

Ohio Commission on Minority Health

Demonstration Grantee Meeting

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Program Manager



Demonstration Grant Program Guidelines

Agenda

- 1) Grants Administration
- 2) Grant Reporting



Demonstration Grant Program Guidelines



Documents that detail Demonstration Grant program administration:

- FY16 Demonstration RFP
- Acknowledgement of Terms
 - Adherence to approved special conditions
 - Adherence to grant administration guidelines
- Approved Project Action Plan





Demonstration Grant Program Guidelines

FY 16 Demonstration RFP

- 1) Biennial Grant – 2 years
- 2) Year 2 – Funding dependent on satisfactory progress of year 1 goals and objectives.



Demonstration Grant Program Guidelines

Acknowledgement of Terms

The grant award is subject to and in consideration of the grantee's compliance with the terms and conditions incorporated either directly or by reference to each element included in the signed Acknowledgement of Terms (AOT) document.



Demonstration Grant Program Guidelines

- a) Grant award is contingent upon the availability of funds;
- b) The Ohio Revised Code 3701.78/Amended Substitute House Bill 171;
- c) The Commission on Minority Health "Grants Administrative Rules";
- d) Certification that the agency is not totally dependent on Commission funds;
- e) All expenditures must be based upon the budget that is approved by the Commission;
- f) Agency will be held to quarterly expenditures according to the approved budget and approved distribution;
- g) Expenditures will be reimbursed upon submission of the required, quarterly program and expenditure reports and the supporting documents, that are due no later than 15 days after the end of the quarter;
- h) At least two on site visits to observe service delivery and review fiscal and supporting documents will be required;
- i) **Submit all media publication drafts, i.e., TV, radio and newspaper ads, T-shirts, flyers and/or brochures to the Commission for pre-approval and prior to incurring any expense. Acknowledge the Commission funded program activities and/or printed materials by stating "Funded by the Ohio Commission on Minority Health";**
- j) All funds must be expended toward activities within the county area funded;
- k) Organization membership cannot be a prerequisite for services. Commission funds cannot be used to support agency fundraising events and for the purchase of medication for participants;
- l) Grantee must comply with all special conditions related to fiscal and program areas;
- m) Signed Acknowledgement of Terms, budget revision, and special terms and conditions noted below must be submitted to the Commission no later May 15, 2015;
- n) All funded projects must participate in Minority Health Month Expo in March 2016. If Commission funds are used for overnight stay, grantee must setup display table the day before the event. In addition funded agencies are **required to provide two minority health month events; Local offices on minority health are eligible to apply separate for funding. Failure to apply and/or obtain separate funding will not exempt commitment from their minority health month activities;**
- o) All Commission funded activities must be free to the target population identified in the grant application;
- p) **Grantees are required to select an evaluator from the list approved by the Research Evaluation Enhancement Project (REEP). Additionally, grantees must comply with REEP program requirements established by the Ohio Commission on Minority Health; please see the Commission website at www.mih.ohio.gov for evaluation guidance; and**
- q) Recruitment and placement of projected staff and contract staff must be in place by the end of the first quarter.





Demonstration Grant Program Guidelines

REQUIRED GRANT ACTIVITY

- A. The grantee will furnish the Commission with documentation/written reports according to the following schedule:
 - 1. Special conditions must be addressed in writing on or before **May 15, 2015**.
 - 2. Quarterly program narrative, quarterly expenditure, and evaluation reports on or before **October 15, 2015(1st qtr.), January 15, 2016 (2nd qtr.), April 15, 2016 (3rd qtr.), and July 15, 2016 (4th qtr.)**.
 - 3. The Annual Report is due on August 15, 2016.
 - 4. The Biennial Report is due on August 15, 2017.
 - 5. Reports should NOT contain any photographs or documents that contain the full name of participants. Grantees are expected to redact (white out) any personal health identifiers (social security numbers, name etc.).
 - 6. Consent forms must be obtained in order to use identifying photographs.
 - 7. Grantees are expected to maintain confidentiality on all medical screenings data.
 - 8. Grantee will submit their most recent audit by October 30, 2016.
- B. Site visits will be scheduled as deemed necessary by the Commission.
- C. Evaluation
 - 1. The REEP approved evaluator must engage with the assigned REEP Panel Member for scheduling meetings.
 - 2. The Program Director must ensure that program evaluation reports are reviewed by assigned REEP Panel Member prior to submission.
 - 3. The Program Director and REEP Evaluator will participate in face to face meetings, webinars, and/or conference calls with REEP Panel Members and OCMH Staff.





