



MEMORANDUM

Date: March 31, 2020
To: Prospective Maternal and Child Health (MP) Grantees *D97*
From: Dyane Gogan Turner, Chief,
Bureau of Maternal, Child and Family Health Ohio Department of Health
Subject: Notice of Availability of Funds – October 1, 2021 through September 30, 2023

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health (BMCFH), announces the availability of grant funds to support the Maternal and Child Health Program (MP) in Ohio.

To obtain a grant application packet:

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

All applicants must submit a **Notice of Intent to Apply for Funding (attached), no later than 12:00 p.m. on Wednesday, April 21, 2020**, to be eligible for these funds

All potential applicants are encouraged to attend a Bidders’ Conference that will be held via teleconference/webinar on **Tuesday, April 14, 2020** from 10:00 a.m. to 11:00 a.m. The Bidders’ Conference will provide an opportunity for applicants to learn more about the Request for Solicitation. Call-in information: [Join Skype Meeting](#) Dial in 614-721-2972, Conference ID#: 333362277#.

All applications and attachments are **due by 4:00 p.m. on Monday, May 18, 2020** for the competitive cycle. Electronic applications received after Monday, May 4, 2020 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using the Grants Management Information System (GMIS 2.0). Applicants must attend or must document, in writing, prior attendance at GMIS 2.0 training in order to receive authorization for Internet submission. Please complete and submit the ODH GMIS 2.0 Form (Appendix B) no later than **Wednesday, April 21, 2020** to the Grants Administration Unit to begin the process to authorize your account.

ODH encourages the immediate submission of the Notice of Intent to Apply for Funding and no later than April 7, 2020. If you have questions regarding this application, please contact Alexis Martin, by phone at (614) 466-7240, or by email at Alexis.Martin@odh.ohio.gov.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF

Maternal, Child and Family Health (BMCFH)

Maternal and Child Health Program – MP21

SOLICITATION

FOR

FISCAL YEAR 2021

(10/01/2020 – 09/30/21)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 12/02/2019

For grant starts 10/1/2019 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 **April 21, 2020** so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit 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: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) 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-manual>

Please refer to Policy and Procedure updates 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 examples 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 in 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 and Child Health Program (MP)*

C. Purpose:

The Maternal and Child Health Program (MP) grant has been providing support for local health and social service agencies that identify health needs, service gaps, and barriers to care for families since 1983. The Maternal and Child Health Program uses a combination of federal and state monies to offer public health services for the maternal and child health populations.

The Maternal and Child Health Program correlates with the Title V Maternal and Child Health Block Grant priorities that Ohio has identified for the 2016-2020 cycle and State Health Improvement Plan areas such as: decreasing infant mortality; preventing injury and violence; reducing chronic disease; increasing access to health care; and implementing integrated mental and physical health.

The Maternal and Child Health Program supports the ODH Pillars of Public Health by building healthy communities to enable Ohioans of all ages and abilities to live disease free and injury free and valuing everyone equally; addressing health inequities and disparities; and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes.

The objectives and evidence-based strategies for this grant opportunity have been selected to address federal and state priorities for the maternal and child health population. The Maternal and Child Health Program is administered through the ODH, Maternal and Infant Wellness Program formally known as the Maternal and Child Health Program.

This Maternal and Child Health Program provides an opportunity to achieve consistency and capacity building for successful applicants that provide maternal and child health services to its population. The grant period for this application is three years (10/1/2020 – 9/30/2023) and has a budget period of 10/1/2020-9/30/2021 depending on the availability of funding. This grant provides a new Maternal and Child Health (MCH) Program Capacity Building and Support Objective (Objective 1) that will support improved strategies for communication, collaboration, and referral system development and training. The grant also offers support for assessment, planning and implementation evidenced-based preconception and inter-conception health (Objective 2) and peer support person-centered wellness projects (Objective 3); and the implementation of evidence-based adolescent health resiliency projects and training (Objective 4).

Objective 1: Maternal and Child Health Capacity Building

The MCH Program Capacity Building and Support objective provides funding to develop a

communication plan and strategies to improve collaboration and referrals related to maternal and child health programs for internal and external partners for years 1-3.

Objective 2: Preconception and Inter-Conception Care

The Preconception and Inter-conception care for women's health (Objective 2) provides support for an assessment of preconception health services of an identified target area in year 1. Years 2 and 3 of Objective 2 provides support to implement the connection of pregnant women to necessary preconception health and support services and training.

Objective 3: Peer Support

The Peer Support Person-Centered Wellness (Objective 3) provides support for planning and assessing the peer support systems and screening tools (behavioral and/or physical health) available within a designated target area or region that support pregnant and/or post-partum women within one year of pregnancy in year 1. Years 2 and 3 of Objective 3 provides support to implement a plan to provide behavioral health screenings and referrals to support services to a defined target population and number of women and staff training.

Objective 4: Adolescent Health

The Adolescent Health Evidence – Based Resiliency Projects (Objective 4) is to support the identification and implementation of evidence-based projects related to physical activity, prevention activities (vaping, tobacco, illicit drugs, mental health, and/or healthy eating), or staff capacity training for community based organizations (trauma informed, implicit bias, suicide prevention, drug abuse prevention, effective communication with English language learners, ACES, violence prevention/Safe Space, nutrition, and/or physical activity for years 1 – 3. The FIMR objective has been removed from the MP grant and placed in the Ohio Equity Institute 2.0 (OE) grant.

D. *Qualified Applicants:* All applicants must be a local public or non-profit agency. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Both local public and non-profit agencies can apply.

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 **4:00 p.m. on Monday, May 18, 2020.**

E. *Service Area:* Applicants are to provide services for an entire city, multiple cities within one county, county or multiple counties. If multiple cities and counties, they must be contiguous and a memorandum of understanding from each city or county should be provided to identify the responsibilities of each city and/or county in detail.

F. *Number of Grants and Funds Available* The source of funds supporting the Maternal and Child Health Program are both state and federal funds.). No more than one agency per county will be awarded funding for this program. Thirty-six grants may be awarded for a total amount of up to \$2,624,801.00.

The funding eligibility is based on population and risk factors for women's health, adolescent

health, and the infant mortality rate. Deliverable amounts/funding per deliverable are in Appendix C2. Allotments will be established in GMIS by ODH.

Applications to serve multiple cities and/or counties will be accepted. Dollars designated for city, cities, county or counties must be spent to specifically address health issues and inequities in that specified city/cities or county/counties.

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 via GMIS or via ground delivery at Alexis Martin by **4:00 p.m. on Monday, May 18, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Alexis Martin, (614) 466-7240 and/or Alexis.Martin@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166 and Maternal and Child Health Services Block Grant (Title V, Social Security Act, as amended, Catalog of Federal Domestic Assistance (CFDA) Number 93.944. *Indicate specific information as required.*
- I. Goals:** The goals of the **MP grant** is to provide support for capacity building, collaboration, referrals, and program support for maternal and child health related programs; to improve the health of women that are pregnant, will become pregnant and that have had a child; to improve access to mental health and physical health for pregnant women and post-partum; and to improve the resiliency of adolescents related to health in populations throughout Ohio.

The goals of the Maternal and Infant Wellness Program formally known as the Maternal and Child Health Program are to eliminate health disparities, improve birth outcomes, and improve the health status of Ohio women, infants, children, youth and families through a life course approach by:

- Ensuring socio-emotional health and addiction needs of women and children are met;
- Decreasing smoking;
- Decreasing childhood obesity, reducing food insecurity and supporting breastfeeding;
- Decreasing infant mortality by ensuring infants have a safe sleep environment;
- Addressing social determinants of health;
- Implementing the Ohio Institute for Equity in Birth Outcomes (OEI); and
- Providing safety services.

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

Grant dollars may be used to provide programs and services within the following four objectives: **1) Maternal and Child Health Program Capacity Building and Support; 2) Preconception and Inter-conception Care for Women's Health; 3) Peer Support Person-Centered Wellness; and 4) Adolescent Health Evidence – Based Resiliency Projects.**

Strategies, deliverables and activities for each objective area are listed on the Maternal and Child Health Objectives Descriptions and Allocations (Appendix C1) and will be used to measure progress toward achieving program goals. Applicants must use only those objectives identified by ODH on Appendix C1 and their corresponding *deliverables (outcomes)* for each *objective*. Please note that *deliverables* cannot be altered. Reimbursement will be made based on progress toward, and achievement of, units of *deliverables* that include outcome measures as well as outputs.

J. Program Period and Budget Period: The program period will begin |October 1, 2020| and end on |September 30, 2023|. The budget period for this application is |October 1, 2020| through |September 30, 2021|.

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 health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

N. Human Trafficking: 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;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ **X** Applicable ☐ Not Applicable to (Maternal and Child Health Program)

O. 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.**

P. Programmatic, Technical Assistance and Authorization for Internet Submission:

Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Alexis Martin, Alexis.Marting@odh.ohio.gov, and (614) 466-7240 for questions regarding this **Solicitation**.

Q. Acknowledgment: An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

R. 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, May 18, 2020 at 4:00 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 **4:00 p.m.** on Monday 18, 2020. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

S. 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.

T. 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.

U. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the 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; and,
12. Describe activities which support the requirements outlined in sections I thru M of this

Solicitation. |

13. Describe activities which support the requirements outlined in Section II and the Application Review Form (Appendix D)
14. An additional fifteen points (bonus) are available for high risk applicants. An additional five points per applicable objective will be given for overall rankings between 1-22 for objectives 2, 3 and/or 4 which they are applying.

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

V. 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.

W. 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 Child and Family Health Services], [Maternal and Child Health Program] and as a sub-award of a grant issued by [Health Resources and Services Administration] under the [Maternal and Child Health Services Block] grant, grant award number [B04MC33860], and CFDA number [93.944] and H.B. 166.”

X. 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.] **Program reports that do not**

include required attachments (non-Internet submitted) 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**

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

- 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:

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – 31, 2021</i>	<i>February 10, 2021</i>
<i>February 1 – 28, 2021</i>	<i>March 10, 2021</i>
<i>March 1 – 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 – 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 10, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5, 2021. 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.

- Y. 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.

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. 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. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
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 <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 Non-Profit 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:

- 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 (print on one side only).
- Program Narrative should not exceed 20 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete
& Submit
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - 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. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program Attachment 1. Workplan (Appendix G)

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or**

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.

B. Budget: Prior to completion of the budget section, please review page 12 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 budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

2. Other Direct Costs: Submit a budget for this section and the necessary form(s) to support costs for the period October 1, 2020 to September 30, 2021).

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

3. 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.***

C. 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.

D. Project Narrative:

1. Executive Summary: Identify the target population by city/cities, county/counties, and demographics, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address related to each objective that will be applied for with the grant. Identify the county overall ranking found in Appendix F1 or F2, for each objective you will be addressing with this application.

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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

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

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity. Describe the social determinants of health that impact the target population and how you will address these concerns with each objective applied for in this grant.

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

Methodology: In narrative form, 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. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- Project Coordinator
 - Describe how the Project Coordinator will coordinate specified objectives that the agency is applying for in the grant, either by coordinating all objectives or working with any other Project Coordinator(s) assigned to other objectives in the grant. Provide a description of current staff education and capacity to complete their job responsibilities and at what percentage of time they will work of a 40 hour per week schedule. If the Project Coordinator is the same for all objectives applied for, indicate it clearly and how much time is dedicated to each objective for the one Project Coordinator. Project Coordinator should meet the description found in Appendices E 1-4.
- Staffing Plan
 - Describe all staff associated with each objective applied for in the grant (e.g. grant manager, fiscal manager/coordinator, administrative assistant) and their responsibilities. And if other staff is funded through the grant indicate by what percentage of time and for what purpose. Provide a staff transition plan for intended or unintended new staff

responsible for meeting the grant objectives. Explain the capacity of all existing staff to complete the work plan activities. Additionally, provide a description of training methods for new staff associated with this grant opportunity (persons responsible for training and timeframes for completion of training).

