

Project Abstract

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The Ohio Department of Health (ODH), as the designated lead agency for the Maternal, Infant and Early Childhood Home Visiting Program, in partnership with the Ohio Head Start Collaboration Office, CAPTA/Child Welfare/Ohio Department of Job and Family Services, and the Ohio Department of Alcohol and Drug Addiction Services proposes to enhance Ohio's early childhood system for pregnant women, children birth to age eight, and families by strengthening our home visiting system for communities at risk for poor health, developmental and social outcomes.

Ohio has a long-standing statewide system of home visiting services supported by funding from the State General Revenue Fund and the Maternal and Child Health Block Grant. The Help Me Grow Program offers home visiting services in all 88 counties, and the Ohio Infant Mortality Reduction Initiative is focused on addressing poor health and social outcomes among African American pregnant women and their infants in 13 Ohio communities. The current infrastructure (e.g., data systems, monitoring systems, technical assistance) supporting these programs will be enhanced.

Key partners and stakeholders already working together will further coordinate to integrate home visiting programs supported by the Federal, State and community levels to have a measurable impact on the health and development of children in Ohio. In our state, the Early Childhood Cabinet, the Family and Children First Cabinet, and the member state agencies and local partners are poised to participate in the national effort to build a quality, comprehensive, statewide early childhood system for pregnant women, parents and caregivers, and children from birth to age eight.

Ohio has engaged academic institutions, in addition to state agencies to design a scientifically sound approach to gather and analyze existing data to identify communities at risk; to conduct primary data collection to assess the State's capacity to offer home visiting services that meet the needs of families; and to establish measures to document the impact of home visiting services on the health and social outcomes of participating families. Partners also will build upon a review of the evidence supporting home visiting services to inform the State's selection of the most effective model(s) to meet the identified needs.

Ohio will complete all of the required elements of this FOA as well as the other two to come, to build upon the infrastructure, coordination, and evidence already in place to deliver high quality home visiting to children and their families.

Table of Contents

A.	Existing Data Available to the State to make Data-driven Determinations	1
B.	A Discussion of the Gaps in Currently Available Data	4
C.	A Discussion of the State’s Capacity to Locate, Gather, and Assemble the Information or Data Required for the Needs Assessment	5
D.	A Discussion of Barriers to and Opportunities for Ensuring Coordination Among Agencies	5
E.	A General Description of the Approach to Conducting the Needs Assessment	6
F.	Anticipated Need for Technical Assistance	7
G.	Statement of Intent	8
a.i.	Capacity of the Lead Entity	8
a.ii.	Process Description to Identify Populations to be Served	9
a.iii.	Process Description for Selecting Most Effective Models	10
a.iv.	Assurances	10
a.v.	Statement: Population and Models will be Consistent with Needs Assessment	10
a.vi.	Statement: Models will be Consistent with Evidence-Based Criteria	10
a.vii.	Process to Identify Benchmarks	10
a.viii.	Description of Other Existing State Programs	11

Program Narrative

A. Existing Data Available to the State to make Data-driven Determinations

To define populations at risk, the health status indicators must be examined in conjunction with indicators of social determinants of health. These social determinants give context to health status indicators and help translate data into information. To create the most complete depiction of the needs of Ohioans, we will draw from an array of data sources knowing that the challenge lies in framing the most complete picture when the sources of data used are collected using varying methodologies and for varying purposes.

Poor Birth Outcomes

The best source of data about birth outcomes is Ohio’s Vital Statistics (VS) birth data. These data are an enumeration of all births in Ohio and deal with almost all medical aspects of birth. Birth outcomes that can be assessed with VS are gestational age at delivery, birth weight, congenital anomalies present at birth, and route and method of delivery among others. Other measures that contribute to prenatal, maternal and newborn health include maternal morbidities, timing and adequacy of prenatal care, birth spacing, tobacco use during pregnancy, and breastfeeding.

VS data contain medical information about all births and deaths in Ohio. They can be analyzed from the state-level down to zip code and census tract. Because the data are for all Ohio residents, problems with small numbers are less likely than in smaller datasets or samples.

The Ohio Pregnancy Risk Assessment Monitoring System (PRAMS) provides data about pregnancy, birth and newborn experiences to complement VS data. PRAMS asks mothers about attitudes, beliefs and behaviors. It is a source of information about pregnancy intention, maternal

experiences of stress, content of prenatal care, health care follow-up and many other indicators about prenatal, maternal and newborn health.

PRAMS is a sampled survey of mothers of live-born infants, and does not capture data about all pregnancies in Ohio. Because it is a sample, statistics are estimations with an inherent degree of error. The data are representative for all Ohio mothers but cannot, at this time, be analyzed at a geographic level smaller than regional (urban/rural).

Vital Statistics death data, including birth-death linked cohort datasets, are available to assess infant and maternal mortality. When addressing infant mortality, it is important to examine death data alongside fetal death data (also available via VS) to have the most complete representation. Information for all fetal deaths of at least 20 weeks of gestation is another VS dataset.

Ohio's Child Fatality Review (CFR) is an extensive review of all deaths for children under 18 years completed locally by a panel of experts and aggregated at the state level. CFR includes data about contributing factors for each death, demographics, and behavioral risk factors.

Other datasets that contribute to the full understanding of birth outcomes and prenatal, maternal and newborn health and developmental outcomes are specific to certain populations. These programs all collect data about their participants which will help complete the understanding of the factors that contribute to health and well-being in Ohio. Such programs include Help Me Grow Home Visiting, the Ohio Infant Mortality Reduction Initiative (OIMRI), a home-visiting program for minority women who have had a previous poor birth outcome or who live in a geographic area with a high rate of infant mortality, and Ohio WIC, which serves pregnant women, new mothers, newborns and children with a medical or nutritional need who meet low-income requirements. Participant data is also available from the Ohio birth defects surveillance system, state-funded Family Planning clinics, Child and Family Health Services prenatal clinics, and Child and Family Health Services specialty pediatric clinics.

Poverty

To measure poverty in terms of household income and the federal poverty guidelines, the best source of data is the U.S. census. Information about median income, per capita income, and percentage of households falling below the federal poverty guideline for a community are available from the U.S. census.

To capture aspects of poverty and financial hardship specifically for new mothers, PRAMS collects data about income, use of need-based aid programs, stressors due to financial hardships, and lack of contraceptive use or prenatal care because of financial limitations.

The Behavioral Risk Factor Surveillance System (BRFSS) collects data for Ohio adults and has information about income, telephone disconnection and stress about ability to pay for housing or food. The BRFSS data gives statewide, regional and certain county estimates for these measures. Since BRFSS data is sampled survey data, estimates with a certain level of error can be produced for risk indicators.

There are other surveys that produce state and community-level estimates for measures of poverty in a community, which include the Ohio Family Health Survey and the American Housing Survey. The Ohio Department of Job and Family Services has statewide data to lend to the needs assessment efforts. The Ohio Association of Community Action Agencies has also recently completed a report on the State of Poverty in Ohio that can be utilized during the needs assessment process.

Crime

As a risk indicator, both the actual commission of crime and the perception of crime and safety are important social determinants of health. The FBI Uniform Crime Report tracks rates of crime, including violent crimes, in communities. The U.S. Bureau of Justice Statistics houses statistics about crime including the average daily population of local jails and state prison incarceration rates.

The Youth Risk Behavior Survey (YRBS) collects data about adolescents in grades 9 through 12 who are enrolled in school. Data about crime for youth from YRBS include drinking and driving, carrying of weapons, stolen property, physical fighting, being bullied, intimate partner violence and rape. Data from YRBS can be analyzed at the state and regional level.

Other surveys that include indicators about crime for Ohio are BRFSS – drinking and driving and perception of neighborhood safety; American Housing Survey – perception of crime as a problem in their neighborhood and perception of police presence in their neighborhood; PRAMS – neighborhood safety and intimate partner violence; and the Ohio Family Health Survey.

