced and/or purchased to promote the program and/or educate individuals about mental health. ODH will need to approve any materials prior to purchase or use that utilize the ODH logo. Please submit drafts to your ODH program consultant and allow for at least two weeks for approval.
 - Outreach and education via social media and/or other networking outlets and platforms to promote the use of peer support services. ODH will need to approve any materials prior to purchase or use that utilize the ODH logo. Please submit drafts to your ODH program consultant and allow for at least two weeks for approval.
- Utilize collaborative partnerships to identify potential participants with whom to promote the program.

Screenings and Enrollments

- Provide physical space that ensures confidentiality to conduct screenings and enrollments.
- Establish and implement intake process for individuals referred for services.
- Using an evidence-based screening tool, such as the PHQ-9 and Edinburgh, complete at least 50 screenings per quarter in quarters two through four.
 - Subrecipients who have not previously received ODH funding to implement peer support services will collaborate with ODH to determine appropriate timeframes and measures for screenings.
- Enroll and serve individuals with needs that align with peer support services (when referencing served, it is expected that individuals are also enrolled).
- Refer participants to collaborative partners for needed services.
- Facilitate warm handoffs of participants who need a different level of support.
- Subrecipients may choose to distribute subgrant funding to potential community partners. Community partners may include home visitors, neighborhood navigators, community health workers, social service agencies, crisis centers, health clinics, WIC clinics, and haven locations (ex. hospitals, fire departments, law enforcement) but must clearly outline the benefit for the subgrant in the application.

Sessions

- Provide physical space that ensures confidentiality to conduct individual and group peer support sessions.
- Facilitate group and/or individual sessions to participants that meet screening criteria and are recommended for peer support services.
- Incentives and enablers: are an allowable cost. The following client incentives are allowed: gift cards (pre-paid cards are unallowable). The following client enablers are allowed: transportation vouchers. Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enables purchased and distributed. These files must be readily available for review during a programmatic monitoring visit.
 - Incentives may be used to assist with retention. To receive a transportation voucher and/or gift card incentive, the individual would need to participate in a “stated” number of sessions.
 - Transportation assistance may be provided, if needed.

- Services can be conducted in-person and/or virtually.
- Complete group and/or individual peer support sessions with individuals who are pregnant and/or up to one year postpartum pregnant and/or postpartum.
- Provide participants, with needs outside of peer support services, referrals to collaborative partners.
 - Subrecipients will have in place collaborative partners for whom participants may be referred for needed services.
- Facilitate warm handoffs of participants who need a different form of support.

Follow-Up Services

- Prior to disenrollment, a minimum of three attempts should be completed with individuals who have been enrolled and attended at least one session. The goal is to increase retention of peer support program participants.

Community Education

- Train agency and/or other community partners and staff on maternal mental health, the importance of mental wellness during and following pregnancy, and the peer support services offered.
- Provide culturally linguistically appropriate educational resources and information to stakeholders on the importance of mental wellness during and following pregnancy.

Supervision

- Comply with the Ohio Department of Mental Health and Addiction Services and [Ohio Revised Code](#) regarding peer support supervision requirements. Support the Peer Supporter through ongoing and regular supervision.

Peer Supporter Professional Development

- Peer Supporters must comply with requirements provided by the Ohio Department of Mental Health and Addiction Services and [Ohio Revised Code](#).
- Attend maternal mental health, substance abuse, peer support model, and trauma informed care trainings, as appropriate.
- Participate in technical assistance coordinated by ODH. Technical assistance may include group sessions with other subgrantees and/or individual TA.

Data

- Create forms and tracking system so information can be reported in the data portal.
- Minimum requirements will include but are not limited to the data elements listed below. Please note, these numbers should only reflect the priority population of this funding—pregnant and one year postpartum individuals. Data will be reported out by funded entity and subcontracted entity, if applicable. During the grant year, funded entities will be required to submit a data report indicative of the numbers:
 - Referred for peer support services.
 - Screened for peer support services.
 - Enrolled (i.e., newly and previously enrolled), by race and ethnicity.
 - Newly enrolled (i.e., newly enrolled during reporting month), by race and ethnicity.
 - Unduplicated individuals who attended at least one individual session.
 - Unduplicated individuals who attended at least one group session.
 - Who were provided a referral for a different level of support (i.e., warm handoff to a different mental health provider).