- **Memorandums of Understanding**
 - Note that these documents do not count toward your total 20-page limit.
 - Include all memorandums of understanding for collaborations with other organizations that you intend to partner with for the specified objectives the agency is applying.

Objectives and Workplan: Complete and submit a short summary of the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and include in a work plan utilizing Attachment 1 – Workplan (template). This narrative should complement the Appendix C3, Maternal and Child Health Program (MP21) Description of Objective Responsibilities (do not exceed 8 pages for the narrative of objectives and workplan.

- Describe the expected impact and outcomes of your proposed project as they relate to the social determinants of health.
- Submit an updated workplan outlining timelines for completing proposed activities to accomplish defined deliverables, including all scopes of work proposed in project narrative. See Appendix G for a workplan template.
- Submit a sustainability plan that identifies key partners. |
- Describe the evidence-based model to be utilized with all applicable objectives (where required and stated in Appendix C3). |

E. 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.

F. 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.)

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 **4:00 p.m. on or before (May 4, 2020)**.

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Access Request Form
- C1.Deliverable – Objective Descriptions
- C2.Deliverable – Objective Allocations
- C3.Deliverable – Objectives Requirements
- D. Application Review Form (*required*)
- E1. Position Description – MCH Manager
- E2. Position Description – MP Women’s Health Coordinator
- E3. Position Description - MP Peer Support Coordinator
- E4. Position Description – MP Adolescent Health Coordinator
- F1. Preconception Health County Rankings
- F2. Adolescent Health County Rankings
- G. Attachment 1 – Workplan (Template)

Reimbursement

Type

Select one of the
options below:

NOTICE OF INTENT TO APPLY FOR FUNDING

Appendix A

Ohio Department of Health

Bureau of Maternal, Child and Family Health

Submission Required

ODH Program Title:

Maternal and Child Health Program (MP21)

See Due Date Below

ALL INFORMATION REQUESTED MUST BE COMPLETE

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
City Agency

☐
☐

Hospital
Higher Education

☐
☐

Local Schools
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 Marius.Igwe@odh.ohio.gov BY April 21, 2020

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

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

GMIS 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 e-mail 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: ☐ New Agency - needs GMIS Access

☐ 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 Karen Tinsley, Grants System Officer, 614-644-7546

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

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 6

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 1:

Maternal and Child Health Program Capacity Building and Support (Years 1-3).

Deliverable 1.1:

Identify and maintain MCH manager. Position must meet minimum qualifications described in Appendix E1 – MCH Manager Position. Reimbursement will be provided in four quarterly payments based on retention of identified manager not to exceed \$65,000 in the grant budget year. Manager identified with resume or position description submitted to ODH for approval by 11/30 for years 2020-2022. Reports due to ODH by 1/10, 4/10, 7/10 and 10/10, years 2021-2023.

Deliverable 1.2:

Develop or update organization's maternal and child health program's strategic plan to include support services connection and referrals specifically from WIC and Home Visiting for ODH approval, by 9/20/2021 for one-time reimbursement of \$5,000. **Year 1 only.**

Deliverable 1.3:

Develop communication plan and strategy to improve collaboration and referral system related to maternal and child health programs to be approved by ODH, by 9/20/2022 for one-time reimbursement of \$5,000. **Year 2 only.**

Deliverable 1.4:

Development and/or implement a new or existing marketing strategy to support maternal and child health strategic plan developed by 7/10/2021 for ODH approval for one-time reimbursement of \$5,000. Funds will be utilized in year 3 to support the marketing plan and those activities to support the marketing plan are to be reported to ODH for approval by 9/20/2023 and not to exceed \$5,000. **Year 3 only.**

Deliverable 1.5:

Develop or support an existing Advisory Council or Community Collaborative (ODH funded or non-ODH funded) that focus on maternal and child health related concerns. Advisory Council and/or Community Collaborative will participate in the development/updating of the agency strategic plan (1.2), communication plan, efforts to improve collaboration and referral system (1.3), and the development of the marketing strategy (1.4). Group should meet at least six times per year (\$1,000 per meeting held). Report progress and provide agendas quarterly for approval by 1/10, 4/10, 7/10 and 10/10, years 2021-2023.

Deliverable 1.6:

Attend training(s) pre-approved (in-state and/or out-of-state) by ODH related to maternal and child health subject (not necessarily subject matter funded by ODH or MP grant) matter by 9/20 years 2021-2023.

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 9

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 2:

Preconception and Inter-conception care for women's health – Year 1 Planning

Deliverable 2.1:

Identify and maintain a Preconception and Inter-Conception Project Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Women's Health Coordinator identified must meet minimum qualifications described in Appendix E2– MP Women's Health Coordinator Position. Provide monthly reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. Report to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Deliverable 2.2:

Create an advisory team of partners from (1) primary care or women's healthcare clinic, (2) social welfare or social service organizations, (3) local neighborhood leaders to identify and implement the preconception health assessment, and (4) Local Office of Minority Health (where available). All the partners must serve women 18-44. Conduct first advisory team meeting by December 31, 2020 for one-time reimbursement of \$1,200.

Deliverable 2.3:

Conduct additional 5 advisory team meetings for strategy and planning. Report monthly updates to ODH for 5 reimbursements of \$1,000 for each meeting. Meetings should be held by 1/10/21; 3/10/21; 5/10/21; 7/10/21; 9/10/21. Please note 9/10/21 meeting should focus on completion of strategic (2-3 year) action plan. Reimbursement not to exceed \$1,000 per meeting.

Deliverable 2.4:

Identify and report the preconception health assessment that will be used to ODH for approval by December 31, 2020 for one-time reimbursement of \$200.

Deliverable 2.5:

Develop outreach plan with data collection methods and identified targeted population(s) by census tract for the preconception health assessment by March 31, 2021 for one-time reimbursement of \$600.

Deliverable 2.6:

Conduct preconception health assessment with support of advisory team and submit to ODH for approval by July 30, 2021 for one-time reimbursement of \$3,000.

Deliverable 2.7:

Develop an action plan with at least 3 strategic priority areas for improving access, delivery, or quality of preconception services to women ages 18-44 and submit to ODH for approval by August 20, 2021 for one-time reimbursement of \$4,000. These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes.

Deliverable 2.8:

Provide health intervention evaluation plan detailing outcomes of preconception health and quarterly benchmarks. Submit to ODH by August 20, 2021 for approval for one-time reimbursement of \$3,500.

Deliverable 2.9:

Provide final report with lessons learned, success, and challenges by September 30, 2021 for one-time reimbursement of \$500.

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2024

of Deliverables: 4

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 2: Preconception and Inter-conception care for women's health – Years 2-3 Implementation

Deliverable 2.1:

Identify and maintain a Preconception and Inter-Conception Project Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Women's Health Coordinator identified must meet minimum qualifications described in Appendix E2– MP Women's Health Coordinator Position. Provide monthly reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. Report to ODH by 1/10, 4/10, 7/10 and 10/10 years 2022-2023.

Deliverable 2.2:

Implement 2-3-year action plan with at least 3 priority areas for improving access, delivery, or quality of preconception services to women ages 18-44. These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes. Submit reports for reimbursement from ODH. Reimbursement provided quarterly based on quarterly reporting of outcome measures related to the project (to be determined during quarter to ODH by 1/10, 4/10, 7/10 and 10/10, years 2022 and 2023.

Deliverable 2.3:

Submit quarterly reports with preconception health intervention performance benchmarks to ODH for approval of quarterly reimbursement for reimbursement of \$375 per quarter by 1/10, 4/10, 7/10 and 10/10, years 2022 and 2023.

Deliverable 2.4:

Submit final report detailing population served, demographics, census tracts where program interventions occurred, and adolescent health initiative outcomes to ODH by September 30, 2022 and 2023 for one-time reimbursement of \$500 each year.

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 5

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 3:

Peer Support Person-Centered Wellness (Year 1: Planning)

Deliverable 3.1:

Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Person Coordinator Position. Reports are due to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Deliverable 3.2:

Develop and convene a stakeholder group of individuals who work with pregnant and/or post-partum women within 1 year of pregnancy) to assess the peer support systems and screening tools (behavioral and/or physical health) within the county and have a meeting by 11/30/2020. Provide list of providers and meeting minutes or notes to ODH for approval for one-time reimbursement of \$6,000.

Deliverable 3.3:

Submit a list of all peer support programs and screening tools (behavioral health and/or physical health) within the county; **and** submit a list of all peer support training programs (behavioral health and/or physical health) and behavioral health providers who treat pregnant women within the county to ODH for approval by 12/30/2020 for one-time reimbursement of \$3,000.

Deliverable 3.4:

Coordinate and lead at least 4 additional meetings regarding the findings and next steps for the peer support programming by these dates 3/30/2021 (review findings); 6/30/2021 (select/identify agency to pilot); 8/30/2021 (finalize approval of implementation plan). Submit agendas, and meeting minutes or notes for reimbursement of \$1,000 per meeting conducted and not to exceed \$4,000.

Deliverable 3.5:

Create a plan of action for implementation to include scope, funds needed, training needs, evaluation outcomes proposed, MOU if needed, and initial start date of program for a peer support program at the identified agency by 8/30/2021 for one-time payment of \$5,000 (Plan of Action needs to be submitted and approved by deadline in order to be fully eligible for MP22 peer support funds).

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 5

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 3:

Peer Support Person-Centered Wellness (Years 2-3: Implementation)

Deliverable 3.1:

Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Coordinator Position. Reports are due to ODH by 1/10, 4/10, 7/10 and 10/10, years 2022-2023.

Deliverable 3.2:

Determine the target number of women to be reached by identifying 25% of the eligible women for this service with use of population data and behavioral health data in your identified county and report your target number to ODH by 10/30 in years 2022-2023 for one-time reimbursement of \$1,000 per year.

Deliverable 3.3:

Provide behavioral health screenings and peer support (if recommended) to your total (100% of) target number and provide referrals for support services to at least 10% of the number of women that were provided screenings and report the data to ODH monthly report the following data monthly to ODH years 2022-2023 ((\$1,250 per month if no screenings or support services no reimbursement should be submitted):

- Women identifier
- Age
- Race
- Ethnicity
- # of pregnancies (outcomes)
- Entry trimester into prenatal/postnatal care
- Number of Women provided a mental health screening via a provider while pregnant or within the first year after birth (live birth or death)
- Number of Women referred to the mental health peer

Deliverable 3.4:

Receive reimbursement for promotional and informational resources and duplication/copying. Promotional and informational resources must be approved by ODH prior to purchase by 9/20/2022 not to exceed \$2,000.

Deliverable 3.5:

Develop a sustainability plan and complete a final outcomes report by 9/20/2023 and submit to ODH for approval for a one-time reimbursement of \$2,000. Year 3 only.

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 6

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 4:

Adolescent Health Evidence – Based Resiliency Projects (Year 1)

Deliverable 4.1:

Identify and maintain MP Adolescent Health Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant year. MP Adolescent Health Coordinator identified must meet minimum qualifications described in Appendix E4– MP Adolescent Health Coordinator Position. Report to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Deliverable 4.2:

Develop workplan that identifies evidence-based adolescent health initiative(s) to support positive youth development for physical activity, nutrition, social, and emotional health for youth ages 11-17. Submit workplan for evidence-based program and MOUs for activities for years 1-3 to ODH by 1/10/2021 for a one-time reimbursement of \$2,000.