Domestic Violence

Domestic Violence data are difficult to collect due to issues of confidentiality for the protection of victims and suspected under-reporting of incidents. PRAMS collects information about intimate partner violence against new mothers in the year prior to and during pregnancy. YRBS collects data from adolescents about physical violence from a boyfriend or girlfriend and rape. Both of these surveys rely on the self-report of survey participants which could under-estimate actual experiences of domestic violence. In addition, the Ohio Family Violence Prevention Project has made data sets available to be included in the needs assessment. Their reports published in 2008 and 2009 will also inform the process.

High School Dropout and Student Achievement

Data from the U.S. census contains information about the educational attainment of adults. This can be used to determine the proportion of adults in a community who lack a high school diploma. The Ohio Department of Education maintains information at the school district level of high school graduation rates, high school dropout rates, and standardized test scores for districts. The College Board also makes available average SAT scores for communities; however, this is only an indicator for students who are preparing for college enrollment.

Substance Abuse

Substance abuse includes for these purposes, tobacco use, alcohol and illicit drug use. The sources of data on these topics are collected on various surveys via self report and may suffer some degree of bias because of social acceptability.

VS birth data collect information on pregnant women's tobacco use during pregnancy. PRAMS has data elements about tobacco use before, during and after pregnancy and alcohol use, including binge drinking, before and during pregnancy. Stress due to drug or alcohol abuse by a friend or family member is also a data element collected by PRAMS.

BRFSS and YRBS both collect information about tobacco use, alcohol use, prescription drug abuse and illegal drug use in their respective populations of interest. Alcohol use is also a data element of the Ohio Family Health Survey.

Unemployment

The burden of unemployment on a community can be captured by looking at several sources. The U.S. Bureau of Labor Statistics maintains statistics on unemployment in communities by

race and ethnicity, sex, occupation and industry as well as the overall rates. These sub-groupings are important to determine if one population is being disproportionately affected by unemployment.

Both PRAMS and BRFSS collect data about employment for their respective populations of interest.

Child Maltreatment

SACWIS, an acronym for Statewide Automated Child Welfare Information System, is a web-based application used to record all public child welfare activity. In this regard, SACWIS provides solutions to Ohio's state and local child welfare agencies to support service delivery and practice for the safety, permanency and well-being of children and families. All counties must use this system. All reporting and analyses, mandated by the U.S. Department of Health and Human Services, Administration for Children and Families, come from this application.

Other indicators of high risk populations

There are several other indicators collected through multiple sources about populations that may be at risk.

The Ohio BRFSS has information about military status, veteran status, anxiety and depression in adults, fire arms in the home, suicidal thoughts of adults, health insurance, perceptions of health status and stress.

YRBS collects data about anxiety and depression, suicidal thoughts and attempts, self harm, volunteerism, adult support, risky sexual behaviors for the adolescent population of Ohio. These help complete a picture of groups of youth who are at risk.

Information about mothers from PRAMS that help define at-risk groups include: breastfeeding issues, infant bed-sharing, health insurance, health status, post-partum depression and stressors.

The Ohio Family Health Survey is the largest state sponsored health survey in the USA. The 2008 survey interviewed 51,000 families in Ohio. The survey questions include health status, health care access and utilization, satisfaction, insurance status, as well as general family structure, demographics and geography.

B. A Discussion of the Gaps in Currently Available Data

There are data sources available in Ohio for most risk indicators of interest for this needs assessment and to inform policy decisions. The gaps in data lie, not in the absolute lack of data, but the specifics of the data elements. Many sources of data collect their information in such a way that analysis is limited to the state level. While that can be very useful, it does not allow for determining the needs of smaller geographic units. This is especially true of surveys which tend to be the sources of subjective topics that impact health. For example, from the PRAMS survey of women who have given birth, there are state level data on the proportion of women who experience intimate partner violence, but those data are not available at the county or census tract level.

There are some challenges in using VS data both for historic and real-time data. In 2006, Ohio adopted the National Center for Health Statistics (NCHS) 2003 standard birth certificate format. Consequently, birth data before and after 2006 may not be comparable. Because VS data include information from several reporting sources (e.g., medical charts, health professionals, mothers' worksheets) there are a few data elements that have a high proportion of missing information, which limits the representativeness of the data.

There are limitations in certain datasets including (a) self-report surveys that may involve social desirability bias regarding sensitive topics such as domestic violence, child maltreatment and substance abuse. Self-reported data on these topics can be assumed to be under-reported, but the degree to which they are under-reported is unknown; (b) missing values, and, for gestational age, limited reliability; (c) varying availability of different geographic levels (e.g., state, county, census tract) that pose some challenges for amalgamation of the data, (d) variability in how counties define certain parameters (e.g., physical or emotional abuse); and (e) different time points for collection of various data sources (Schoendorf et al Am J Obst Gynec 194:911-915, 2006).

C. A Discussion of the State’s Capacity to Locate, Gather, and Assemble the Information or Data Required for the Needs Assessment

The state has the capacity to locate, gather, and assemble the data needed to assess communities in need based on parameters identified in Section 511(b) of Title V. An inter-agency team led by the Ohio Department of Health (ODH) and including key representatives of Ohio Job and Family Services (OFJFS) (CAPTA/Ohio Children’s Trust Fund), Ohio Department of Alcohol and Drug Addiction Services (ODADAS), Head Start Collaboration Office, the Governor’s Early Childhood Cabinet and Ohio Family and Children First Council is in place to conduct the needs assessment for this grant. The team represents diverse areas of expertise – including health, crime, poverty, substance abuse, child neglect and abuse, unemployment, and early childhood development. Team members have identified data sources addressing major indicators in their areas of expertise.

Previous needs assessments experience of the above agencies includes: 1) To conduct the Maternal and Child Health Block Grant Needs Assessment, data must be collected from a large number of sources, to report on the 18 National Performance Measures, 10 State Performance Measures, and all of the Health Systems Capacity Indicators and Health Status Indicators. 2) A recent effort of the Ohio Family and Children First council was to locate, gather, and assemble data from a variety of sources to portray child health and well-being across the state. A large portion of those data were health related, making ODH primarily responsible. 3) Local Family and Children First Councils are statutorily mandated to conduct county-level assessments of child well-being as well as child and family services, which has necessitated counties building the capacity to locate, gather and assemble data.

D. A Discussion of Barriers to and Opportunities for Ensuring Coordination Among Agencies

Ohio has a strong history and infrastructure of coordination among agencies. Two currently existing structures are the Early Childhood Cabinet and the Family and Children First Cabinet. Since Governor Strickland took office in 2007, his platform has recognized the importance of the early childhood years. He created Ohio’s Early Childhood Cabinet (ECC), which has offered an opportunity to better understand the existing system infrastructure and the opportunities that exist for a more efficient, effective and high-quality delivery system for early childhood services. He also proposed to align Ohio’s early childhood resources and policies and to develop a new administrative structure in order to create a strong foundation for the system - the Center for Early Childhood Development. The key agencies required for collaboration in this home visiting initiative are all members of this the ECC. (See *Attachment 4.*)

Ohio also has the Family and Children First (FCF) Cabinet, an interagency group of the health and social service cabinet agencies. While the ECC focuses on interagency opportunities for our

youngest children, the FCF Cabinet has historically addressed issues of agency and service coordination for children through transition to adulthood. The FCF Cabinet has a “Deputies Group” comprised of high-level administrators of each of the respective agencies. This group meets monthly, and the First Lady participates regularly. This continues to be the forum for inter-agency coordination and problem-solving. Because of this history of interagency work, Ohio is well-positioned to convene the Title V, Head Start, CAPTA, and drug and alcohol agencies to carry out this project.

Ohio has competed and received several federally funded grants which required the state to demonstrate cross-agency coordination. Those include the National Academy of State Health Policy ABCD project grant, Project LAUNCH (SAMHSA) and the Early Childhood Comprehensive Systems grant (HRSA).