Demonstration Grant Program Guidelines

Required Grant Activity

- B. Site visits will be scheduled as deemed necessary by the Commission.
- C. Evaluation
Grantee must provide progress on goal and outcome measures in a quarterly basis, to include:
- Both numbers (Qrt.) and percentages (% of Annual No.)
 - Gender
 - Number of people served
 - Race and ethnicity
 - Challenges and plans to address challenges and
 - Program success



Demonstration Grant Program Guidelines

Site Visits

Site visits will happen at least once per year, and as needed. Site visits allow Commission program staff to get a more in depth program overview beyond quarterly reports, and they provide Commission staff with the opportunity to provide technical assistance, and relevant Commission updates.



Demonstration Grant Program Guidelines



Site Visits

Site visits consist of two mandatory parts:

1. Program Review (Program overview and Mandatory **file review**)
2. Support Group Observation

They are conducted on the same day. **No exceptions.**

File Review:

Grantees are required to maintain participant files.

Files must contain the following:

1. Individual file for all program participants.
2. Program participant's files should not include their first and last names or home address. The participant identifications system can be: (first name, last initial, or vice versa), numbers, group name, sub group, or alphabetic.
3. All progress notes must be written in blue ink and updated after each program activity and signed and dated by the Project Director.
4. Only Project Directors and Coordinators may have access to client files. To that end, all support group facilitators must submit all support group attendance, and client update information within 5 – 10 business days, to the Program Coordinator. The Program Coordinator, is them responsible for updating each client file, to include signing and date entries with blue ink.



Demonstration Grant Program Guidelines

Approved Project Action Plan

The approved Project Action Plan is the “road map” of how you will implement and evaluate your Lupus program.



PROJECT ACTION PLAN – FY 2016

ADDITIONAL SHEET ATTACHED

Agency Name: _____

Goals/Objectives	Approach	Activities	Evaluation	Responsibilities	Timeline
<ul style="list-style-type: none">▪ Project how many participants you plan to serve, in whole numbers.▪ Project how many participants will participate in the frequency of your program activity designed.▪ Project how many participants will show quarterly health outcome behavior changes.	<ul style="list-style-type: none">▪ How will you do it?	<ul style="list-style-type: none">▪ What will take place?	<ul style="list-style-type: none">▪ What results do you expect?▪ How will you measure it?▪ Refer to the Evaluation Guidance Packet for required areas.▪ What are your plans to collect participant data quarterly?	<ul style="list-style-type: none">▪ Who will be responsible?	<ul style="list-style-type: none">▪ What will happen by the end of the first quarter an ongoing on a quarterly basis?



Demonstration Grant Program Guidelines

- Grant Award
- Grant Administration Documents
- Staff on Board
- Attended the Grantee Training

Soooooooo...What's Next??





Demonstration Grant Program Guidelines

Quarterly Reports

- Quarterly program narrative, quarterly expenditure, and evaluation reports are **required**.
- The format for Commission quarterly reports are available on our website at www.mih.ohio.gov under Grantee Forms.
- Quarterly reports are due on or before October 15, 2015 (1st qtr.), January 15, 2016 (2nd qtr.), April 15, 2016 (3rd qtr.), and July 15, 2016 (4th qtr.).



Demonstration Grant Program Guidelines

Evaluation

NOTE: All Commission funded grantees are required to work with the Research and Evaluation Enhancement Program (REEP) of Wright State University in implementation of the evaluation of the project.