Deliverable 4.3:

Identify evaluation plan that includes measurement outcomes for adolescent health initiative. The evaluation plan should include quarterly benchmarks. Submit evaluation plan to ODH for approval by 2/28/2021 for one-time reimbursement of \$4,000.

Deliverable 4.4:

Provide performance benchmarks and report findings of evaluation for all evidence – based adolescent health initiative(s) to ODH for approval by 7/10/21 for reimbursement of \$3,750 and by 10/10/2021 for reimbursement of \$3,750.

Deliverable 4.5:

Develop and utilize an advisory committee to inform the work of all activities. The advisory group should consist of at least six members with subject matter experience and/or credentials related to the evidence-based project identified. The advisory committee should meet four times during the grant period. Reimbursement will not to exceed \$4,000 during the grant period. Submit list of advisory members and their experience and/or credentials, agenda and meeting minutes or notes to ODH for approval and reimbursement of \$1,000 per quarter by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.

Deliverable 4.6:

Submit final report detailing population served, demographics, and adolescent health initiative outcomes to ODH for approval by 9/20/2021 for one-time reimbursement of \$500.

Name of Subgrant Program: Maternal and Child Health Program -MP21

Budget Period: October 1, 2020 – September 30, 2023

of Deliverables: 4

Use Budget Justification Scenario#: 1

100% Deliverables

Objective 4:

Adolescent Health Evidence – Based Resiliency Projects (Years 2-3)

Deliverable 4.1:

Identify and maintain MP Adolescent Health Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant year. MP Adolescent Health Coordinator identified must meet minimum qualifications described in Appendix E4– MP Adolescent Health Coordinator Position. Report to ODH by 1/10, 4/10, 7/10 and 10/10 for years 2022 -2023.

Deliverable 4.2:

Provide current or updated workplan and evaluation plan to support positive youth development for physical activity, nutrition, social, and emotional health for youth ages 11-17 for years 2022-2023. Submit to ODH for approval by 11/10 for one-time reimbursement of \$2,500.

Deliverable 4.3:

Achieve and provide quarterly benchmarks for adolescent health initiative for approval by ODH by 1/10, 4/10, 7/10 and 10/10 for years 2022 and 2023 for reimbursement of \$3,750 each quarter.

Deliverable 4.4:

Submit final report for evidence – based adolescent health initiative and/or training along with number of people served; race and sex demographics; challenges; successes; and process toward sustainability to ODH for approval for years by 9/20/2022 and 9/20/2023 for one-time reimbursement of \$500 each year.

Appendix C2

Appendix C2						Form# OFA-012
Name of Subgrant Program:		Maternal and Child Health Program (MP)				
Budget Period:		10/1/2020 - 9/30/2021				
# of Deliverables:		4 (all Deliverables Required)				
Use Budget Justification Scenario #:		Scenario 1				
<input type="checkbox"/> Base Only						
<input type="checkbox"/> Base and Deliverables						
<input checked="" type="checkbox"/> Deliverables Only						
The Budget is based on the number of Women and partners you plan to serve						
	Base	Deliverable - Objective 1 MCH Program Capacity	Deliverable - Objective 2 Preconception Women's Health	Deliverable - Objective 3 Peer Support Person-Centered	Deliverable - Objective 4 Adolescent Health Resiliency	Total
Subrecipient 1	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	See below
Subrecipient 2	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 3	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 4	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 5	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 6	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 7	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 8	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 9	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 10	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 11	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 12	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 13	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 14	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 15	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 16	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 17	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 18	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 19	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 20	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 21	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 22	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 23	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 24	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 25	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 26	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 27	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 28	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 29	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 30	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 31	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 32	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 33	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 34	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 35	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Subrecipient 36	0	\$78,000.00	\$66,000.00	\$66,000.00	\$66,000.00	
Total						\$2,624,801 not to exceed

Objective 1: Maternal and Child Health Program Capacity Building and Support (Years 1-3).			
Maximum Funding for Deliverable: \$78,000 per year			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
1.1 Identify and maintain MCH manager. Position must meet minimum qualifications described in Appendix E1 – MCH Manager Position. Reimbursement will be provided in four quarterly payments based on retention of identified manager not to exceed \$65,000 in the grant budget year. Manager identified with resume or position description submitted to ODH for approval by 11/30 for years 2020-2022. Reports due to ODH by 1/10, 4/10, 7/10 and 10/10, years 2021-2023.	\$65,000 (\$16,250 per quarter)	<ol style="list-style-type: none"> 1. Identify and maintain MCH Manager position (Project Director). Reimbursement will be provided in four quarterly payments based on retention of identified manager at the start of the grant period. If there is a vacancy for more than two months of any quarter, reimbursement will not be paid unless a new staff person is identified and approved by ODH during that quarter or before. 2. Submit monthly/quarterly reports for the MCH Management Objective and expenditure reports timely and accurately. 	<ul style="list-style-type: none"> • MCH Manager and Project Director in GMIS identified. • Progress of maintaining manager position monthly. • Progress of submitting timely and accurate monthly progress and expenditure reports. • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports
1.2 Develop or update organization's maternal and child health program's strategic plan to include support services connection and referrals specifically from WIC and Home Visiting (HV) for ODH approval, by 9/20/2021 for one-time reimbursement of \$5,000. Year 1 only.	\$5,000	<ol style="list-style-type: none"> 1. Provide strategic plan to ODH for review and approval. 2. If the applicant agency does not offer WIC or HV please identify the organization in your county that does and your intentions to collaborate with them (if any) to meet the needs of the community. 3. Include Infant Safe Sleep, Mom's Quit for Two, HUBs, CenteringPregnancy© and Prenatal care/sessions. 	<ul style="list-style-type: none"> • Include goals, objectives, activities, target population, market research, demographic data, evidence-based strategies, existing staff capacity, needed staff capacity, and timelines.
1.3 Develop communication plan and strategy to improve collaboration and referral system related to maternal and child health programs to be approved by ODH, by 9/20/2022 for one-time reimbursement of \$5,000. Year 2 only.	\$5,000	<ol style="list-style-type: none"> 1. Develop a communication plan and strategy for collaboration and referrals for internal and external partners. 2. Referral system process map. 3. Referral tools 4. Progress toward the completion of this plan and strategy must be provided quarterly in the form of drafts of the plan and strategy. 	<ul style="list-style-type: none"> • Communication plan and strategy to improve collaboration and referrals submitted and approved. • Referrals should include Home Visiting, WIC, Infant Safe Sleep, Mom's Quit for Two, HUBs, CenteringPregnancy© and Prenatal care/sessions programs in your area. • Referral process map and tools.
1.4 Development and/or implement a new or existing marketing strategy to support maternal and child health strategic plan developed by 7/10/2021 for ODH approval for one-time reimbursement of \$5,000. Funds will be utilized in year 3 to support the marketing plan and those activities to support	\$5,000	<ol style="list-style-type: none"> 1. Provide marketing strategy to ODH for approval. 2. Provide samples of marketing strategy supports ODH review and approval. 	<ul style="list-style-type: none"> • Include target market, gaps in services and/or resources • Marketing strategy should exhibit a complete picture for your community and the maternal and child health services your agency provides.

the marketing plan are to be reported to ODH for approval by 9/20/2023 and not to exceed \$5,000. Year 3 only.			
1.5 Develop or support an existing Advisory Council or Community Collaborative (ODH funded or non-ODH funded) that focus on maternal and child health related concerns. Advisory Council and/or Community Collaborative will participate in the development/updating of the agency strategic plan (1.2), communication plan, efforts to improve collaboration and referral system (1.3), and the development of the marketing strategy (1.4). Group should meet at least six times per year (\$1,000 per meeting held). Report progress and provide agendas quarterly for approval by 1/10, 4/10, 7/10 and 10/10, years 2021-2023.	\$6,000	<ol style="list-style-type: none"> 1. List of advisory council or community collaborative members. 2. Meeting agendas. 3. Meeting notes or summary on progress related to 1.2, 1.3 and 1.4. 	<ul style="list-style-type: none"> • Progress on council or collaborative development and meeting notes related to 1.2, 1.3, and 1.4.
1.6 Attend training(s) pre-approved (in-state and/or out-of-state) by ODH related to maternal and child health subject (not necessarily subject matter funded by ODH or MP grant) matter by 9/20 years 2021-2023.	\$2,000	<ol style="list-style-type: none"> 1. Report agenda(s) and main learning objectives to ODH in the following month that training was attended. Out of state meetings are acceptable with prior approval by ODH. If more than one training is attended, please list training dates and provide agendas. 	<ul style="list-style-type: none"> • Report/summary of learned objectives and take-a-ways from training(s), provide receipts for all travel expenses claimed.
Monitoring	Resources		
<ul style="list-style-type: none"> • Monthly reports and expenditure reports • Strategic plan • Communication Plan • Referral Process • Collaboration efforts (meetings and plan) • Marketing plan • Training agendas and summary 	https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/marketing-and-communication http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx https://www.who.int/pmnch/about/strategy/en/ https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Documents/orientation/orientation-mch.PDF		

Purpose of Objective 1: To support improved strategies for agency and local communication, collaboration, and referral system development and training for each applicant in order to increase each agency's local capacity to impact maternal and child health issues.

Maternal and Child Health Program Capacity Building and Support Goals:

- a) Increase the capacity of local public health systems and management to support partnerships, communication, referrals, and collaborations that address maternal and child health issues.
- b) Increase strategic planning activities related to maternal and child health.
- c) Increase the opportunities to develop/update communication, marketing and referral plans and systems to improve access to maternal and child health services and resources.

Objective 2: Preconception and Inter-conception care for women's health (Year 1 – Planning)**Maximum funding for deliverable: \$66,000**

Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
2.1 Identify and maintain a Preconception and Inter-Conception Project Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Women's Health Coordinator identified must meet minimum qualifications described in Appendix E2– MP Women's Health Coordinator Position. Provide monthly reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. Report to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.	\$48,000 (\$12,000 per quarter)	1. Identify Coordinator to support the coordination and implementation of deliverables with provision of job description or resume of identified Coordinator. 2. Submit monthly report with activity updates.	<ul style="list-style-type: none">• Provide job description or resume of identified Coordinator person each time the Coordinator person changes.• Submit monthly report with activity updates.• Reimbursement will be provided in four quarterly payments based on retention of identified Project Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement will not be paid unless a new Coordinator person is identified and approved by ODH during that quarter or before).• Indicate FTE and provide employment agreement or pay stub for proof of hire• Provide time and effort with expenditure reports
2.2 Create an advisory team of partners from (1) primary care or women's healthcare clinic, (2) social welfare or social service organizations, (3) local neighborhood leaders to identify and implement the preconception health assessment, and (4) Local Office of Minority Health (where available). All the partners must serve women 18-44. Conduct first advisory team meeting by December 31, 2020 for one-time reimbursement of \$1,200.	\$1,200	1. Women's Health Coordinator will create an advisory team of community and clinical partners: <ul style="list-style-type: none">a. Identify 2 or 3 clinical leaders from each healthcare clinicb. Identify 2 or 3 community-based organizations (e.g. social welfare, social services)c. Identify 2 or 3 local neighborhood leaders Note: neighborhood leaders should live in the community and are volunteers or advocates 2. Conduct first in person meeting by December 31, 2020. 3. Obtain MOUs from each partner and list their roles and responsibilities. 4. Funds can support accommodation for neighborhood leaders (e.g. local volunteers) and their attendance.	<ul style="list-style-type: none">• Provide minutes/notes and attendance from first December meeting.• Provide partner list of advisory team members and signed MOUs from partners.• Submit monthly report with activity updates.
2.3 Conduct additional 5 advisory team meetings for strategy and planning. Report monthly updates to ODH for 5 reimbursements of	\$5,000	1. In person meetings should convene at least 2 hours to support effective strategic planning efforts. 2. Funds can support accommodation for neighborhood	<ul style="list-style-type: none">• Provide minutes/notes and attendance from meetings.• Submit monthly report with activity