E. A General Description of the Approach to Conducting the Needs Assessment

- a. Ohio will assess communities with high concentrations of “high risk” families and will:
 - (1) analyze the datasets described in Section A to identify Ohio communities with high concentrations of (a) poor birth outcomes (including premature births, low birth weight infants, infant mortality) and risk factors for poor birth outcomes (including prenatal care, pregnant women under 21 years of age, maternal tobacco or substance abuse), (b) child deaths, (c) poverty, (d) crime, (e) domestic violence, (f) poor school achievement (including rates of high school drop outs), (g) substance abuse, (h) unemployment, (i) child maltreatment (and where possible sub-sections of counties), and (j) children with developmental delay or disabilities;
 - (2) produce state maps indicating the prevalence of each risk factor by county and, where possible, by sub-regions within counties;
 - (3) rank regions of the state according to the prevalence of major risk factors described (at county level and, where possible, sub-regions of the counties); and
 - (4) amalgamate the data on individual risk factors to develop composite indices of communities at high risk.
- b. Ohio is engaging stakeholder and partners to ensure effective and efficient collaboration in gathering and assembling information for this needs assessment.

In early June 2010, ODH convened a meeting of stakeholders including agencies and groups currently funded and/or providing home visitation to pregnant women and young children in Ohio. At the meeting, the topics of capacity, gaps, and priorities regarding home visiting were explored in detail. The meeting participants also produced a listing of domains for inclusion in a survey of home visiting programs.

Since then ODH engaged an academic partner to assure a sound approach to both analyzing the data to identify high risk communities as described in E.a. as well as to assess the current capacity of Ohio’s home visiting programs. They will work with us to develop a structured questionnaire to be fielded across the state in a systematic representative manner. The questionnaire will address agency purpose, volume of families served, services provided, characteristics of families served, staff training and continuing education, systems for quality assessment and deficits. It will also include the number of people served and the extent to which they are meeting the needs of families.

Another valuable resource to leverage in the needs assessment process will be the Early Childhood Coordinating Committees. In addition to the Ohio Family and Children First

Cabinet at the state level, each of Ohio's 88 counties has a Family and Children First (FCF) Council which has an Early Childhood Coordinating Committee (ECCC). It is the statutory responsibility of the ECCCs to assist the county FCF Council in the design, coordination and implementation of a comprehensive, coordinated interdisciplinary, family-centered system of services for families with an infant or toddler at risk for or with developmental disabilities. These committees are in the prime position to understand the community needs and the capacities regarding a broad continuum of services for families.

- c. Ohio is coordinating this needs assessment with others that have been conducted at the state and community levels. Considerable information from Ohio's MCH Block Grant needs assessment will be applicable for the comprehensive state plan for home visiting. For example the analysis of birth outcome information, domestic violence, poverty and other indicators will be quite relevant. Working with the Head Start Collaboration Office and the Ohio Head Start Association, Ohio will determine how the community level Head Start needs assessments and the statewide needs assessment survey results will be integrated into the home visiting plan.

Ohio's lead agency for Title II of CAPTA, Ohio Children's Trust Fund (OCTF) has partnered with ODH over many years through collaborative efforts such as Ohio's Child Fatality Review and statewide home visiting program (Help Me Grow). In addition, the Title V MCH Director is the ODH Director's designee to the OCTF Board. ODH participated in the OCTF effort to conduct a family violence prevention assessment and recommendations, which will be valuable in this needs assessment process. OCTF has committed to being an active participant in the needs assessment process.

As we go through the needs assessment process, the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) will actively participate and contribute their knowledge and information regarding the prevalence of substance use and the availability of services throughout the state.

The Early Childhood Advisory Council soon will be initiating their required assessment to identify the needs of families with young children and the capacity of the state to address them. In their plan for the needs assessment there is a specific activity to "Review other state assessments including the Home Visiting, Maternal and Child Health Block Grant, the Project LAUNCH Environmental Scan and the Head Start assessments. Review existing state and local data and supply information." This truly conveys the intent to coordinate multiple assessments to assure that we collectively have the clearest picture of the needs of families across the state to inform the planning and evaluation of the system to serve this population.

- d. The needs assessment application will be shared with the Early Childhood Cabinet Director prior to submission. As demonstrated by the attached letters of support, each of the required parties has clearly committed to this project. Ohio has assurance from the Early Childhood Cabinet that they will sign off on the needs assessment.

F. Anticipated Need for Technical Assistance

- 1) Integrating the federal and other state data sets regarding home visiting (e.g., federal Healthy Start, Early Head Start and Head Start; child abuse reporting)
- 2) Program Evaluation: The Help Me Grow Home Visiting (HMG HV) program is working with its Evaluation Committee to design both an internal and external evaluation of the recently redesigned Home Visiting program. Our intention is to gather outcomes data on

an ongoing basis to be used by ODH staff and to work with an external evaluator to conduct a more rigorous program evaluation. Technical assistance for the federal Home Visiting program on program evaluation would enhance our knowledge in this area and lead to a stronger design for both the federal program and the already existing HMG HV program.

- 3) Program Implementation: Although the ODH is currently implementing a redesign of its largest Home Visiting program (Help Me Grow Home Visiting– HMG HV), we desire technical assistance through the federal grant on maintaining successful program implementation. The best designed programs quickly lose their effectiveness if such programs are not implemented with fidelity to the program design. Technical assistance on how to effectively work with local implementing entities would help ensure that the federal HV programs were implemented with fidelity to the model.
- 4) Strengthening collaboration and partnerships across agencies and helping local/county agencies to collaborate more effectively.
- 5) Selecting home visiting model(s) to meet the target populations' needs.

G. Statement of Intent: The State of Ohio intends to apply for a grant that would enable it to deliver evidence-based early childhood home visiting services, as described in section 511(c).

- a. i.** The Ohio Department of Health (ODH) has been designated by Governor Ted Strickland to apply for and administer the home visiting program funds on behalf of the State of Ohio.

Programmatically ODH is well positioned to administer the federal home visiting program. ODH has experience working across systems and in partnership with diverse stakeholders to plan, implement, and sustain programs for pregnant women, children, and families. ODH further has the capacity to review the evidence criteria that will be established by HHS and to determine how the evidence-based requirements of the program will be met. ODH currently administers two home visiting programs: Help Me Grow (HMG) and the Ohio Infant Mortality Reduction Initiative. The HMG Home Visiting Program is administered by the Ohio Department of Health's Bureau of Early Intervention Services, which oversees the program in each of Ohio's 88 counties serving approximately 8300 pregnant women/children annually.

The past two years were spent re-designing the program so that it reflected the most recent research literature on infants and toddlers for whom socio-demographic and environmental circumstances place them at risk for poor childhood outcomes. Research was examined for a myriad of risk factors for the child and his/her parents, as well as what is known about effective home visiting programs. The HMG Home Visiting program requires an evidence-based parenting education curriculum that is approved by ODH. To date, two curricula have been approved, Parents and Teachers-Born to Learn and Nurse Family Partnership.

Based in the scientific evidence, The HMG Home Visiting Program was designed to effect four areas shown to result from interventions using home visiting as a method of program delivery: 1) Increase Healthy Pregnancies; 2) Improve Child Health, Development, and Readiness; 3) Improve Parenting Confidence and Competence; 4) Increase Family Connectedness to Community and Social Support.

The Ohio Department of Health also administers the Ohio Infant Mortality Reduction Initiative, which is targeted to serve African American women during pregnancy and until their babies reach the age of 2. Approximately 40 community health workers provide

services to around 800 families annually in 13 communities with the highest black infant mortality rates.