- **The evaluator must be selected from an approved list of REEP evaluators.** Visit our website for a complete list of approved evaluators and the guidance packet.
- **All grantees must refer to the Evaluation Guidance Packet in preparing the proposed evaluation plan and required areas that must be measured.**
- Grantees must comply with all MANDATORY, QUARTERLY clinical measures by disease/condition per evaluation guidance.
- Grantees targeting minor participants (children) must describe a through process to obtain parental consent for mandatory invasive and non-invasive clinical measures such as A1C and blood pressure measures. As well as non-clinical measures such as knowledge, awareness and attitudes.
- Minor program participants must have parental permission to participate in all areas of the program to include mandatory clinical measures and non-invasive clinical measures.
- The projected numbers for evaluation purposes must be based on those who both participate in educational programing as well as non-clinical and clinical measures.



Demonstration Grant Program Guidelines



Quarterly Report

Please record the number of clients served by the project in each demographic category

This report is for the 1st quarter

Agency Name

Dates of Quarter: -

Project Name

Grant/Contract #

Total number of **new** persons served this quarter

Total number of persons returning this quarter

Total number of persons served this quarter 0

SECTION 1: Demographics (note: only record the number of NEW persons served this quarter)

A. Number of new persons served this quarter (please report the number of unduplicated participants who received direct services through this project)

		A (1). Age in Years												
		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	Female													0
	Male													0
Total		0	0	0	0	0	0	0	0	0	0	0	0	0

FOR SECTIONS B through F, REPORT NEW PERSONS SERVED THIS QUARTER ONLY

B. Race and Ethnic Background

African American
 Asian:
 Cambodian
 Hmong
 Laotian
 Vietnamese

Hispanic:
 Mexican American
 Puerto Rican
 Other
 White/Non Hispanic
 Native American

C. Insurance

Private
 Public
 Uninsured



D. Household Income					
		< \$9,999	\$10,000 - \$14,999	\$15,000 - \$24,999	>\$25,000
Number of Persons in Household	1				
	2				
	3				
	4				
	5+				

E. Last Interaction With Health Care System

Less than 3 months
3 - 6 months
6 months - 1 year
1 year or more

F. Service Most Often Used

Emergency Room
Family Physician
Health Center/ Clinic
Traditional Healer

BAY AREA ASSESSMENT TOOL (Lupus projects only) Number of Bay Area Assessments Number with 3 or more symptoms Number of Referrals	HEALTH SCREENINGS			
	Type	#screened	#abnormal	#referrals

Instructions

This report is a compilation of individual client demographic records.

Filing in Section I: Demographics is a mandatory requirement for all Commission-funded projects. Methods of collecting this information on individual clients may vary from agency to agency. The information requested for this section represents the **MINIMUM** reporting requirement. All items reported by an agency must remain **CONSISTENT** with those appearing on this form.

BY QUARTER, report:

- A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the reporting period.
- B. Race/Ethnicity: Report the total number of clients served by self-reported race or ethnicity. Please note, for example, the total number of Asian or Hispanic clients and then the total number by appropriate sub-group. The total of each sub-group must equal the total for the appropriate racial/ethnic group.
- C. Insurance: Indicate the number of clients having public coverage, private coverage or no coverage. Report the number covered for the entire year and those covered for some part of the year.
- D. Household Income: Report the total number of clients in each income range by number of persons in the household.
- E. Last Interaction with Health Care System: Report each client's last interaction with any health provider **excluding** their first contact with this project.
- F. Service Most Often Used: Report the service most often used by project clients.

By signing below, we certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the project's program records.

Signature of Executive Director

Date

Signature of Project Director

Date



Demonstration Grant Program Guidelines

SECTION II: Program Summary

Dates of Period: - Grant/Contract #

Agency Name:

Project Name:

1. State the original project goals/objectives. Each objective must be listed separately. Under each objective, provide specific details on activities conducted during this reporting period, including outcomes for the quarter AND the year to date: **Program activities – Recruitment - Promotion/PSA's - Staffing**

Example:
Goal:
Objective:
Quarterly Outcome:
Year to Date Outcome:

Goal 1: In each 12 month period, enroll and provide care coordination services for 300 pregnant women, at least 240 of whom are minorities who meet the "at risk" enrollment criteria and are uninsured or become uninsured throughout their pregnancy or postpartum.