	\$1,000 for each meeting. Meetings should be held by 1/10/21; 3/10/21; 5/10/21; 7/10/21; 9/10/21. Please note 9/10/21 meeting should focus on completion of strategic (2-3 year) action plan. Reimbursement not to exceed \$1,000 per meeting.		<p>leaders (e.g. local volunteers) and their attendance.</p> <p>3. Meetings should be held by 1/10/21; 3/10/21; 5/10/21; 7/10/21; 9/10/21.</p>	updates.
2.4	Identify and report the preconception health assessment that will be used to ODH for approval by December 31, 2020 for one-time reimbursement of \$200.	\$200	<p>1. The assessment should explore access, utilization, and quality of preconception health services for women ages 18-44. Exploration of health services offered in your community should include:</p> <ol style="list-style-type: none"> Chronic Disease Management Healthy Eating/Physical Activity Substance Use Violence/Safety Mental Health Reproductive/Sexual Health Messaging/Communication with Patients Barriers and success perspectives from both clinicians and women receiving care 	<ul style="list-style-type: none"> Preconception health assessment tool approved by ODH. Provide list of targeted populations by census tracts where preconception assessment will be conducted. Submit monthly report with activity updates.
2.5	Develop outreach plan with data collection methods and identified targeted population(s) by census tract for the preconception health assessment by March 31, 2021 for one-time reimbursement of \$600.	\$600	<p>1. With advisory team to complete outreach plan to determine:</p> <ol style="list-style-type: none"> Target number for data collection in population area(s) How data will be collected Timeline for data collection <p>2. Data should include demographics of target populations including race/ethnicity and age.</p>	<ul style="list-style-type: none"> Provide outreach plan with data collection methods, timelines, and targeted population(s). Submit monthly report with activity updates.
2.6	Conduct preconception health assessment with support of advisory team and submit to ODH for approval by July 30, 2021 for one-time reimbursement of \$3,000.	\$3,000	<p>1. Conduct the preconception assessment in targeted areas with support from the advisory team</p> <p>2. The assessment tool should explore access, utilization, and quality of preconception health services for women ages 18-44. Health services to explore include:</p> <ol style="list-style-type: none"> Chronic Diseases Healthy Eating/Physical Activity Violence/Safety Mental Health Reproductive/Sexual Health Patient Communication <p>3. Funds can support outreach efforts to complete assessment</p>	<ul style="list-style-type: none"> Conduct preconception health assessment. Submit monthly report with activity updates.
2.7	Develop an action plan with at least 3 strategic priority areas for improving access, delivery, or	\$4,000	<p>1. Action plan should include best practices in preconception health:</p>	<ul style="list-style-type: none"> Submit 2-3 year action plan with priority areas

quality of preconception services to women ages 18-44 and submit to ODH for approval by August 20, 2021 for one-time reimbursement of \$4,000. These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes.		<ol style="list-style-type: none"> Identify intervention at individual, community, or organizational level Interventions can also include awareness and educational campaigns for Preconception Health <ol style="list-style-type: none"> Submit action plan with defined goals, objectives, and activities for 2-3 years 	<ul style="list-style-type: none"> Submit monthly report These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes.
2.8 Provide health intervention evaluation plan detailing outcomes of preconception health and quarterly benchmarks. Submit to ODH by August 20, 2021 for approval for one-time reimbursement of \$3,500.	\$3,500	<ol style="list-style-type: none"> Submit preconception health intervention evaluation plan with measures and quarterly benchmarks for 2-3 years. 	<ul style="list-style-type: none"> Submit 2-3 year preconception health evaluation plan with quarterly benchmarks.
2.9 Provide final report with lessons learned, success, and challenges by September 30, 2021 for one-time reimbursement of \$500.	\$500	<ol style="list-style-type: none"> Submit final report with lessons learned, success, and challenges. Include in report any updates to action plan or evaluation. 	<ul style="list-style-type: none"> Plan must be completed by deadline with no exceptions to be eligible for MP22 funds.

Objective 2: Preconception and Inter-conception care for women's health (Years 2-3: Implementation)			
Maximum funding for deliverable: \$66,000			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
2.1 Identify and maintain a Preconception and Inter-Conception Project Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Women's Health Coordinator identified must meet minimum qualifications described in Appendix E2– MP Women's Health Coordinator Position. Provide monthly reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. Report to ODH by 1/10, 4/10, 7/10 and 10/10 years 2022-2023.	\$48,000 (\$12,000 per quarter)	<ol style="list-style-type: none"> Identify Coordinator to support the coordination and implementation of deliverables with provision of job description or resume of identified Coordinator person. Submit monthly report with activity updates. 	<ul style="list-style-type: none"> Provide job description or resume of identified Coordinator person each time the Coordinator person changes. Submit monthly report with activity updates. Reimbursement will be provided in four quarterly payments based on retention of identified MP Women's Health Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement will not be paid unless a new Coordinator person is identified and approved by ODH during that quarter or before). Indicate FTE and provide employment agreement or pay stub for proof of hire Provide time and effort with expenditure reports

2.2 Implement 2-3-year action plan with at least 3 priority areas for improving access, delivery, or quality of preconception services to women ages 18-44. These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes. Submit reports for reimbursement from ODH. Reimbursement provided quarterly based on quarterly reporting of outcome measures related to the project (to be determined during quarter to ODH by 1/10, 4/10, 7/10 and 10/10, years 2022 and 2023.	\$16,000 (\$4,000 per quarter)	<ol style="list-style-type: none"> 1. Women's Health Coordinator will maintain advisory team with clinical and community partners. 2. Conduct quarterly meetings with no less than 6 partners. 3. For Years 2022-2023 implement action plan using evidence-based practices for preconception health: <ol style="list-style-type: none"> a. Implement identified health intervention at the individual, community, or organizational level. b. Implement Preconception Health awareness and educational campaign if included. 4. Submit monthly reports to qualify for action plan reimbursement. 5. Submit action plan reimbursements on: 1/10; 4/10; 7/10; 10/10 for years 2022-2023. 	<ul style="list-style-type: none"> • Submit monthly reports with activity updates and action plan • Quarterly advisory team meeting agendas, minutes, and attendance. • These areas must be identified by census tract and reflect health disparities for chronic health conditions and poor birth outcomes.
2.3 Submit quarterly reports with preconception health intervention performance benchmarks to ODH for approval of quarterly reimbursement for reimbursement of \$375 per quarter by 1/10, 4/10, 7/10 and 10/10, years 2022 and 2023.	\$1,500 (\$375 per quarter)	<ol style="list-style-type: none"> 1. Submit quarterly benchmark reports on the following dates: 1/10, 4/10, 7/10 and 10/10, for years 2022 and 2023. 2. Ensure evaluation plan and benchmarks are up to date and adjust for changes for years 2022 and 2023. 	<ul style="list-style-type: none"> • Submit quarterly reports with performance benchmarks
2.4 Submit final report detailing population served, demographics, census tracts where program interventions occurred, and adolescent health initiative outcomes to ODH by September 30, 2022 and 2023 for one-time reimbursement of \$500 each year.	\$500	<ol style="list-style-type: none"> 1. Final reports submitted should include number of people served; race and sex demographics; zip codes; challenges; successes; and process toward sustainability. 	<ul style="list-style-type: none"> • Submit final report to ODH for approval.
Monitoring		Resources	
<ul style="list-style-type: none"> • Monthly Reports • Quarterly Reports • Yearly Final Reports 		http://www.amchp.org/TransformationStation/Documents/AMCHP%20Preconception%20Issue%20Brief.pdf https://ctb.ku.edu/en/table-of-contents/analyze/where-to-start/participatory-approaches/main https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/Council-on-Patient-Safety-in-Womens-Health-Care?IsMobileSet=false https://www.ahrq.gov/topics/social-determinants-health.html https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vmosa/tools https://www.thecommunityguide.org/search/womens%20health#topic=7606&page=2 https://beforeandbeyond.org/ https://everywomannc.org/	

Purpose of Objective 2: To improve preconception and inter-conception health services to women ages of 18-44. The preconception health strategy aims to help women achieve their physical, behavioral, mental, and social needs before and after pregnancy. This strategy also aims to improve access, quality, and delivery of preventative health services to women.

Preconception Health and Inter-Conception Health Goals:

- a) Reduce maternal morbidity and mortality by increasing equitable access to women well visits and preventative health services to women ages 18-44
- b) Increase the value of preconception health through education and awareness to women ages 18-44

- c) Increase the capacity of local public health systems to support partnerships that address social determinants impacting preconception health services

Objective 3: Peer Support Person-Centered Wellness (Year 1: Planning)			
Maximum funding for deliverable: \$66,000			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
3.1 Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant budget year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Person Coordinator Position. Reports are due to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.	\$48,000 (\$12,000 per quarter)	<ol style="list-style-type: none"> 1. Provide job description or resume of identified Coordinator each time the Coordinator changes. 2. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– 3. MP Peer Support Person Coordinator Position. 4. Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. 5. Reimbursement will not be paid unless a new Coordinator is identified and approved by ODH during that quarter or before and the Coordinator receiving peer support specialist training by 6/30/2021. 	<ul style="list-style-type: none"> • Provide job description or resume of identified Coordinator person each time the Coordinator person changes. • Plan must be complete by deadline with no exceptions to be eligible for MP22 funds. • Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. • Reimbursement will not be paid unless a new Coordinator person is identified and approved by ODH during that quarter or before) and the Coordinator receiving peer support specialist training by 6/30/2021. • Pilot agency must be identified by 6/30/2021 and able to perform program in MP22 or funding will not be provided. • Reimbursement will be provided in four quarterly payments based on retention of identified MP Peer Support Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement. • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports
3.2 Develop and convene a stakeholder group of individuals who work with pregnant and/or post-partum women (within 1 year of pregnancy) to assess the peer support systems and screening tools (behavioral and/or physical health) within the county and have a meeting by 11/30/2020. Provide list of providers and meeting minutes or notes to ODH for approval for one-time	\$6,000	<ol style="list-style-type: none"> 1. At least 1 medical provider to be identified on the committee and 1 behavioral health provider with pregnancy or post- partum (within a year of pregnancy) experience. 2. Identify the region of focus and the programs within that region/zip code. 3. If no training programs exist identify the opportunities for individuals to be trained and which 	<ul style="list-style-type: none"> • Providers identified • Region identified if applicable. • Meeting minutes or notes provided to ODH.

reimbursement of \$6,000.		programs. 4. Meeting minutes and notes need to be responsive to the topics listed.	
3.3 Submit a list of all peer support programs and screening tools (behavioral health and/or physical health) within the county; and submit a list of all peer support training programs (behavioral health and/or physical health) and behavioral health providers who treat pregnant women within the county to ODH for approval by 12/30/2020 for one-time reimbursement of \$3,000.	\$3,000		
3.4 Coordinate and lead at least 4 additional meetings regarding the findings and next steps for the peer support programming by these dates 3/30/2021 (review findings); 6/30/2021 (select/identify agency to pilot); 8/30/2021 (finalize approval of Implementation Plan). Submit agendas, and meeting minutes or notes for reimbursement of \$1,000 per meeting conducted and not to exceed \$4,000.	\$4,000	1. Agency must be identified by 6/30/2021 and able to perform program in MP22 or funding will not be provided.	
3.5 Create a plan of action for implementation to include scope, funds needed, training needs, evaluation outcomes proposed, MOU if needed, and initial start date of program for a peer support program at the identified agency by 8/30/2021 for one-time payment of \$5,000 (Plan of Action needs to be submitted and approved by deadline in order to be fully eligible for MP22 peer support funds).	\$5,000	1. Plan needs to be complete by deadline with no exceptions in order to be eligible for MP22 funds. 2. Treatment centers have agreed to assign priority to pregnant women and are capable of treating women with opiate addiction. 3. Screening tool is selected and agreed upon by s of the committee. 4. Entities serving pregnant and postpartum women have been identified (e.g. hospitals, clinics, OBGYNS, Family Practitioners, HV).	