In addition to the strong programmatic experience in home visiting, ODH possesses the financial infrastructure to effectively provide oversight of these funds. The Office of Financial Affairs (OFA) is the designated entity within the Ohio Department of Health that is responsible for administering all federal and state funds that are allocated to the department. OFA is composed of two units that specialize in administering all federal and state funds from state to local entities under a particular grant. The Grants Administration Unit oversees the sub-grantee grant process through Grant Management Information System (GMIS) that awards funds to entities for providing services at the local level. The Financial Reporting & Reconciliation Unit oversees the administration of federal grants from point of application to close-out.

- ii.* Ohio will assess rates of health, SES, education, and other factors to identify communities at risk.

Over the past 18 months, the Ohio Department of Health early childhood program with the support and direction of the Governor's Early Childhood Cabinet conducted a process to redesign the statewide Help Me Grow home visiting program. The process involved a large group of stakeholders that identified their vision as: "Families help their children grow and learn by facilitating their children's development and keeping them safe and healthy." The process included a review of the literature regarding the science of early brain development and the evidence regarding home visiting approaches with the greatest likelihood of influencing healthy pregnancies; improving child health, development and readiness; increasing parent confidence and competence; and increasing family connectedness to community and social support. The process resulted in establishing standards for the HMG Home Visiting Program including eligibility which was based on many of the same factors included in the definition of the high risk populations contained in the home visiting legislation.

In response to this FOA, ODH in partnership with the Early Childhood Cabinet agencies and stakeholders plans to build on the work already done to further improve the system of home visiting services in Ohio. Ohio plans to complete the needs assessment as outlined in this FOA to identify communities at risk. Relevant agencies and groups are providing the information and data needed for this assessment – including but not limited to ODJFS (data on poverty and unemployment); ODE (high school drop-out rates), ODH Domestic Violence report, Ohio Family Violence Prevention Project, Ohio Child and Family Service Review, and Public Children Services Association of Ohio (child maltreatment and domestic violence); Statewide Epidemiologic Outcomes Workgroup (substance abuse); Ohio Infant Mortality Task Force and Child Fatality Review (infant mortality); and Vital Statistics (premature birth and low birthweight).

ODH has partnered with the Government Resource Center that has contracted with an academic partner, Case Western Reserve University to assist in the collection and review of the data elements proscribed in this FOA. The data will be analyzed according to parameters most feasible based on availability in terms of geographic level (e.g., state, county, census tract) and in terms of communities most at risk (e.g., maps, rankings of counties). Ohio will consider a ranking system that is based on an algorithm of the above factors. Ohio then will convene stakeholders to review the analysis of the data that has been

gathered and use it to make a determination of the high risk groups to target for this enhanced home visiting service.

- iii.** A description of the process to be used in selecting the most effective model(s) to be implemented to meet identified needs.

The process described in G.a.ii. (redesign of HMG Home Visiting) led to the establishment of standards for eligibility, credentials of home visitors and supervisors, curriculum standards, data collection and reporting, and program evaluation.

Ohio will build on this work to further improve the system of home visiting services in Ohio. Ohio plans to complete the needs assessment as outlined in this FOA to identify communities at risk, assess the capacity of Ohio to offer home visiting services that meet the needs of families, and then determine the gaps to be addressed. Our academic partner, Case Western Reserve University, also will conduct a survey of home visiting providers to assess the capacity and quality of home visitation programs for pregnant women and parenting families and their children; and conduct a literature review of the evidence supporting home visiting services. With the gaps identified and the further guidance on the evidence based criteria to be used, ODH and its partners will engage stakeholders in a facilitated process to select the most effective model(s) to meet the identified needs.

- iv.** As the lead agency for the State of Ohio and in partnership with the collaborating agencies, the Ohio Department of Health:

- 1)** is committed to giving priority to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs assessment;
- 2)** will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model's specifications. Help Me Grow home visiting has a web based data system that gathers child-level data. This data system will be one tool used to monitor how locally funded entities are adhering to the service delivery model;
- 3)** will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided;
- 4)** will submit annual reports to the Secretary regarding the program and activities carried out by the program;
- 5)** will participate in and cooperate with data and information collection necessary for the evaluation required under section 511(g)(2) and other research and evaluation activities carried out under section 511(h)(3); and
- 6)** will continue to support the current grantee, St. Vincent Mercy Healthy Connections-Home Visiting project.

- v.** The populations to be served and the service delivery model(s) adopted will be consistent with the completed statewide needs assessment.
- vi.** The service delivery model(s) included in the State plan will be consistent with the evidence-based criteria established pursuant to section 511(d)(3)(A) of the Act and forthcoming HHS guidance.
- vii.** Ohio began the process of identifying outcomes for the Help Me Grow Home Visiting program by reviewing the literature to determine what evidence was available to support

home visiting as an effective service delivery model. After a thorough review of such literature, ODH reviewed the logic models and selected program benchmarks/outcomes for various home visiting programs nationally (Parents as Teachers, the Nurse-Family Partnership) and in Ohio (Every Child Succeeds). This review demonstrated that common standards had been established which had the most robust evidence behind them.

ODH gathered various stakeholders together throughout the process that followed researching potential outcomes for the Help Me Grow Home Visiting program. Stakeholders included home visiting service providers (including the Nurse-Family Partnership, Every Child Succeeds, Help Me Grow – At Risk program, and the Ohio Infant Mortality Reduction Initiative), advocacy groups (including Voices for Ohio’s Children and Groundwork), program/project directors from local Help Me Grow Programs, national home visiting model representatives from the Nurse-Family Partnership and Parents as Teachers, and other state and local partners (including the Department of Developmental Disabilities, Family and Children First Council, and United Way of Greater Cincinnati).

It was agreed that the Help Me Grow Home Visiting program design should be aligned with the larger vision provided by the Governor of Ohio for early childhood programs: ensuring that all children are healthy, happy and ready to succeed. With this larger vision in mind, four program goals were drafted in response to the desire to (1) promote healthy families and (2) promote healthy infants and toddlers. The four program goals and related outcomes are listed below: 1) Increase Healthy Pregnancies: a) Increase access to prenatal care; b) Increase smoking cessation; 2) Improve Child Health, Development, and Readiness: a) Improve home environment; b) Increase access to medical home / primary health care provider; 3) Improve Parenting Confidence and Competence: a) Prevent child abuse/neglect; b) Improve knowledge of child development; c) Improve parent-child interactions; 4) Increase Family Connectedness to Community and Social Support: a) Increase family support; b) Increase community connectedness.

Methods to measure each of these outcomes have been identified, and will be reviewed during the stakeholder process as part of this home visiting grant project. Once further guidance is issued and data are available to establish benchmarks for program outcomes/indicators Ohio will begin the process of identifying targets. The literature will be reviewed to determine what outcomes have been identified within similar populations receiving similar services. Additionally, Ohio will work with key stakeholders (as described above) and review benchmarks and targets for various home visiting programs nationally (Parents as Teachers, the Nurse-Family Partnership, Healthy Families America, Partners for a Healthy Baby) and in Ohio (Every Child Succeeds) to determine appropriate targets. Ohio will report on these benchmarks in the third and fifth years of the program as required.

viii. Other existing State programs that include home visitation services

Ohio Infant Mortality Reduction Initiative

The Ohio Infant Mortality Reduction Initiative is designed to address the disparity in infant mortality in Ohio’s African American community. Using infant mortality data, programs have been established in neighborhoods where infants are at greatest risk for not reaching their first birthday. Professional community health workers (CHW) who are culturally connected with the families provide a link to the health and social services that will improve the likelihood of a healthy birth outcome. The CHW makes home visits on a

regular basis during pregnancy and through the baby's second year of life to identify and overcome barriers to care, and to reinforce risk reduction behaviors. They link with many community agencies and programs (e.g., WIC, Help Me Grow, domestic violence, housing) to make appropriate referrals and then follow up to assure positive pregnancy and infant health outcomes.