Quarterly Outcome: In the third quarter, we have enrolled and provided care coordination services to 93 pregnant women, 64 of whom are minorities. All 93 pregnant women enrolled meet the "at risk" enrollment criteria. Of those, 13 are uninsured or became uninsured while enrolled in the program.

Year to Date Outcome: A total of 268 pregnant women have been enrolled since July 1, 2014, 185 of whom are minorities. All 268 pregnant women enrolled meet the "at risk" enrollment criteria. Of those, 37 were uninsured or became uninsured while enrolled in the program.



Demonstration Grant Program Guidelines



2. Describe any barriers encountered and resolutions to accomplishing project goals and objectives during this reporting quarter.

3. What collaborations and resources (people or other financial) were used to reach the target population? Describe successes or problems experienced.

4. Are there values, attitudes, or practices in the community which have positively or negatively affected the implementation of the project?

5. Describe how goals and objectives will be met in the next quarter.



Demonstration Grant Program Guidelines

6. Describe any aspects of the program that are different from those which were originally proposed. Include staffing, relocation, hours of operation, new or dissolution of contracts, scope of service changes, etc. **(this must be completed)**

7. List all program building/operational activities which occurred during this quarter. If you participated in media opportunities, specifically list the name of the newspaper and date of publication (enclose clippings), t.v. stations, etc., and how you measured the impact of this activity (i.e., did you receive referrals, etc.).

8. Please list the number of assessments/health screenings provided, referrals made/received and presentations given.



Demonstration Grant Program Guidelines



SECTION III: Program Evaluation Status Report Form

Discuss the findings of program evaluations for this reporting period. Include copies of evaluation tools developed (draft and/or final versions).

Signature of Evaluator

Date



Demonstration Grant Program Guidelines

Please note: When reporting on objectives, please report those with quantitative results as follows.
EX: During the first quarter, **50** Diabetes patients (**25%** of annual objective of 200 patients) received a list of area facilities and physicians.



If program data determines a program change is needed, you **MUST** submit the proposed change(s) and the rationale for the change(s), in writing, to the Commission Program Manager for approval **PRIOR** to implementing the program change. Once changes are approved, in writing, you are permitted to implement approved program changes.





Demonstration Grant Program Guidelines

Quarterly Report Submission Requirements

Quarterly reports must be:

- A. Received, in full (program and fiscal) by email on or before due date AND
- B. Original signed copy is not post marked on or before due date

If extenuating circumstances (illness, emergency office closure, etc.) prevent the completion of the quarterly report, an extension with suggested due date must be submitted in writing to the Program Manger, and Fiscal Specialist prior to the due date. The requests will be considered on a case by case basis.

If your agency does not send an extension request, and the grant is not received on or before the due date, your grant will be out of compliance. You will receive a letter to this effect, to include a new due date.

Please note: Upon the failure to meet the third out of compliance notice requested information, your grant will be recommended to begin the grant termination process for non-compliance, through Grants Committee and Full Board action items.



Demonstration Grant Program Guidelines

Once quarterly reports are received:

1. Reports are reviewed
2. Approved or Not Accepted as Submitted
3. A letter is sent via email noting acceptance or non-acceptance
4. If accepted as submitted: No further action is required on part of grantee. File letter for reference.
5. If not accepted as submitted, required questions will be sent to grantee with a due date for submission.
6. Failure to submit a response by due date, with no request for extension, will result in an, "Out of Compliance Letter."



Demonstration Grant Program Guidelines



To Recap:

1. Consult Grant Administration Guidelines (RFP, AOT, Special Conditions, Approved Project Action Plan.)
2. Meet with your team regularly to ensure grant is progressing as per program plans, and data collection is occurring accurately.
3. Ensure that you meet reporting deadlines
4. Communicate with the Commission as needed for questions related to grant administration.



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Demonstration Grant Program Guidelines

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Thank you!