Objective 3: Peer Support Person-Centered Wellness (Years 2-3: Implementation)			
Maximum funding for deliverable: \$66,000			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
3.1 Identify and maintain MP Peer Support Coordinator to support the coordination, implementation, and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to	\$48,000 (\$12,000 per quarter)	1. Provide job description or resume of identified Coordinator person each time the Coordinator person changes. 2. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3 – MP Peer Support Person Coordinator Position.	<ul style="list-style-type: none"> • Provide job description or resume of identified Coordinator person each time the Coordinator person changes. • Plan needs to be complete by deadline with no exceptions in order to be eligible for MP22 funds.

<p>exceed \$48,000 in the grant year. MP Peer Support Coordinator identified must meet minimum qualifications described in Appendix E3– MP Peer Support Coordinator Position. Reports are due to ODH by 1/10, 4/10, 7/10 and 10/10, years 2022-2023.</p>		<p>3. Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress.</p> <p>4. At least 1 mental health provider and 1 OBGYN provider have signed MOU’s to work with the MP peer program.</p>	<ul style="list-style-type: none"> • Provide reports that includes updates on progress of new collaborations and partnerships, community meetings, and all deliverable progress. • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports.
<p>3.2 Determine the target number of women to be reached by identifying 25% of the eligible women for this service with use of population data and behavioral health data in your identified county and report your target number to ODH by 10/30 in years 2022-2023 for one-time reimbursement of \$1,000 per year.</p>	<p>\$1,000</p>		<ul style="list-style-type: none"> • Provide 2-5-year action plan with up to 3 priority areas with clearly defined approaches • Submit monthly reports • Provide health equity strategy along with action plan
<p>3.3 Provide behavioral health screenings and peer support (if recommended) to your total (100% of) target number and provide referrals for support services to at least 10% of the number of women that were provided screenings and report the data to ODH monthly report the following data monthly to ODH years 2022-2023 ((\$1,250 per month if no screenings or support services no reimbursement should be submitted):</p> <ul style="list-style-type: none"> • Women identifier • Age • Race • Ethnicity • # of pregnancies (outcomes) • Entry trimester into prenatal/postnatal care • Number of Women provided a mental health screening via a provider while pregnant or within the first year after birth (live birth or death) • Number of Women referred to the mental health peer 	<p>\$15,000 (\$1,250 per month if no screenings or support services no reimbursement should be submitted)</p>		<ul style="list-style-type: none"> • Women identifier • Age • Race • Ethnicity • # of pregnancies (outcomes) • Entry trimester into prenatal/postnatal care • Number of Women provided a mental health screening via a provider while pregnant or within the first year after birth (live birth or death). • Number of Women referred to the mental health peer
<p>3.4 Receive reimbursement for promotional and informational resources and duplication/copying. Promotional and informational resources must be</p>	<p>\$2,000 (Year 2 only)</p>		

approved by ODH prior to purchase by 9/20/2022 not to exceed \$2,000.			
3.5 Develop a sustainability plan and complete a final outcomes report by 9/20/2023 and submit to ODH for approval for a one-time reimbursement of \$2,000. Year 3 only.	\$2,000 (Year 3 only)	1. YEAR 3 ONLY-Develop a sustainability plan and complete a final outcomes report.	<ul style="list-style-type: none"> Sustainability plan submitted and approved.
Monitoring	Resources		
<ul style="list-style-type: none"> Monthly Reports Yearly Final Reports 	http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/Archive/2012/NovDec2012/Pages/Feature5.aspx https://ssir.org/articles/entry/collective_impact_for_health_and_wellbeing https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/Council-on-Patient-Safety-in-Womens-Health-Care?IsMobileSet=false https://www.ahrq.gov/topics/social-determinants-health.html https://beforeandbeyond.org/ https://everywomannc.org/ http://www.phrp.com.au/issues/march-2015-volume-25-issue-2/social-media-campaigns-make-difference-can-public-health-learn-corporate-sector-social-change-marketers/ https://www.cdc.gov/eval/tools/programmanagement/index.html https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans/tools		

Purpose of Objective 3: To increase the peer support that pregnant and post-partum women receive to improve their physical, behavioral, mental, and social needs during and up to one year post pregnancy. This strategy also aims to ensure that pregnant and postpartum women are receiving behavioral health screenings and referrals for support services to mental wellness.

Peer Support Person-Centered Wellness Goals:

- a) Increase the number of peer support personnel working with pregnant and postpartum women to improve their mental wellness.
- b) Increase the number of screenings for behavioral health to pregnant and postpartum women.
- c) Increase the number of referrals for pregnant and postpartum women to behavioral health services.
- d) Increase the behavioral health knowledge of personnel who work with pregnant and postpartum women by attending educational and training events.

Objective 4: Adolescent Health Evidence – Based Resiliency Projects (Year 1)			
Maximum Funding for Deliverable: \$ 66,000			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
4.1 Identify and maintain MP Adolescent Health Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position and will not to exceed not to exceed \$48,000 in the grant year. MP Adolescent Health Coordinator identified must meet minimum qualifications described in Appendix E4– MP Adolescent Health Coordinator Position. Report to ODH by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.	\$48,000 (\$12,000 per quarter)	<ol style="list-style-type: none"> 1. Provide job description or resume of identified Coordinator each time the Coordinator changes. 2. Reimbursement will not be paid unless a new Coordinator is identified and approved by ODH during that quarter or before. 	<ul style="list-style-type: none"> • Provide job description or resume of identified Coordinator each time the Coordinator changes. • Reimbursement will not be paid unless a new Coordinator is identified and approved by ODH during that quarter or before. • Reimbursement will be provided in four quarterly payments based on retention of identified MP Adolescent Health Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement. • Indicate FTE and provide employment agreement or pay stub for proof of hire • Provide time and effort with expenditure reports.
4.2 Develop workplan that identifies evidence-based adolescent health initiative(s) to support positive youth development for physical activity, nutrition, social, and emotional health for youth ages 11-17. Submit workplan for evidence-based program and MOUs for activities for years 1-3 to ODH by 1/10/2021 for a one-time reimbursement of \$2,000.	\$2,000	<ol style="list-style-type: none"> 1. Adolescent Coordinator responsible for managing project activities. 2. Workplan for Years 1-3 should include goals, objectives, activities, and timelines. 3. Identify evidence- based adolescent health initiative relative to each year (1-3) and approved by ODH. Topics can include: <ol style="list-style-type: none"> a. Obesity prevention b. Substance Abuse c. Violence Prevention d. Mental Health e. Healthy Relationships 4. Adolescent Coordinator should continue partnerships with youth serving organizations. 5. Obtain MOUs from community partners. 6. Funds can also support trainings. 	<ul style="list-style-type: none"> • Submit evidence based adolescent health initiative to be approved by ODH. • Submit MOUs from youth serving community partners • Workplan for years 1-3.

4.3 Identify evaluation plan that includes measurement outcomes for adolescent health initiative. The evaluation plan should include quarterly benchmarks. Submit evaluation plan to ODH for approval by 2/28/2021 for one-time reimbursement of \$4,000.	\$4,000	<ol style="list-style-type: none"> 1. Evaluation tool(s) provided to ODH for approval. 2. Monthly reporting form developed using excel. 	<ul style="list-style-type: none"> • Submit evaluation plan for approval by ODH. • Submit monthly reports • Submit evaluation tools to be approved by ODH.
4.4 Provide performance benchmarks and report findings of evaluation for all evidence – based adolescent health initiative(s) to ODH for approval by 7/10/21 for reimbursement of \$3,750 and by 10/10/2021 for reimbursement of \$3,750.	\$7,500 (\$3,750 for 3 rd and 4 th quarter)	<ol style="list-style-type: none"> 1. Utilize monthly reporting form to submit findings to ODH. 2. And/or training along with number of people served; race and sex demographics; and zip code monthly 3. Provide performance benchmarks on 7/10/2021 and 10/10/2021. 	<ul style="list-style-type: none"> • Submit monthly reports. • Submit benchmarks in quarter 3 and 4.
4.5 Develop and utilize an advisory committee to inform the work of all activities. The advisory group should consist of at least six members with subject matter experience and/or credentials related to the evidence-based project identified. The advisory committee should meet four times during the grant period. Reimbursement will not to exceed \$4,000 during the grant period. Submit list of advisory members and their experience and/or credentials, agenda and meeting minutes or notes to ODH for approval and reimbursement of \$1,000 per quarter by 1/10/2021, 4/10/2021, 7/10/2021 and 10/10/2021.	\$4,000 (\$1,000 per meeting held)	<ol style="list-style-type: none"> 1. Develop an advisory committee of six subject matter experts with related evidence – based practice experience and credentials 2. Conduct at least four advisory committee meetings during the grant period. 	<ul style="list-style-type: none"> • List of advisory committee members and credentials • Agendas and attendance submitted for each meeting conducted.
4.6 Submit final report detailing population served, demographics, and adolescent health initiative outcomes to ODH for approval by 9/20/2021 for one-time reimbursement of \$500.	\$500	<ol style="list-style-type: none"> 1. Final report submitted should include number of people served; race and sex demographics; challenges; successes; and process toward sustainability. 	<ul style="list-style-type: none"> • Submit final report to ODH for approval.

Objective 4: Adolescent Health Evidence – Based Resiliency Projects (Years 2-3)			
Maximum Funding for Deliverable: \$70,000			
Deliverable	Unit Cost	Minimum Required Activities	Reporting Requirements
4.1 Identify and maintain MP Adolescent Health Coordinator to support the coordination, implementation and reporting of deliverables. Reimbursement will be provided in four quarterly payments based on the retention of the identified position	\$48,000 (\$12,000 per quarter)	<ol style="list-style-type: none"> 1. Provide job description or resume of identified Coordinator each time the Coordinator changes. 2. Reimbursement will not be paid unless a new Coordinator is identified and approved by ODH during that quarter or before. 	<ul style="list-style-type: none"> • Provide job description or resume of identified Coordinator each time the Coordinator changes. • Reimbursement will not be paid unless a new Coordinator is identified and approved by ODH during that quarter or before.