Columbus Healthy Start

As a part of the federally funded Healthy Start Initiative, Caring for 2, administered by Columbus Public Health, provides home visiting services. The services are provided for approximately 180 African American women and their children up to age 2 in nine zip codes in central city Columbus. The home visiting teams are led by Public Health Nurses (PHN) and other team members include Licensed Social Workers and Community Care Coordinators. In addition, the program has a Violence Prevention Specialist who visits families twice during pregnancy; 2 years post partum; and, as needed. The team members use the Partners for a Healthy Baby Home Visiting Curriculum for New Families (Florida State University). A standardized assessment and teaching plan is part of the monthly visit based curricula. At a minimum, all families are visited monthly. For higher risk pregnant women or infants, the PHN visits every other week and other team members as assigned. Regular assessments and service planning include the following: Ante partum Depression Questionnaire (APQ), Edinburg Postnatal Depression Scale, Modified Fatigue Scale, Domestic Situation Risk Screening and Family Self Sufficiency / Ladders Scales (addressing issues such as employment, education / literacy, housing, income management, transportation and community involvement and safety).

Cleveland Healthy Start

The MomsFirst Project's purpose is the reduction of disparities in infant mortality and poor birth outcomes experienced by African Americans in the City of Cleveland. This is accomplished by addressing the contributing factors which impact pregnancy directly such as prenatal care, smoking, obesity, substance abuse, etc. or those that may have a long term effect on a woman's general health and the health of her children such as poverty, lack of education, violence and other stressors. African American women and teens are the primary targets of outreach, although all women perceived to be at risk are eligible for enrollment. The Core Services of outreach, case management, health education, interconceptional care and perinatal depression screening and referral are the primary strategies used to address the Project's objectives. Home visiting is conducted with program participants by Community Health Workers, supervised by Case Managers. In 2009, MomsFirst served 2,373 pregnant and postpartum women via federal Healthy Start and local Invest in Children funding. MomsFirst has been the recipient of local Invest in Children funding since 2007 to expand the capacity of the number of families in prenatal care in Cuyahoga County.

Head Start and Early Head Start Home Visitation Services

Head Start and Early Head Start are comprehensive child development programs which serve young children from birth to compulsory school age, pregnant women and their families. In Ohio, both Head Start and Early Head Start use the Home-based program option.

In Head Start, children ages three to five can be enrolled in a home-based option. Services are provided in the home environment to help parents create learning opportunities and

child development experiences that build on everyday routines. Programs provide one (1) home visit per week per family, lasting 90 minutes, and two (2) socialization experiences per month. In Early Head Start, similar services are provided to a different population; young children birth to three and pregnant women.

As of July 1, 2010 there are approximately 36,000 children being served in preschool Head Start and 3,600 infants and toddlers being served in Early Head Start. Of these numbers, over 2,000 new Early Head Start slots and over 500 new Head Start slots were funded with ARRA dollars in 2009.

In Ohio there are 65 providers of Head Start services: 53 grantees, 11 delegate agencies and the Texas Migrant Council. Of the 65 providers, 34 of them (52%) provide Home Based preschool services. In addition, of the 53 Head Start grantees in Ohio 33 of them are also funded to provide Early Head Start services, and in the ARRA expansion, a new grantee was identified for Early Head Start services, bringing the number of early Head Start grantees to 34. They serve a total of 3,616 infants and toddlers, 2,190 in Home Based services (61%).

Head Start performance standards require that ALL providers of Head Start services engage in regular home visits with the families they serve, amounting to no fewer than two per school year, per family. Home visits for center based children served in Head Start are made by teachers and family service workers.

Help Me Grow

The Help Me Grow (HMG) Home Visiting Program is administered by the Ohio Department of Health's Bureau of Early Intervention Services, which oversees the program in each of Ohio's 88 counties. The program serves pregnant mothers and their babies up to the age of three. The program targets first time parents who are at or below 200% of FPL. Other targeted groups are military families and abused/neglected children. The past two years were spent re-designing the program so that it reflected the most recent research literature on infants and toddlers for whom socio-demographic and environmental circumstances place them at risk for poor childhood outcomes. Research was examined for a myriad of risk factors for the child and his/her parents, as well as what is known about effective home visiting programs.

Based in the scientific evidence, The HMG Home Visiting Program was designed to effect four areas shown to result from interventions using home visiting as a method of program delivery: 1) Increase Healthy Pregnancies; 2) Improve Child Health, Development, and Readiness; 3) Improve Parenting Confidence and Competence; 4) Increase Family Connectedness to Community and Social Support.

Home visiting is an effective manner to deliver services and supports to Ohio's families to meet the goals identified above. To do this, the program consists of four components: 1) An evidence-based parenting education curriculum (e.g., Nurse-Family Partnership curriculum; Parents As Teachers, Born to Learn); 2) Ongoing screenings and assessments; 3) Family-specific need-based referrals and resource linkages; 4) Transitioning of children to a development-enhancing program/early care and education provider by age three.

For the 8,300 children who will be served this year in the Home Visiting Program, Home Visitors will monitor their development and provide their parents with child development education, referral/resource linkages in their community, and support; helping parents anticipate, plan and enrich their child's learning environment.

St. Vincent Mercy Evidence-Based Home Visiting Program

Healthy Connections Home Visitation (HC-HV) is one of seventeen cooperative programs initially funded in 2008 by The Children's Bureau within the Administration for Children and Families at the U.S. Department of Health and Human Services. HC-HV, a part of the St. Vincent Mercy Medical Center in Toledo, Ohio, was to use the funding to support the infrastructure needed for widespread adoption, implementation, and sustaining of evidence-based home visitation projects.

HC-HV enrolls at risk, overburdened families in Lucas County. One-half of these families are placed into a control group that receives the usual care, while the other half are placed into the intervention group. The intervention group is assigned a home visitor who tests an enhanced version of the Healthy Families America Model as well as the Growing Great Kids (GGK) Curriculum. The curriculum is written to be inclusive of all family members and all individuals involved in raising a child. GGK can be easily adapted to meet the cultural needs of the families in Lucas County. The purpose of the curriculum is to integrate learning into parental practices and behaviors. For every three months of the child's development, there are six modules addressing: basic care; social and emotional development; cues and communication; physical and brain development; play and stimulation; and the parents' corner. Each module will take one to three visits to complete.

As a means of measuring the results, families participate in a number of assessments and surveys throughout the project. The assessments aim to measure positive outcomes for families, such as lower parenting stress, less harsh punishing, and improved family interaction.

Ohio Children's Trust Fund (CAPTA Agency)

The Ohio Children's Trust Fund (OCTF) invests in primary and secondary prevention strategies that are conducted at the local level and activities and projects of statewide significance designed to strengthen families and prevent child abuse and child neglect. It is our vision that every child will grow up nurtured by a network of strong communities and healthy families. To this end, the OCTF invests in a number of home visiting programs at the local level, through partnerships with Ohio's Family and Children First Councils, including Newborn Home Visiting programs, Help Me Grow, Parents as Teachers, Nurse Family Partnership, Incredible Years Home Visitation, and Home-Based Parenting Programs. These home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.

STAFFING PLAN AND JOB DESCRIPTIONS FOR KEY PERSONNEL

The Home Visiting project for Ohio will be administratively housed within the Ohio Department of Health in the Bureau of Early Intervention Services (BEIS). This structure is depicted in *Attachment 4*. It is anticipated that the federal Home Visiting program would easily fit into this existing robust administrative infrastructure.

The three lead staff for the federal Home visiting program are Sondra Crayton, Wendy Grove and Jonathan Thomas.

Sondra Crayton, Ph.D., Assistant Bureau Chief/Acting Bureau Chief. Sondra has been with the Bureau of Early Intervention Services for over 6 years. Five of the six years, she has been the Assistant Bureau Chief. Her areas of responsibility as assistant chief were oversight of the Data, Monitoring, Communications, and Operations units. Under her guidance, the Help Me Grow Monitoring system was revamped to more effectively use various sources of data (web-based data system, self-assessments, and focused monitoring visits) to improve the monitoring system. Additionally, she has overseen the revision to the web-based data system (Early Track) and the more recent enhancements to include additional data elements for the revised HMG Home Visiting program. Most recently, Sondra has served as Acting Chief of the bureau. In this capacity, she has overseen the redesign of the HMG Home Visiting program. Sondra's Ph.D. is in Psychology.