- Group sessions scheduled.
- Group sessions conducted.
- Individual sessions scheduled.
- Individual sessions conducted.
- Who graduated from peer support services.
- Peer support waitlist.

Partnerships

- Partner with local healthcare systems, physicians, clinics, maternal and infant health programs, health departments and community health centers to facilitate referrals to the program, including but not limited to those listed below:
 - Awardees in Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, or Summit counties: must connect with their local Ohio Equity Initiative (OEI) lead agency. The OEI was created in 2012 to address racial disparities in birth outcomes and population data is used to target areas for outreach and services in the counties with the largest disparities. OEI 2.0 launched in 2018 with a targeted structure to ensure the program addresses the biggest drivers of infant mortality and the population most at risk for poor birth outcomes. Entities implement strategies to connect women to needed clinical and social services and work to adopt policy and practice changes to impact social determinants of health. Additional information on OEI can be found here: <https://odh.ohio.gov/know-our-programs/maternal-infant-wellness/oei>.
 - Help Me Grow Home Visiting program to ensure referrals are made between the programs. Help Me Grow is Ohio's evidence-based parent support program that encourages early prenatal and well-baby care, as well as parenting education to promote comprehensive health and development of children. For information on current providers, please visit <https://www.helpmegrow.org/Directories.aspx>.
 - Women Infant Children Program (WIC) to ensure referrals are made between the programs. WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income-eligible pregnant and breastfeeding women, women who recently had a baby, infants, and children up to five years of age who are at health risk due to inadequate nutrition. Agencies are encouraged to utilize the WIC Clinic Directory to locate providers in their community. For information on current providers, please visit <https://odh.ohio.gov/know-our-programs/Women-Infants-Children/program-description>.
 - ODH, or other, Infant Safe Sleep Program (Cribs for Kids ©) if located in the county, to ensure families in this program have a local resource and support. The ODH Cribs for Kids Program provides safe sleep environment education, assessment, educational resources, and safe sleep training for families with an infant less than one year in age. For information on current providers, please visit <https://odh.ohio.gov/know-our-programs/maternal-infant-wellness/media/Cribs-for-kids>.
 - Moms Quit for Two Program to ensure referrals are made between programs. The goal of the Moms Quit for Two subsidy program is to reduce smoking among Ohio women before, during, and after pregnancy and to reduce exposure to second-hand smoke to the baby and others within the household. The program has worked to increase the adoption, reach, and impact of evidence-based behavioral cessation programs and has experienced success supporting the implementation of the Baby & Me, Tobacco Free ® model. For information on current providers, please visit <https://odh.ohio.gov/know-our-programs/maternal-infant-wellness/smoking-cessation>.

Appendix D – Workplan Template

The workplan template may be modified to meet your needs. (Ex. add rows and copy additional tables for additional goals) You may organize the workplan in any format that meets your needs as long as it contains the workplan template components listed below.

Definitions of workplan template components:

- Objectives.
 - Big steps program will take to attain its goal or steps towards overall goal.
 - Should be in SMARTIE format .
 - Specific (who, what, where).
 - Measurable – how many.
 - Achievable – attainable, Realistic – can be attained.
 - Timeframe – by when.
 - Inclusivity- how can marginalized communities be included?
 - Equity- what difference can be made to address disparities?
 - Key Action Steps.
 - What a program does, or its specific tasks, to meet objectives.
 - Timeline.
 - Expected completion date (month and year).
 - Expected outcome.
 - Standard a program sets for itself to measure progress in achieving goals.
 - Validation.
 - Evaluative measure for each activity.
 - *All validating documentation identified must be kept on file with the funded entity.*
 - Person/Area responsible.
 - Person responsible for key action step.
 - Quarterly update.
 - Narrative progress toward expected outcome every quarter. Should reflect growth toward proposed objective.
-