and will not to exceed not to exceed \$48,000 in the grant year. MP Adolescent Health Coordinator identified must meet minimum qualifications described in Appendix E4—MP Adolescent Health Coordinator Position. Report to ODH by 1/10, 4/10, 7/10 and 10/10 for years 2022 – 2023.			<ul style="list-style-type: none"> Reimbursement will be provided in four quarterly payments based on retention of identified MP Adolescent Health Coordinator at the start of the grant period (if there is a vacancy for more than two months of any quarter, reimbursement. Indicate FTE and provide employment agreement or pay stub for proof of hire Provide time and effort with expenditure reports
4.2 Provide current or updated workplan and evaluation plan to support positive youth development for physical activity, nutrition, social, and emotional health for youth ages 11-17 for years 2022-2023. Submit to ODH for approval by 11/10 for one-time reimbursement of \$2,500.	\$2,500	<ol style="list-style-type: none"> Continue to implement adolescent health initiatives as detailed in workplan for Years 2022-2023. Workplan for Years 2-3 should include goals, objectives, activities, and timelines. Topics should reflect: <ol style="list-style-type: none"> Obesity prevention Substance Abuse Violence Prevention Mental Health Healthy Relationships Continue to implement or update the evaluation plan to reflect changes in adolescent health initiative. 	<ul style="list-style-type: none"> Submit adolescent health initiative workplan to ODH. Submit evaluation plan and any updated evaluation tools to ODH for approval.
4.3 Achieve and provide quarterly benchmarks for adolescent health initiative for approval by ODH by 1/10, 4/10, 7/10 and 10/10 for years 2022 and 2023 for reimbursement of \$3,750 each quarter.	\$15,000 (\$3,750 per quarter)	1. Continue quarterly benchmarks for performance will be re-established or be newly established for new initiatives within the first quarter	<ul style="list-style-type: none"> Submit quarterly benchmarks to ODH
4.4 Submit final report for evidence – based adolescent health initiative and/or training along with number of people served; race and sex demographics; challenges; successes; and process toward sustainability to ODH for approval for years by 9/20/2022 and 9/20/2023 for one-time reimbursement of \$500 each year.	\$500	1. Utilize monthly reporting form to submit findings to ODH.	<ul style="list-style-type: none"> Final report submitted with number of people served; race and sex demographics; zip code; challenges; successes; and process toward sustainability
Monitoring		Resources	

<ul style="list-style-type: none"> • Reports and strategy; submit in GMIS • Monthly reports and expenditure reports • Other MIWP Grants Manager will monitor and provide reports to ODH regarding this objective 	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx https://www.cdc.gov/healthyyouth/index.htm https://www.nbcdi.org/ https://www.aecf.org/resources/2019-kids-count-data-book/ https://www.hhs.gov/ash/oah/adolescent-development/index.html https://ctb.ku.edu/en https://www.thecommunityguide.org/ https://www.umhs-adolescenthealth.org/ https://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm
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Purpose of Objective 4: To improve the health of adolescent boys and girls between the ages of 11-17. The strategy aims to identify evidence based adolescent health initiatives to support positive youth development for physical activity, nutrition, social, and emotional health

Adolescent Health Evidence-Based Resiliency Goals:

- a) Reduce rate of adolescent obesity by increasing access to physical activity and nutrition education
- b) Prevent adolescent substance abuse by improving access to community mental health services
- c) Improve the identification and coordination of local community resources that support adolescent well-being

**Maternal and Child Health Program (MP)
FY2021 Application Review Form**

Applicant Agency _____ GMIS # _____
Reviewer Name _____ Date of Review: _____

Reviewer responsibilities	Yes ✓	Due Date
Grant applications received		
Applications, attachments and score sheets returned to ODH		

Requested Funding

\$ _____ Funds Requested

Risk Rank # found on Appendices F1 and/or F2

Possible 5 points - Preconception Health (Objective 2) _____

Possible 5 points - Preconception Health (Objective 3) _____

Possible 5 points - Adolescent Health (Objective 4) _____

Total Risk Rank Points: _____

*Possible Total of 15 Points for overall ranking between 1-22

Total Review Points _____ (Possible 100)

Total Risk Rank Points _____ (Possible 15)

TOTAL Score: _____ (Possible 115)

REVIEWER RECOMMENDED ACTION:

_____ **Approval** _____ **Approval With Modifications** _____ **Disapproval**

The following criteria constitute grounds for disapproval of applications:

1. Incompleteness of grant proposal or inconsistency with goals and/or the purpose of the ODH program and RFP);
2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by review criteria;
3. Fraudulent presentation; or
4. Determination that grant funds are to be used as substitute for an existing project's current resources.

COMMENTS: _____

FINAL RECOMMENDATION FOR FUNDING:

_____ **Approval** _____ **Approval With Modifications** _____ **Disapproval**

REVIEWER SIGNATURE: _____

FINAL APPROVER SIGNATURE: _____

REVIEW CATEGORIES	Poss.	Act.
Executive Summary: Identify the target population by city/cities, county/counties, and demographics, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address related to each objective that will be applied for with the grant. Identify the county overall ranking found in Appendix F1 or F2, for each objective you will be addressing with this grant.	7	
Description of Applicant Agency/Documentation of Eligibility/Personnel	20	
1. Describe the team's experience and readiness to support each objective applied for in the application.	4	
2. Describe staff person's educational background, professional experience, and role on the team.	2	
3. Applicant's experience providing maternal and child health services to the target population and its community.	2	
4. Agency's capacity to complete the objectives by the deliverable due dates.	2	
5. Identified partnerships linked to population of focus. Must include memoranda of agreement for each partner agreeing to proposed roles and responsibilities.	6	
6. Identified organizations and community resources. Identified community efforts to sustain this work both during the project and following its completion.	4	
Problem/Need	8	
1. Define Need <ul style="list-style-type: none"> Applicant described the community's level of readiness to address health status, healthy systems and SDoH (2) Applicant used data to outline overall community health status and document existing community efforts to address the objectives that are applied for in the application (2) The specific health status concerns that the program intends to address are stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators (2) Applicant described other agencies/organizations, in the area that are addressing the problem/need (2) 	2 2 2 2	
Methodology	65	
2. Readiness & Capacity <ul style="list-style-type: none"> Assets/capacity are clearly listed or identified (2) The staff responsible for objective activities are clearly identified with roles, responsibilities, and percentage of time dedicated to the progress (2) The applicant identifies specific collaborators, clearly roles and responsibilities. The applicant identified partnerships linked to population of focus. Memoranda of Agreement for each partner included which also specifies proposed roles and 	2 2 2	

responsibilities (2)		
3. Define Project <ul style="list-style-type: none"> The narrative describes where program interventions will take place, how the intervention increases awareness and addressed health disparities (3) The workplan reflected major aspects of the program narrative including objectives, activities, and start and end dates (3) The disease burden and demographic characteristics of the population of interest are clearly delineated (3) Evidence-based interventions are clearly identified with the necessary adaptations (3) 	3 3 3 3	
4. Define Goals & Objectives <ul style="list-style-type: none"> Goals (4) SMART Objectives are written in a format that is measurable along with identifiable data sets/types (4) Applicant identified metrics to measure impact (5) 	4 4 5	
5. Objectives and Work Plan <ul style="list-style-type: none"> Activities in the workplan are reflective of SMART objectives including threshold calculations (5) Responsible parties are clearly identified, timelines are delineated (5) The applicant's sustainability plan identifies key partners (2) The workplan reflects fidelity to the evidence-based model(s) (3) 	5 5 2 3	
6. Reporting <ul style="list-style-type: none"> Monthly progress report components (5) <ul style="list-style-type: none"> Required minimum reporting Additional proposed reporting Quarterly data report components (10) <ul style="list-style-type: none"> Required minimum reporting Additional proposed reporting Final report components (4) <ul style="list-style-type: none"> Required minimum reporting Additional proposed reporting 	5 10 4	
TOTAL REVIEW POINTS	100	

Job Description TITLE: MP Maternal and Child Health (MCH) Manager

Job Purpose: The main role of the position is to lead the efforts of the Maternal and Child Health Program Capacity Building and Support objective in the MP grant. To support the coordination and implementation of initiatives. This role will also facilitate relationship building and collaboration internally and externally to develop a strategic plan, communication plan, and referral system. The position will also lead the efforts for the development of an Advisory Council or Community Collaborative to address maternal and child health concerns in the target community as well as develop a marketing strategy. This role will also problem solve and develop systems on behalf of maternal and child health issues. The position will support administrative responsibilities including data collection, program monitoring, and program reporting. Experience and education in public health, maternal and child health, community health, social work, and related health and human services field is required. The Coordinator must show evidence of training and skills in cultural competency and cultural humility.

KEY RESPONSIBILITIES AND ACCOUNTABILITIES:

- Submit monthly/quarterly reports for the Maternal and Child Health Program Capacity Building and Support objective and expenditure reports timely and accurately.
- Effectively use critical thinking in leading, designing, and implementing maternal and child health interventions
- Lead work to develop strategic plan, communication plan, marketing strategy, and strategy for collaboration and referrals for internal and external partners. Including a referral system process map and referral tools
- Develop, recruit and lead an advisory council or community collaborative members, develop and provide meeting agendas, notes or summary on progress related to 1.2, 1.3 and 1.4.
- Attend skills building and capacity training and provide reports and agenda(s) on the main learning objectives to ODH in the following month that training was attended.
- Develop and maintain effective working relationships with providers, social sector professionals, and community leaders with lived experience
- Effectively use cultural humility skills when working with low-income, minority, or other underserved communities and work to incorporate their voices into the women's health initiatives
- Maintain high data integrity and support data collection and program measurement efforts
- Monitor and manage program implementation and track performance measures including submission of reports to ODH
- Process and maintain programmatic paperwork
- Understand the key role that providers, social services agencies, and community leaders play in the success of programming and conduct oneself accordingly

Job Description TITLE: MP Women's Health Care Coordinator

Job Purpose: The main role of the Women's Health Coordinator is to support the coordination and implementation of women's preconception health and inter-conception health initiatives. This role will also facilitate relationship building across the clinical and community-based sectors to build effective interventions and programs to support women's health. The Coordinator also entails ensuring that all eligible women in the target population receive support with clinical and community services in accordance to the program's guidelines and standards. This role will also advocate and problem solve on behalf of women and institutions supporting the improvement or expansion of preconception care and inter-conception care. This coordinator also supports administrative responsibilities including data collection, program monitoring, and program reporting. Experience in public health, maternal and child health, community health, social work, and related health and human services field is required. The Coordinator must show evidence of training and skills in cultural competency and cultural humility.

KEY RESPONSIBILITIES AND ACCOUNTABILITIES:

- Effectively and accurately support the coordination of women's preconception health and inter-conception health initiatives
- Effectively use critical thinking in leading, designing, and implementing women's health interventions
- Ability to assist women with barriers in order to help navigate health care systems and community-based resources as it relates to supporting interventions and program delivery
- Develop and maintain effective working relationships with providers, social sector professionals, and community leaders with lived experience
- Effectively use cultural humility skills when working with low-income, minority, or other underserved communities and work to incorporate their voices into the women's health initiatives
- Educate partners on the policies and procedures for women's preconception and inter-conception programs and interventions
- Maintain high data integrity and support data collection and program measurement efforts
- Monitor and manage program implementation and track performance measures including submission of reports to ODH
- Process and maintain programmatic paperwork
- Understand the key role that providers, social services agencies, and community leaders play in the success of programming and conduct oneself accordingly

Job Description TITLE: MP Peer Support Coordinator

Job Purpose: The main role of this pregnancy/post-partum behavioral health focused position is to support the coordination and implementation of the MP Peer Support Person-Centered Wellness Program. The role will facilitate relationship building across the clinical and community-based sectors to build an effective peer support program for pregnant and post-partum women. The Coordinator also entails ensuring that all eligible women in the target population receive screening and support in accordance with the program's guidelines and standards. The role will also be expected to attend additional trainings and possible certifications regarding peer support and behavioral health. This coordinator will also support administrative responsibilities including data collection, program monitoring, and program reporting. Experience or certification as a peer support person or experience supervising a peer support program within the community. The Coordinator must show evidence of training and skills in cultural competency and cultural humility.