Wendy Grove, Ph.D., Early Childhood Administrator. Wendy began working for BEIS in 2007 as the Training Supervisor for Help Me Grow. Most recently, Wendy served as Interim Program Administrator and was recently appointed to the position full time. During her tenure as Program Administrator, Wendy has overseen the redesign of the Help Me Grow Home Visiting program. She has done extensive review of the Home Visiting literature, participated in stakeholder meetings on the redesign, drafted policies and rules, and supervised the development of a guidance notebook on the revised Home Visiting program. Most recently, Wendy has developed several trainings for home visitors that will be the foundation of their required credential for continued program employment. Wendy has a Ph.D. in Sociology.

Jonathan Thomas, Researcher. Jonathan started as a researcher for BEIS in 2006. In this role, he has served as the Part C data manager, assisted in revising Help Me Grow's state-wide web-based data system, Early Track, served a vital role in the redesign of the HMG monitoring system. Most recently, Jonathan provided a great deal of assistance in the redesign of the HMG Home Visiting program. During the redesign, Jonathan assisted in the review of the related literature, helped with development the logic model for the new Home Visiting program, and participated in the redesign and development of Early Track to incorporate new data elements for the Home Visiting program which necessary to properly monitor the implementation of the revamped program and produce outcomes data. Jonathan has a BA in Psychology.

STAFFING PLAN AND JOB DESCRIPTIONS FOR KEY PERSONNEL

This application also proposes 2.5 additional full time equivalent (FTE) positions to provide leadership across the collaborating state agencies to improve the system for early childhood home visiting services in Ohio and to provide support, technical assistance, and evaluation/monitoring of home visiting services offered by local agencies.

1) Home Visiting Manager (The Health Planning Administrator 2) is responsible for the following:

Under the general direction of the Early Childhood Administrator, the Health Planning Administrator 2 plans, develops, coordinates and evaluates the activities related to the implementation of the statewide Home Visiting program, including the activities funded with the Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting program. Coordinates with other program managers to provide oversight of the Help Me Grow Home Visiting program (HMGHV) and the Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) to facilitate, monitor, and evaluate statewide implementation and adherence to program policies, rules, and/or model fidelity. Documents and shares the challenges, obstacles, and needs communicated from local county programs about the HMGHV & MIECHV programs to supervisor and bureau chief as needed. Supervises assigned staff in their Home Visiting technical assistance document writing, reading and reporting on research literature, monitoring of county program implementation, data reporting and program evaluation. In addition, is responsible for the information (and all associated timelines) reported to the Federal Government, Health Resources and Services Administration, as required by the Affordable Care Act for home visiting grant dollars to the state. As assigned by the Division Chief, participates in stakeholder groups on home visiting at the state and national level.

Qualifications (Based on State of Ohio Minimum Qualifications)

Completion of graduate core program in field of public health, health administration, preventive medicine, social work, nursing or other health-related field, or public policy & management/public administration or business administration; 12 mos. exp. in planning & administering health program(s), with education & experience to be commensurate with approved position description on file; or other equivalents to meet these qualifications.

Additional preferred qualifications are: experience working with issues relating to maternal and child health and/or child development in a professional capacity; experience collecting and analyzing health related data; experience developing standard operating procedures/guidelines from policy; problem solving and decision making; program evaluation.

2) The Home Visiting Program Consultant (Public Health Nurse Consultant) is responsible for the following:

Under the general direction of Home Visiting Manager, the Home Visiting Program Consultant plans, coordinates, monitors, evaluates and provides technical assistance regarding home visiting program services across the State; provides consultation and technical assistance to local and state agencies in developing plans for a comprehensive, coordinated system of services, consistent with federal guidance for home visiting services; coordinates with other collaborating state agencies (CAPTA, Head Start, ODADAS), local Family and Children First Councils, health departments, other interested agencies and other related programs to ensure consistency among sponsored home visiting programs; coordinates home visiting services with other projects within

STAFFING PLAN AND JOB DESCRIPTIONS FOR KEY PERSONNEL

the Ohio Department of Health; advises and assists local health, social service and education professionals, parents and related agencies to insure provision of service delivery and avoid duplication of effort/or lack of service; develop and maintain linkages among identified services in a city, county and regional basis (e.g., mental health, Head Start, drug and alcohol services, health); works with other program consultants to monitor and evaluate services in funded projects to assure standards of service and maintenance of accepted standards of practice; assists local agencies in conducting needs assessments; assists local agencies and Family and Children First Councils in monitoring the effectiveness of program activities through utilization of the Early Track database tool or other information systems that may be developed;

Qualifications (Based on State of Ohio Minimum Qualifications)

Current & valid license to practice professional nursing as Registered Nurse (i.e., R.N.) in Ohio as issued by Board of Nursing pursuant to Section 4723.03 of Revised Code;

Additional preferred qualifications are: BSN or advanced degree in nursing; experience working with maternal and child health and child development issues as a licensed professional; experience providing consultation or technical assistance regarding maternal and child health and development issues; experience developing standards, policies or guidelines for health/child developmental related programs; experience monitoring grant policy and procedures for compliance; experience in analyzing health related data to produce reports; experience developing and presenting training or program information.

3) The Researcher is responsible for the following

Independently designs and conducts research activities pertaining to programs within the Bureau of Early Intervention Services, specifically those related to home visiting; designs and directs research projects; independently coordinates research efforts with other departmental units (e.g., the Bureau of Health Information and Operational Support), other state agencies (e.g., ODJFS, Head Start Collaboration Office, ODE, ODADAS), and other groups on a project basis; participates in other research projects as assigned by supervisor (e.g., projects involving specific area of expertise, such as needs assessment, grant writing). Provides recommendations to supervisor regarding methods to increase program effectiveness, improve evaluation efforts and other research opportunities.

Qualifications (Based on State of Ohio Minimum Qualifications)

24 months training or 24 months experience in planning & conducting research studies using operational, mathematical, analytical &/or statistical research techniques & preparing reports, records &/or technical evaluations related to research conducted.

Additional preferred qualifications

Experience analyzing existing regulations/legislation or policies/procedures to determine need for improvements/changes (continuous quality improvement); experience in research activities, e.g., gathering, analyzing and interpreting data for research; experience interpreting and clarifying legislation, regulations, guidelines or policies; experience developing and presenting training or program information.

Attachment 2 – Letters of Support

Ohio Department of Health (Title V) 1

Ohio Children’s Trust Fund (CAPTA) 2

Ohio Department of Alcohol and Drug Addiction Services 3

Ohio Head Start 4



July 9, 2010

Audrey M. Yowell, PhD, MSSS
United States Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Dear Dr. Yowell:

The Ohio Department of Health, the Title V agency for the State of Ohio, is honored to be the entity designated by Governor Ted Strickland to apply for and administer the Maternal, Infant and Early Childhood Home Visiting Program for the State.

For many years, the Ohio Department of Health has enjoyed successful working relationships with the agencies participating in this effort. As the Director of Health, I serve on the Governor's Early Childhood Cabinet and the Ohio Family and Children First Cabinet where I have many opportunities to work with the directors of the child-serving agencies including those responsible for CAPTA, Head Start Collaboration, and Drug and Alcohol Addiction Services. Each has a strong commitment to improving the systems that serve Ohio's women, children, and families.

Over the past two years there has been a significant inter-agency effort to review and strengthen Ohio's largest home visiting program, Help Me Grow Home Visiting. This grant offers the opportunity to further engage stakeholders at the state and local levels to enhance the system that provides home visiting services to families in at-risk communities.

Ohio is very appreciative of the opportunity to submit this grant application to HRSA. We firmly believe this grant presents an opportunity to build on the infrastructure in place to support home visiting services in our state.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Alvin D. Jackson'.