WORKPLAN TEMPLATE

Entity Name:

Objectives:

-

Project Workplan

Section 1 (List objective here)					
Key Action Steps	Timeline	Expected Outcome	Validation	Person/Area Responsible	Quarterly Updates
					Q1:
					Q2:
					Q3:
					Q4:
					Q1:
					Q2:
					Q3:
					Q4:
					Q1:
					Q2:
					Q3:
					Q4:
					Q1:
					Q2:
					Q3:
					Q4:
					Q1:
					Q2:
					Q3:
					Q4:

Appendix E – Application Scoring Tool

Maternal Behavioral Health Peer Support Program (PB24)

Applicant Information
Applicant Agency: GMIS #:

Unless otherwise noted in the specific criterion, the following table is to be used in completing the scoring tool.

Scoring Guide		
0	Does not meet.	Did not respond to or did not include.
1	Somewhat meets.	Missing most of the required component but includes some response.
2	Mostly meets.	Includes most of the required component.
3	Meets expectations.	Includes response to entire required component.
4	Exceeds expectations.	Provides more information than required.

Required Components	Included		Comments	
Narrative	<input type="checkbox"/>			
Workplan	<input type="checkbox"/>			
Budget Justification	<input type="checkbox"/>			
GMIS Budget	<input type="checkbox"/>			
Memorandums of Understanding (with any subcontracted organizations)	<input type="checkbox"/>			
Criteria	Max Review Score	Reviewer Score	Comments	
NARRATIVE				
Executive Summary				
Describes knowledge or experience in the delivery of mental health services.	4			
Describes knowledge or experience in engaging the pregnant and postpartum population.	4			
Describes experience effectively facilitating/implementing a peer support program. <ul style="list-style-type: none"> Indicates if applicant currently or previously received Maternal and Child Health Peer Support funding as a subrecipient or subcontractor. If not currently providing peer support services, describes ability to implement the program within six months of grant award. 	4			
Identifies county or counties in which applicant is proposing to provide peer support services.	4			
Identifies services and programs to be offered.	4			
Indicates what agency or agencies will provide services.	4			
Executive Summary Section Total Score	Points Available 24	Score	Weight 2	Weighted Score (Weight x Score)
Description of Applicant Agency/Documentation of Eligibility/Personnel				
Summarizes the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.	4			

Describes the capacity of the organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method 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.	4			
Description of Applicant Agency/Documentation of Eligibility/Personnel Section Total Score	Points Available 8	Score	Weight 1	Weighted Score (Weight x Score)
Problem/Need				
Identifies and describes the local mental health status concern(s) that will be addressed by the peer support program. Provides local data, and if not available, provides national or state. The specific mental health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location), mental health status (e.g., morbidity and/or mortality), or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based.	4			
Clearly identifies the target population.	4			
Explicitly describes segments of the priority 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.	4			
Clearly identifies the priority population using local ZIP codes and/or data to show areas of highest need. Local data can be discussed using the following sources: <ul style="list-style-type: none"> • County-level Child Fatality Review (discuss outcomes for parental risk factors as a cause for fatality, if applicable). • County-level Fetal Infant Mortality review (discuss outcomes regarding parental risk 	4			

<p>factors as a cause for fatality Information, if applicable).</p> <ul style="list-style-type: none"> • County-level suicide death reviews of pregnant and/or postpartum individuals within one year; and/or • Local ADAMHS Board information on mental health in women of childbearing age. 				
Includes a description of other agencies/organizations also addressing this problem/need.	4			
Problem/Need Section Total Score	Points Available 20	Score	Weight 1	Weighted Score (Weight x Score)
Methodology				
<p>Identifies the program goals, SMART process, impact, or outcome objectives and activities. Indicates how they will be evaluated to determine the level of success of the program.</p> <ul style="list-style-type: none"> • For mental health disparities and/or mental health inequities identified, describes how program activities are designed to address these issues. 	4			
Describes how program participants will be recruited, enrolled, and retained in services.	4			
Describes how the program will partner with local healthcare systems, physicians, clinics, maternal and infant health programs, health departments and community health centers to facilitate referrals to the program. Describes current or planned partnership with the entities listed in Appendix C.	4			
<p>Indicates how required services will be provided, including screenings, referrals, and individual and group peer support services.</p> <ul style="list-style-type: none"> • Indicates the evidence-based screening tool(s) to be used. 	4			
Describes successful completion of the program for a program participant.	4			
<p>Staffing Plan</p> <p>Includes a table illustrating the following for all positions that will be associated with the peer support program:</p>	4			