KEY RESPONSIBILITIES AND ACCOUNTABILITIES:

- Manages, coordinates and directs the MP Peer Support Person-Centered Wellness Program.
- Directs administrative and programmatic aspects of the objective including short and long-term goal development, quality assurance, and reporting
- Coordinates partnerships in the implementation of the objective
- Plans, schedules and implements male wellness events and initiatives
- Monitors program responsibilities and progress according to workplan
- Communicates effectively with identified community centers/businesses
- Monitors program expenditures and program budgets
- Knowledge of health-related field, or management: program planning, policy implementation & program evaluation: data collection & analysis; health care organization & health care systems delivery
- Has lived experience of diagnosed mental health or co-occurring mental health and substance use disorder.
- Must satisfy relevant requirements for certification as required by ODH within 12 months of employment.
- 2 years' experience in health program delivery (e.g., program implementation, program coordination, program monitoring & evaluation.
- Demonstrate experience in coordination of services that impact maternal, infant, and child health
- Knowledge of availability of community resources that serve disparate populations.
- Ability to engage community members and organizations.
- Ability to build strong, collaborative relationships

Job Description TITLE: MP Adolescent Health Coordinator

Job Purpose: The Program Coordinator will facilitate the adolescent health program initiatives including identified strategy with a workplan including staff responsibilities, activities, measurable outcomes, and timelines. Implementation of strategy identified in MP grant related to engagement of youth, activities, nutrition, life plan/goal setting, physical activity, and other needs and barriers for youth. Identify an evidenced-based model or promising practice that focuses on improving overall health for adolescents (ages 11-14 years of age), increasing physical activity to 60 minutes per day, and preventing obesity. The Coordinator must show evidence of training and skills in cultural competency and cultural humility.

KEY RESPONSIBILITIES AND ACCOUNTABILITIES:**Job Duties**

- Coordinates, and directs the MP Adolescent Health objective and activities.
- Directs administrative and programmatic aspects of the objective including short and long-term goal development, quality assurance, and reporting.
- Coordinates partnerships in the development of the implementation strategy of the objective.
- Plans, schedules and implements community meetings to gather information for strategic planning.
- Monitors program responsibilities and progress according to workplan.
- Communicates effectively with community centers supporting youth.
- Remains current on adolescent health issues including nutrition, physical activity, and obesity prevention.
- Monitors program expenditures and program budgets.
- Knowledge of health-related field, or management; program planning, policy implementation & program evaluation; data collection & analysis; health care organization & health care systems delivery.
- Three years of experience in health program delivery (e.g., program implementation, program coordination, program monitoring & evaluation).
- Demonstrated experience in positively impacting health outcomes in maternal, infant, and child health.
- Demonstrated experience in coordination of services that impact health outcomes in maternal, infant, and child health.
- Knowledge of availability of community resources that serve disparate populations.
- Demonstrated experience in implementing policy, systems, and environmental change.
- Ability to engage community members and organizations.
- Ability to build strong, collaborative relationships.

Appendix F1

Preconception Health											Appendix F1	
County	2018 Population Estimate ¹	Population Rank	% of Women Diagnosed Diabetes ² (crude %, 2016)	% of Women Diagnosed Diabetes Rank	% of Women Obese ³ (crude %, 2016)	% of Women Obese Rank	% of Women Physically Inactive ⁴ (crude %, 2016)	% of Women Physically Inactive Rank	% of Women who are Current Smokers ⁵ (2014-2018)	% of Women who are Current Smokers Rank ⁵	Average Rank (Diagnosed Diabetes, Obese & Physically Inactive)	Overall Rank
Adams	27,724	76	14.1	9	32.7	55	38.5	2	34.0%	2	22.0	13
Allen	102,663	26	12.3	37	33.5	47	27.4	66	22.1%	42	50.0	57
Ashland	53,745	46	10.1	74	30.1	72	37.0	8	20.1%	57	51.0	58
Ashtabula	97,493	27	13.0	23	39.0	12	35.4	15	22.6%	37	16.7	8
Athens	65,818	36	12.1	40	31.9	58	29.1	49	18.5%	70	49.0	56
Auglaize	45,804	49	11.1	59	39.7	9	33.6	29	22.2%	41	32.3	28
Belmont	67,505	35	12.7	29	35.2	39	35.7	12	23.1%	31	26.7	21
Brown	43,602	53	13.0	23	36.3	31	36.2	4	32.6%	3	19.3	11
Butler	382,378	7	10.9	62	31.8	60	25.1	77	21.3%	49	66.3	72
Carroll	27,081	78	12.6	31	37.8	21	32.2	35	20.5%	53	29.0	23
Champaign	38,754	62	11.2	56	32.0	57	37.2	7	20.1%	57	40.0	38
Clark	134,585	21	13.6	16	33.4	49	32.2	35	25.4%	18	33.3	31
Clermont	205,466	13	10.7	66	39.1	11	30.0	43	24.9%	23	40.0	38
Clinton	42,057	56	12.2	38	33.9	44	28.4	57	24.2%	25	46.3	51
Columbiana	102,665	25	12.1	40	36.7	28	34.0	25	27.1%	14	31.0	25
Coshocton	36,629	65	12.8	28	38.9	13	33.1	32	20.5%	53	24.3	18
Crawford	41,550	57	9.5	77	27.9	80	30.6	40	18.0%	72	65.7	71
Cuyahoga	1,243,857	2	11.3	55	31.6	62	26.6	69	21.1%	50	62.0	65
Darke	51,323	47	8.5	82	36.7	28	33.9	27	18.9%	67	45.7	50
Defiance	38,165	63	12.0	44	31.9	58	34.6	21	31.8%	4	41.0	41
Delaware	204,826	14	7.8	86	23.2	86	19.0	87	11.3%	87	86.3	88
Erie	74,615	34	11.5	51	32.1	56	30.7	39	22.8%	34	48.7	54
Fairfield	155,782	20	9.2	79	31.0	63	22.0	84	18.6%	69	75.3	83
Fayette	28,666	72	13.1	21	36.9	26	34.7	20	38.5%	1	22.3	14
Franklin	1,310,300	1	9.4	78	30.3	69	25.5	76	22.4%	38	74.3	81
Fulton	42,276	55	10.5	67	29.6	74	25.6	75	18.9%	67	72.0	79
Gallia	29,979	71	15.3	4	38.8	15	32.7	33	26.2%	16	17.3	9
Geauga	94,031	28	8.5	82	21.0	88	22.0	84	13.7%	83	84.7	87
Greene	167,995	18	11.9	47	29.5	75	22.5	83	15.6%	78	68.3	74
Guemsey	39,022	61	11.0	60	37.0	25	30.6	40	22.0%	45	41.7	43
Hamilton	816,684	3	11.2	56	30.4	67	25.8	72	21.6%	46	65.0	68
Hancock	75,930	32	10.4	71	30.6	66	27.6	64	18.1%	71	67.0	73
Hardin	31,480	70	13.8	13	36.3	31	43.3	1	29.2%	8	15.0	6
Harrison	15,174	82	12.1	40	37.2	23	31.4	38	25.2%	21	33.7	32
Henry	27,086	77	8.0	85	29.4	76	28.1	59	16.6%	77	73.3	80
Highland	43,058	54	13.9	11	30.8	65	29.2	48	22.8%	34	41.3	42
Hocking	28,385	73	12.5	34	42.4	4	28.5	55	27.3%	13	31.0	25
Holmes	43,892	52	10.5	67	27.3	82	27.6	64	14.7%	81	71.0	78
Huron	58,504	43	11.2	56	38.1	16	35.3	17	24.9%	23	29.7	24
Jackson	32,384	69	16.1	2	40.0	8	37.5	6	26.8%	15	5.3	2
Jefferson	65,767	37	13.5	17	33.8	45	36.8	9	27.5%	11	23.7	16
Knox	61,893	39	11.4	53	29.9	72	28.1	59	20.1%	57	61.3	64
Lake	230,514	11	9.0	80	22.2	87	26.0	71	24.1%	27	79.3	85
Lawrence	59,866	41	16.7	1	41.0	7	38.3	3	25.5%	17	3.7	1
Licking	175,769	17	12.1	40	29.8	73	28.2	58	19.3%	64	57.0	62
Logan	45,358	50	5.8	87	44.2	1	25.7	74	22.9%	33	54.0	60
Lorain	309,461	9	11.9	47	35.4	37	29.0	52	19.5%	62	45.3	48
Lucas	429,899	6	12.2	38	34.5	43	29.8	44	22.1%	42	41.7	43
Madison	44,413	51	12.9	25	38.0	17	28.5	55	20.2%	56	32.3	28
Mahoning	229,642	12	13.3	18	30.4	67	34.0	25	23.6%	29	36.7	37
Marion	65,256	38	14.4	6	42.1	5	34.2	22	29.2%	8	11.0	5
Medina	179,146	16	9.7	76	28.5	79	24.2	79	15.6%	78	78.0	84
Meigs	23,106	79	14.2	8	43.0	2	34.8	19	30.1%	6	9.7	4
Mercer	40,959	59	10.3	72	35.3	38	27.9	61	10.0%	88	57.0	62
Miami	106,222	24	11.7	50	37.1	24	25.8	72	20.0%	60	48.7	54
Monroe	13,790	85	14.4	6	37.3	22	32.4	34	19.5%	62	20.7	12
Montgomery	532,331	5	12.4	35	33.3	52	29.7	47	20.4%	55	44.7	47
Morgan	14,604	83	13.9	11	33.1	54	33.6	29	19.6%	61	31.3	27
Morrow	35,112	67	13.2	19	38.0	17	35.5	13	19.2%	66	16.3	7
Muskingum	86,183	30	14.0	10	35.9	35	34.1	23	22.3%	40	22.7	15
Noble	14,354	84	10.5	67	42.8	3	29.0	52	18.0%	72	40.7	40
Ottawa	40,769	60	12.6	31	30.9	64	29.8	44	17.0%	76	46.3	51
Paulding	18,760	81	9.8	75	37.9	20	36.5	10	27.5%	11	35.0	34
Perry	36,033	66	10.5	67	33.4	49	33.8	28	22.4%	38	48.0	53
Pickaway	58,086	44	12.9	25	34.9	42	35.4	15	21.6%	46	27.3	22
Pike	28,067	75	15.2	5	36.2	33	27.9	61	24.2%	25	33.0	30
Portage	162,927	19	10.8	64	27.4	81	27.4	66	22.1%	42	70.3	77
Preble	40,997	58	11.4	53	25.0	84	27.1	68	29.5%	7	68.3	74
Putnam	33,780	68	9.0	80	36.8	27	21.1	86	14.4%	82	64.3	66
Richland	121,099	23	12.4	35	30.3	69	34.1	23	22.7%	36	42.3	45
Ross	76,931	31	13.2	19	35.1	40	35.1	18	23.4%	30	25.7	20
Sandusky	58,799	42	12.0	44	33.6	46	25.0	78	21.6%	46	56.0	61
Scioto	75,502	33	15.9	3	38.9	13	38.1	5	25.4%	18	7.0	3
Seneca	55,207	45	11.9	47	33.5	47	30.1	42	23.8%	28	45.3	48
Shelby	48,627	48	11.0	60	28.7	78	26.6	69	27.8%	10	69.0	76
Stark	371,574	8	11.5	51	36.2	33	29.1	49	21.0%	51	44.3	46
Summit	541,918	4	10.8	64	29.1	77	28.6	54	23.1%	31	65.0	68
Trumbull	198,627	15	13.7	14	39.7	9	29.1	49	25.0%	22	24.0	17
Tuscarawas	92,176	29	12.0	44	33.2	53	27.9	61	19.3%	64	52.7	59
Union	5,735	88	8.4	84	31.7	61	23.9	80	17.2%	75	75.0	82
Van Wert	28,281	74	3.0	88	41.7	6	35.8	11	15.5%	80	35.0	34
Vinton	13,139	86	13.7	14	36.7	28	35.5	13	30.4%	5	18.3	10
Warren	232,173	10	10.3	72	25.9	83	18.9	88	12.9%	85	81.0	86
Washington	60,155	40	12.9	25	38.0	17	33.5	31	20.9%	52	24.3	18
Wayne	11,597	87	12.7	29	24.2	85	23.6	81	12.6%	86	65.0	68
Williams	36,804	64	12.6	31	35.1	40	31.6	37	25.3%	20	36.0	36
Wood	130,696	22	10.9	62	33.4	49	23.5	82	13.1%	84	64.3	66
Wyandot	21,935	80	13.1	21	35.6	36	29.8	44	17.3%	74	33.7	32

Note: the smaller the rank #, the higher the risk or population size

¹ Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017. U.S. Census Bureau, Population Division. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_lang=en&_ss=US&_ds=PEP_2018_PEPANNRES&prodType=table

² CDC National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation. <https://www.cdc.gov/diabetes/data/countydata/countydataindicators.html>

³ Current smoking prevalence among women by county, Ohio Behavioral Risk Factor Surveillance System. 2014-2018 combined estimate.

*To have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diagnosed diabetes (year of data, 2016)

**To be obese if their body mass index was 30 or greater. Body mass index (kg/m²) was derived from self-report of height and weight (year of data, 2016)

***To be physically inactive if they answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (year of data, 2016)

Appendix F2

Appendix F2												
County	2018 Population Estimate ¹	Population Rank	Teen Birth Rate (# of births per 1,000 female population ages 15-19) ²	Teen Birth Rate Rank	Third Graders Overweight and Obese ³	Third Graders Overweight and Obese Rank	Graduation Rate, % of ninth grade cohort that graduates in four years ⁴	Graduation Rate Rank	Rate of Children Abused and Neglected ⁵ (# of substantiated reports of child abuse and neglect per 1,000 children in the population)	Rate of Children Abused and Neglected Rank	Age-Adjusted Rate Rank	Overall Rank
Adams	27,724	76	43	4	48.80%	3	92%	48	14.4	10	16.25	4
Allen	102,663	26	33	25	39.30%	27	85%	86	10.2	24	40.5	34
Ashland	53,745	46	20	73	42.20%	17	94%	26	9	33	37.25	29
Ashland	97,493	27	35	16	36.30%	48	88%	74	8.6	34	43	40
Athens	65,818	36	9	86	40.40%	21	92%	48	15.8	6	40.25	33
Auglaize	45,804	49	26	58	31.60%	69	97%	1	7.8	38	41.5	38
Belmont	67,505	35	33	25	40.50%	20	89%	70	5.2	63	44.5	45
Brown	43,602	53	34	21	38.10%	37	94%	26	13.6	12	24	5
Butler	382,378	7	21	69	40.10%	24	90%	63	6	53	52.25	63
Carroll	27,081	78	24	61	43.30%	15	91%	58	6.4	47	45.25	48
Champaign	38,754	62	28	42	45.60%	7	91%	58	6.2	50	39.25	31
Clark	134,585	21	39	11	28.70%	81	88%	74	9.6	28	48.5	60
Clemons	205,466	13	24	61	37.20%	42	94%	26	2.3	87	54	66
Clinton	42,057	56	34	21	46.10%	5	88%	74	16	5	26.25	10
Columbiana	102,665	25	33	25	35.80%	50	93%	39	6.3	48	40.5	34
Coshocton	36,629	65	31	33	40.20%	23	93%	39	10.3	22	29.25	16
Crawford	41,550	57	37	14	33.60%	60	94%	26	10.8	21	30.25	18
Cuyahoga	1,243,857	2	28	42	37.70%	39	86%	83	10.1	25	47.25	56
Darke	51,323	47	28	42	24.10%	87	97%	1	5.9	54	46	52
Defiance	38,165	63	27	50	34.50%	54	97%	1	4.3	71	44	43
Delaware	204,826	14	7	87	25.70%	85	96%	7	1.4	88	66.75	86
Erie	74,615	34	27	50	39.70%	25	94%	26	7	40	35.25	26
Fairfield	155,782	20	20	73	27.50%	84	94%	26	3.6	76	64.75	83
Fayette	28,666	72	43	4	45.70%	6	91%	58	9.1	30	24.5	7
Franklin	1,310,300	1	27	50	31.20%	72	89%	70	5.9	54	61.5	81
Fulton	42,276	55	22	67	29.20%	80	93%	39	6.1	52	39.5	29
Gallia	29,979	71	35	16	44.30%	14	86%	83	4.9	64	44.25	44
Geauga	94,031	28	7	87	23.30%	88	96%	7	3.5	77	64.75	83
Greene	167,995	18	15	79	28.50%	82	92%	48	11.1	20	57.25	73
Guernsey	39,022	61	34	21	45.30%	8	87%	80	12.7	15	31	21
Hamilton	816,684	3	28	42	31.70%	67	87%	80	10.1	25	53.5	65
Hancock	75,930	32	21	69	30.30%	74	93%	39	6.2	50	58	74
Hardin	31,480	70	27	50	51.50%	1	94%	26	9.1	30	26.75	14
Harrison	15,174	82	38	13	38.90%	31	88%	74	13.4	14	33	25
Henry	27,086	77	19	75	33.30%	61	95%	16	8.1	37	47.25	56
Highland	43,058	54	41	8	39.30%	27	9%	88	15	8	32.75	24
Hocking	28,385	73	33	25	41.30%	18	95%	16	5.7	57	29	15
Holmes	43,892	52	12	81	35.20%	53	94%	26	3.9	73	58.25	75
Huron	58,504	43	29	38	41.10%	19	96%	7	5.6	59	30.75	20
Jackson	32,384	69	49	2	45.00%	9	94%	26	4.5	69	26.5	11
Jefferson	65,767	37	28	42	32.90%	64	93%	39	3.7	75	55	69
Knox	61,893	39	22	67	33.00%	63	93%	39	16.1	4	43.25	41
Lake	230,514	11	16	76	28.00%	83	92%	48	4.2	72	69.75	88
Lawrence	59,866	41	42	7	51.00%	2	95%	16	10.3	22	11.75	1
Licking	175,769	17	23	63	31.60%	69	92%	48	9.7	27	51.75	62
Logan	45,358	50	34	21	38.20%	34	96%	7	20.3	2	16	3
Lorain	309,461	9	25	59	39.20%	30	90%	63	3.1	83	58.75	77
Lucas	429,899	6	33	25	36.80%	45	84%	87	12.5	16	43.25	41
Madison	44,413	51	23	63	30.00%	75	95%	16	4.7	67	55.25	70
Mahoning	229,642	12	28	42	38.20%	34	90%	63	3.4	79	54.5	67
Marietta	65,256	38	49	2	34.10%	56	90%	63	23.7	1	30.5	19
Medina	179,146	16	11	84	25.40%	86	95%	16	2.6	85	67.75	87
Meigs	23,106	79	35	16	44.40%	13	88%	74	20	3	26.5	11
Meigs	40,959	59	21	69	32.50%	65	96%	7	6.9	41	45.5	49
Miami	106,222	24	28	42	29.30%	78	95%	16	2.6	85	55.25	70
Monroe	13,790	85	31	33	44.50%	11	92%	48	14.6	9	25.25	8
Montgomery	532,331	5	29	38	33.20%	62	88%	74	5.3	62	59	78
Morgan	14,604	83	35	16	34.10%	56	87%	80	14.2	11	40.75	36
Morrow	35,112	67	25	59	35.60%	52	93%	39	5.6	59	52.25	63
Muskingum	86,183	30	36	15	36.40%	47	94%	26	12.2	18	26.5	11
Noble	14,354	84	29	38	34.40%	55	96%	7	12.4	17	29.25	16
Ottawa	40,769	60	21	69	32.40%	66	96%	7	3.3	81	55.75	72
Paulding	18,760	81	33	25	37.50%	41	97%	1	3.3	81	37	28
Perry	36,033	66	35	16	38.80%	32	91%	58	4.9	64	42.5	39
Pickaway	58,086	44	27	50	37.90%	38	93%	39	5.8	56	45.75	50
Pike	28,067	75	52	1	46.90%	4	89%	70	9.4	29	26	9
Portage	162,927	19	10	85	30.00%	75	92%	48	8.3	35	60.75	80
Preble	40,997	58	29	38	37.10%	43	93%	39	5.6	59	44.75	47
Putnam	33,780	68	14	80	33.90%	59	97%	1	6.7	43	45.75	50
Richland	121,099	23	40	10	29.40%	77	90%	63	7.6	39	47.25	56
Ross	76,931	31	39	11	37.10%	43	90%	63	13.5	13	32.5	23
Sandusky	58,799	42	32	31	37.70%	39	96%	7	6.3	48	31.25	22
Scioto	75,502	33	41	8	44.50%	11	95%	16	11.6	19	13.5	2
Seneca	55,207	45	27	50	44.60%	10	94%	26	5.7	57	35.75	27
Shelby	48,627	48	31	33	31.70%	67	92%	48	8.2	36	46	52
Stark	371,574	8	27	50	34.10%	56	92%	48	6.6	44	49.5	61
Summit	941,918	4	23	63	30.90%	73	90%	63	4.7	67	66.5	85
Trumbull	198,627	15	28	42	43.30%	15	91%	58	4.4	70	46.25	54
Tuscarawas	92,176	29	31	33	35.70%	51	86%	83	3.4	79	61.5	81
Union	5,735	88	16	76	36.00%	49	95%	16	3.5	77	54.5	67
Van Wert	28,281	74	23	63	39.60%	26	94%	26	6.8	42	39.25	31
Vinton	13,139	86	43	4	38.40%	33	89%	70	6.5	46	38.25	30
Warren	232,173	10	12	81	29.30%	78	97%	1	3.9	73	58.25	75
Washington	60,155	40	27	50	40.40%	21	92%	48	4.8	66	46.25	54
Wayne	11,597	87	16	76	31.60%	69	95%	16	9.1	30	47.75	59
Williams	36,804	64	32	31	38.20%	34	94%	26	15.8	6	24.25	6
Wood	130,696	22	12	81	36.50%	46	96%	7	6.6	44	44.5	45
Wyandot	21,935	80	30	37	39.30%	27	95%	16	3	84	41	37

Note: the smaller the rank, the higher the risk or population size.

¹ U.S. Census Bureau, <https://data.census.gov/tables/2018/decennial/c001001>

² County Health Rankings and Roadmaps, data from the National Center for Health Statistics - National Vital Statistics System, <https://www.countyhealthrankings.org/data/2019/newsroom/factors/74/data> (years of data, 2011-2017)

³ Kids Count Data Center, <http://datacenter.kidscount.org/data/tables/2200-third-graders-overweight-and-obese?loc=37&cat=5&dist=all&geo=178-5265/geo/133/any/14248> (year of data, 2010); Ohio Department of Health, [A Report on the Body Mass Index of Ohio's Third Graders 2004-2010](https://www.ohio.gov/getmedia/178-5265/geo/133/any/14248)

⁴ County Health Rankings and Roadmaps, data from Ohio Department of Education, <https://datacenter.kidscount.org/data/tables/5482-child-en-abused-and-neglected?loc=37&cat=5&dist=all&geo=178-5265/geo/133/any/13433,15557> (year of data, 2017)

⁵ Kids Count Data Center, Ohio Department of Job and Family Services, <https://datacenter.kidscount.org/data/tables/5482-child-en-abused-and-neglected?loc=37&cat=5&dist=all&geo=178-5265/geo/133/any/13433,15557> (year of data, 2017)

Attachment 1 - Maternal and Child Health (MP__) Workplan
Agency Name: ABC County Health Department GMIS # 01210011MP0021
October 1, 20__ – September 30, 20__

Objective # : **OBJECTIVE TITLE**

Deliverables (written as SMART objectives)	Activities	Person Responsible	Timeline	Benchmarks & Evaluation Measures	Deliverable Budget Amount