Alvin D. Jackson, MD
Director of Health

Attachment 2

Representative Edna Brown
Chairman



Candace L. Novak
Executive Director

July 9, 2010

Audrey M. Yowell, PhD, MSSS
United States Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Dear Dr. Yowell,

Oh behalf of the Ohio Children's Trust Fund (OCTF), Ohio's lead agency for Title II of CAPTA, I respectfully submit this letter of support for the Ohio Department of Health's (ODH) application for the Maternal, Infant, and Early Childhood Home Visiting Program grant. The OCTF and the ODH have enjoyed a partnership spanning many years through collaborative efforts such as Ohio's Child Fatality Review and statewide home visiting program (Help Me Grow). In addition, the ODH as been an active participant on the OCTF Board since 1984.

As Ohio's designated lead agency for this grant opportunity, the ODH has a distinguished history in serving Ohio's children and families and has closely worked with the Early Childhood Cabinet on streamlining early childhood programs and services for children ages 0-8. One piece of this statewide effort is the standardization of Ohio's home visiting program, including identification of outcome measures, data analysis and evaluation to ensure Ohio's at risk children and families are receiving quality services. Over the past several years, the ODH has worked to achieve the very legislative purpose of the Maternal, Infant, and Early Childhood Home Visiting Program: to strengthen and improve the programs and activities carried out under Title V; to improve coordination of services for at-risk communities; and to identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities.

The Ohio Children's Trust Fund fully supports ODH's efforts in the completion and submission of the grant application to HSRA, implementation of a statewide home visiting program that achieves all of the program outcomes outlined in the new federal legislation, and evaluation/reporting on achieved results. The OCTF continues to support evidence based home visiting programs and services as a means to preventing child abuse and neglect, and we look forward to enhancing home visiting programs and services in Ohio in partnership with the Ohio Department of Health and HRSA.

Sincerely,



Candace L. Novak, Executive Director
Ohio Children's Trust Fund

30 East Broad Street, 32nd Floor, Columbus, OH 43215
Phone: (614) 466-7675 Fax: (614) 466-2815

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Department of Alcohol &
Drug Addiction Services

Ted Strickland, Governor
Angela Cornelius Dawson, Director

July 8, 2010

Audrey M. Yowell, PhD, MSSS
United States Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Dear Dr. Yowell,

Please accept this correspondence as a letter of support from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) for the Ohio Department of Health's (ODH) application for the Maternal, Infant, and Early Childhood Home Visiting Program grant.

As Ohio's designated lead agency for this grant opportunity, ODH has a distinguished history in serving Ohio's children and families and has closely worked with the Early Childhood Cabinet on streamlining early childhood programs and services for children from birth to eight-years-old. One piece of this statewide effort is the standardization of Ohio's home visiting program, including identification of outcome measures, data analysis and evaluation to ensure Ohio's at-risk children and families are receiving quality services. Over the past several years, ODH has worked to achieve the legislative purpose of the Maternal, Infant, and Early Childhood Home Visiting Program: to strengthen and improve the programs and activities carried out under Title V; to improve coordination of services for at-risk communities; and to identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities.

ODADAS is the state's alcohol and other drug network of care delivering services for individuals and families battling addiction. This grant application is in line with the Department's goal of improving access to treatment services for all Ohioans. ODADAS will actively participate in the statewide needs assessment to identify communities at risk and the evidence-based home visiting services to address the needs in those communities. Specifically, ODADAS will discuss Ohio's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

We commend ODH's goals and projected outcomes for this grant and look forward to seeing the project successfully implemented in Ohio. Please contact me if you have any questions. Thank you for your time and consideration.

Sincerely,

A handwritten signature in cursive script that reads "Angela Cornelius Dawson".

Angela Cornelius Dawson
Director, Ohio Department of Alcohol and Drug Addiction Service

280 North High Street, 12th Floor
Columbus, Ohio 43215-2550
Main 614-466-3445

FAX 614-728-4936
TDD 614-644-9140
800-788-7254 Treatment and Recovery Hotline
www.odadas.state.oh.us

The State of Ohio is an equal opportunity employer.



Department
of Education

Ted Strickland, Governor
Deborah S. Delisle, Superintendent of Public Instruction

July 2, 2010

Audrey M. Yowell, Ph.D., MSSS
United States Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, 18A-39
Rockville, MD 20857

Dear Dr. Yowell,

On behalf of the Head Start State Collaboration Office (HSSCO), I respectfully submit this letter of support for the Ohio Department of Health's (ODH) application for the Maternal, Infant, and Early Childhood Home Visiting Program grant. The HSSCO has worked closely with Early Head Start grantees who have partnered with the ODH through collaborative efforts related to the statewide home visiting program (Help Me Grow).

As Ohio's designated lead agency for this grant opportunity, the ODH has a distinguished history in serving Ohio's children and families and has closely worked with the Early Childhood Cabinet on streamlining early childhood programs and services for children birth-8. One piece of this statewide effort is the standardization of Ohio's home visiting program, including identification of outcome measures, data analysis and evaluation to ensure Ohio's at risk children and families are receiving quality services. Over the past several years, the ODH has worked to achieve the very legislative purpose of the Maternal, Infant, and Early Childhood Home Visiting Program: to strengthen and improve the programs and activities carried out under Title V; to improve coordination of services for at-risk communities; and to identify and provide comprehensive home visiting services to improve outcomes for families who reside in at-risk communities.

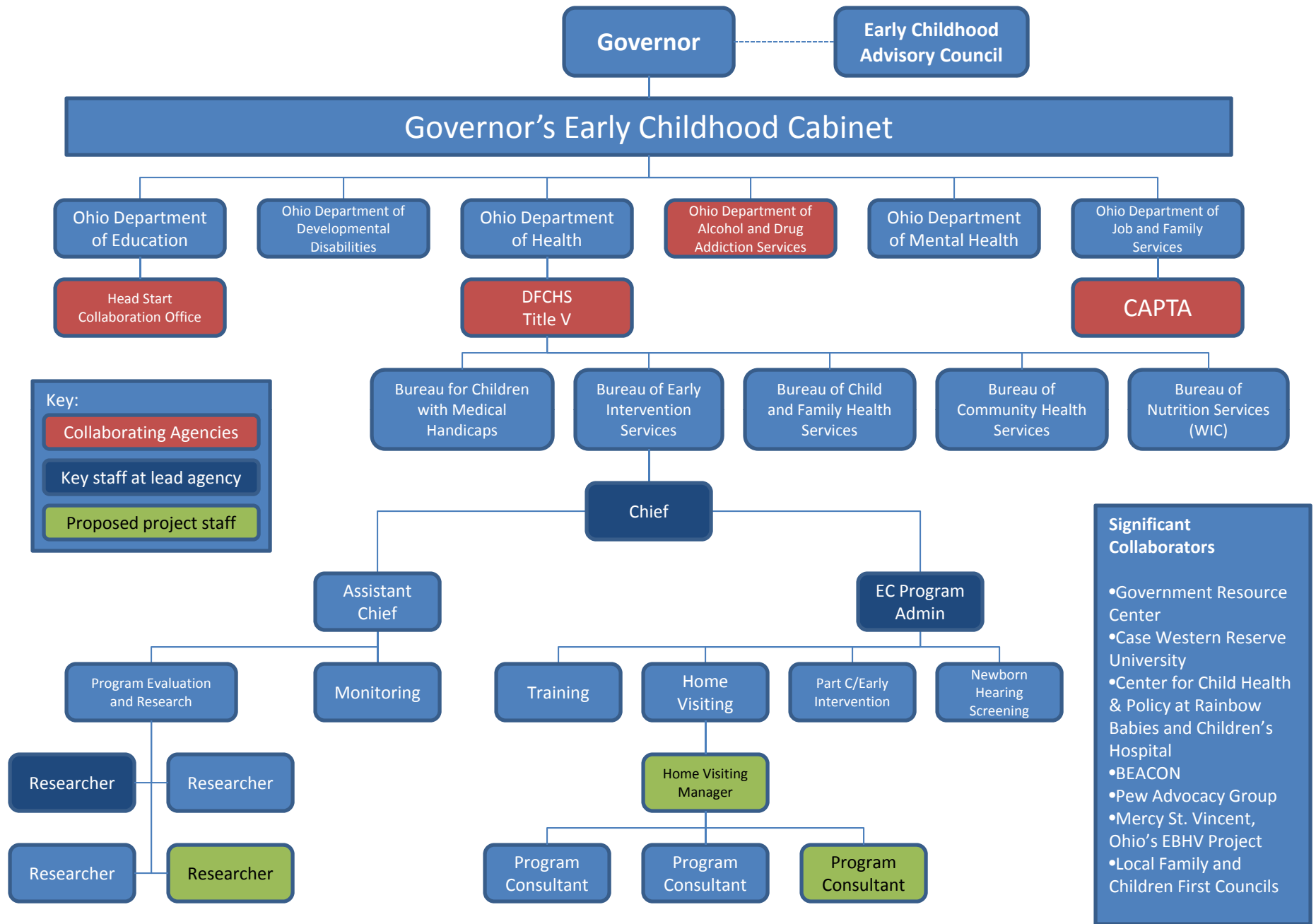
Given the expansion of Early Head Start in Ohio and the increase of home-based program options, grantees are poised to benefit from the implementation of a statewide home visiting program that achieves all of the program outcomes outlined in the new federal legislation, and evaluation/reporting on achieved results. The HSSCO will continue to support the efforts of ODH in the submission of the grant application.

Sincerely,

A handwritten signature in black ink that reads "James A. Scott, Jr." with a stylized flourish at the end.

James A. Scott, Jr., Ph.D., Director
Head Start State Collaboration Office

Attachment 4



*Note: This table of organization highlights those positions directly relevant to the proposed project.

Ohio Federal Home Visiting Program Budget Narrative

PERSONNEL

Title	Annual Salary	Level of Effort	HRSA funded	Fringe (35%)	Indirect (30.5%)	Cost
Home Visiting Mgr	\$62,200	50%	\$31,100	\$10,885	\$12,805	\$54,790
Researcher	\$47,470	100%	\$47,470	\$16,709	\$19,657	\$84,106
Program Consultant	\$49,800	100%	\$49,800	\$17,430	\$20,505	\$87,735
FEDERAL REQUEST						\$226,631

TRAVEL

In anticipation of required meetings related to this grant we are budgeting 2 trips for both the HV Manager and Program Consultant for 1 national meeting and 1 national education opportunity. We are also budgeting for in-state travel to monitor home visiting projects across the state. In-state travel is based on agency's privately owned vehicle reimbursement rate.

Trip	Traveler	Transportation	Lodging	Meals	Cost
HRSA Meeting	Home Visiting Manager	Airfare \$700 Taxis \$100	\$200 x 2 night \$400	\$50 x 2 days \$100	\$1300.00
HRSA Meeting	Program Consultant	Airfare \$700 Taxis \$100	\$200 x 2 night \$400	\$50 x 2 days \$100	\$1300.00
National HV Educational Opportunity	Home Visiting Manager	Airfare \$700 Taxis \$100	\$200 x 2 night \$400	\$50 x 2 days \$100	\$1300.00
National HV Educational Opportunity	Program Consultant	Airfare \$700 Taxis \$100	\$200 x 2 night \$400	\$50 x 2 days \$100	\$1300.00
In-state travel to local partners	Program Consultant	Estimate 3000 miles/year @ \$.45 \$1350	Not applicable \$0	Not applicable \$0	\$1350.00
In-state travel to local meetings	Home Visiting Manager	Estimate 1000 miles/year @ \$.45 \$450	Not applicable \$0	Not applicable \$0	\$450
FEDERAL REQUEST					\$7000.00

MATERIALS & SUPPLIES

General supplies to support project staff.

FEDERAL REQUEST for MATERIALS and SUPPLIES	\$500
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EQUIPMENT

Computers for Program Consultant and Researcher (@ \$1,000)

FEDERAL REQUEST for EQUIPMENT	\$2,000.00
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CONTRACTS

Contracts are proposed for 1) program evaluation, 2) enhancing data and web-based systems, 3) support for local Family and Children First Councils and 4) facilitation to support the needs assessment and planning for this grant. All contracts and sub-grants are established in accordance with state procurement rules and regulations which are administered by the Ohio Department of Administrative Services and Ohio Office of Budget Management. The estimated costs below are tentative, pending release of additional guidance and submission of a fully developed state plan in Phase 3.

Product/Service	Cost
Up to 10% of the overall award will be used to evaluate the implementation and outcomes of the expanded home visiting programs.	\$300,000
Currently, there is no central registry of home visiting programs, nor is there a central system for reporting outcome data. Contracts will be issued for a business analysis of the systems with recommendations for developing an integrated/ coordinated data and information system	\$ 150,000
Support for county Family and Children’s First Councils that participate in the statewide needs assessment.	\$ 44,000
Participation in the Ohio Family and Children First’s web-based system to provide a centralized repository of home visiting training opportunities and other parent information.	\$ 20,000
Based on findings from the needs assessments, additional funds will be issued as grants, subsidies and/or contracts: 1) for facilitation and support of the needs assessment and planning processes, including meetings with stakeholders to develop the State plan; 2) to improve systems across the collaborating agencies, and 3) to local entities to increase home visiting services to identified communities at risk. Expectation for grants to local entities would include provisions for professional development, program evaluation and local data/information systems.	\$1,624,943
FEDERAL REQUEST	\$2,148,943

OTHER

Ohio is the home of Mercy St. Vincent Medical Center Evidence Based Home Visiting, one of the 17 programs funded by the Administration for Children and Families in the US Department of Health and Human Services.

FEDERAL REQUEST for EBHV	\$673,000
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TOTAL FEDERAL REQUEST

See Below

Category	Federal Request
Personnel (Direct costs)	\$ 173,664.00
Travel	\$ 7,000.00
Material & Supplies	\$ 500.00
Equipment	\$ 2,000.00
Contracts	\$ 2,148,943.00
Other	\$ 673,000.00
Total Direct Costs	\$ 2,994,107.00
Indirect Costs	\$ 52,967.00
Total Project Costs	\$ 3,047,074.00



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

AUG 13 2010

Mark Mecum
Associate Director for Government Relations
Ohio Association of Child Caring Agencies (OACCA)
50 West Broad Street, Suite 3200
Columbus, Ohio 43215

Dear Mr. Mecum:

Thank you for your inquiry regarding the State of Ohio's grant application for the FY 2010 Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program. The Ohio Department of Health was designated by Governor Ted Strickland to be the lead agency for submitting this grant application, working in partnership with the Ohio Head Start Collaboration Office, CAPTA/Child Welfare/Ohio Department of Job and Family Services, and the Ohio Department of Alcohol and Drug Addiction Services.

The process for fulfilling the requirements for the Home Visiting Program includes three steps: The first step was submission of an application for funding which included a plan for completing the needs assessment and a plan for developing the program in order to meet the criteria identified in the legislation. This step was completed on July 9, 2010.

The second step is submission of the needs assessment itself which is due September 1, 2010, and the third step is submission of an updated plan for addressing the needs identified in the assessment. Guidance for the second and third steps has not yet been issued.

A copy of the application for the first step is attached as you requested. Should you have additional questions regarding the application, please contact Karen Hughes, Chief, Division of Family and Community Health Services, at Karen.Hughes@odh.ohio.gov or (614) 644-7848.

Sincerely,



Alvin D. Jackson, MD
Director of Health

ADJ/cvm

cc: Alicia Leatherman
Candace Novak
James Scott
Karen Hughes

ATTACHMENT