<ul style="list-style-type: none"> • Position title. • Brief description of the position. • Indication of new or existing position. • Indication if the position will be funded by grant or in-kind. 				
Describes the plan for the peer supporter to become certified or renew their certification as required by the Ohio Department of Mental Health and Addiction Services and Ohio Revised Code. Additionally, describes the plan of the supervisor to complete the required learning and training through OHMAS.	4			
Describes the plan to fill the position(s) funded under this grant, the anticipated timeframe to fill the position(s), and the onboarding plan.	4			
Describes the plan for the provision of supervision and ongoing support for the peer supporter(s) and the program as required by the Ohio Department of Mental Health and Addiction Services and Ohio Revised Code.	4			
Methodology Section Total Score	Points Available 36	Score	Weight 2	Weighted Score (Weight x Score)

WORKPLAN

Workplan includes program objectives and activities, and the start and completion dates for each.	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Promotion and outreach strategies.	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Intake (process to receive referrals).	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Assessment (of individual needs and process to determine if the individual will be served by the peer supporter or referred to a different level of support).	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Peer support activities, including the anticipated number of screenings completed (must complete 50/quarter for quarters two through four); number of individuals to be enrolled; and number of individual and group sessions to be completed. (For example, service plan to address needs, referrals, tracking of progress towards meeting goals, case closure, follow-up to those lost to care, etc.).	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Data tracking and reporting.	4		
Workplan includes and describes the agency's plan or strategy to do the following: <ul style="list-style-type: none">• Staff training (maternal mental health, substance abuse, peer support model, and trauma informed care).	4		

Workplan Total Score	Points Available 28	Score	Weight 2	Weighted Score (Weight x Score)
BUDGET				
Budget elements are consistent with other information in application (e.g., workplan, GMIS budget and budget justification). <ul style="list-style-type: none"> • Budget requests are reflected in the workplan. • Workplan is reflective of the budget justification. • Budget justification and GMIS budget match. 	4			
Budget Total Score	Points Available 4	Score	Weight 10	Weighted Score (Weight x Score)
GENERAL APPLICATION COMPONENTS				
Application adheres to the ten-page limit of the narrative (narratives will not be reviewed beyond ten pages).	4			
Formatting uses 1.5 spacing with one-inch margins.	4			
Applicant used workplan template provided in Appendix D of this solicitation.	4			
Application is well executed, and applicant agency can attain program objectives.	4			
Provides a thorough workplan that is clear, easy to understand, and explicitly addresses mental health wellness in the pregnant and up to one year postpartum population.	4			
General Application Total Score	Points Available 20	Score	Weight 1	Weighted Score (Weight x Score)

**An application review score of less than 60% may result in a determination not to fund.*

Total Amount Requested:
Counties Proposed to Serve:
Screenings Proposed (requirement – 50/quarter for quarters two through four):
Newly Enrolled Proposed:
Individual Sessions Proposed: __
Group Sessions Proposed:

Final Recommendation for Funding

- ☐ Approval and funding of application as submitted, without program special conditions.
- ☐ Approval and funding of application, with special conditions.
- ☐ Approval and funding of application, without special conditions but with technical assistance needs identified.
- ☐ Disapproval of application as submitted.
- Comments, including any recommended special conditions or technical assistance needs. If recommending disapproval of application as submitted, provide explanation.
-
-
-
-

TOTAL <u>WEIGHTED</u> SCORE OF ALL SECTIONS:	TOTAL WEIGHTED POINTS AVAILABLE: 264	TOTAL SCORE (%):
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REVIEWER SIGNATURE:

DATE: