

Commission on Infant Mortality
State Programs that Address Infant Mortality

Targeted Initiatives								
Title	Description	Administering Agency	Timeline	Location	Funding Source(s)	Funding Distribution	Performance Metrics/ Program Evaluation	Program Utilization
<p>Cribs for Kids and S.B. 276 Safe Sleep Education Program</p> <p><i>(R.C. 3701.66 and 3701.67; Sections 285.10 and 285.20 of Am. Sub. H.B. 59 of the 130th G.A. and Sections 289.10 and 289.20 of Am. Sub. H.B. 64 of the 131st G.A.)</i></p> <p><i>(Website: http://www.odh.ohio.gov/safe-sleep/)</i></p>	<p>The Cribs for Kids Program provides low-income families with education and a safe place for their babies to sleep if they cannot afford one. The Safe Sleep Education Program raises awareness of the need for safe sleep environments among Ohio families. Both programs include marketing campaigns to inform low-income parents (those most at risk according to ODH data sources) of safe sleep practices.</p>	<p>ODH</p>	<p>ODH first allocated GRF infant vitality funds in 2014 to support a marketing campaign that began 4/2014. In 6/2014, with GRF infant vitality funds, ODH began supporting 15 existing Cribs for Kids sites. The marketing campaign concluded 7/2015, but materials are still available from ODH. The supply of cribs is expected to be depleted by the middle of 2016. The education program is ongoing.</p>	<p>The educational materials are available statewide (in all 88 counties). Cribs are available in Ohio Infant Mortality Reduction Initiative (OIMRI) and Ohio Equity Institute (OEI) counties, as well as one southeastern county. These are: Allen, Butler, Clark, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Perry, Richland, Stark, Summit, and Trumbull.</p>	<p>State (GRF – infant vitality line); \$610,485 was distributed in state fiscal year (SFY) 2015</p>	<p><i>Education program:</i> the funds are distributed by ODH, but the resources are allocated around the state.</p> <p><i>Cribs for Kids support and expansion:</i> the funds are distributed by ODH, but the resources are allocated around the state. Each of the 15 Cribs for Kids sites is allocated a supply of cribs from the total available. The total available is determined by the budget. Allocations are moved if one site is running out of cribs more quickly than another.</p>	<p><i>Overall measure:</i> reduce to .98 (from the 2013 baseline of 1.08) infant deaths per 1,000 live births from sudden unexpected infant death (SUID).</p> <p><i>Periodic measures:</i></p> <p>--Quarterly: number of all infant deaths and number of SUID-related deaths.</p> <p>--Annually: number and percentage of sleep-related infant deaths involving bed sharing and smoke exposure (obtained through Child Fatality Review).</p> <p>In addition, there are six other specific measures, plus an evaluation of the marketing campaign by the Ohio State University Center for Health Outcomes and Policy Evaluation Services.</p> <p>Infant Safe Sleep Campaign Summary – Final Report (10/30/15) available here: http://cim.legislature.ohio.gov/Assets/Files/infant-safe-sleep-campaign.pdf</p>	<p><u>SFY 2014:</u> 2,405 cribs distributed; 49 million gross media impressions.</p> <p><u>SFY 2015:</u> 4,101 cribs distributed (1,232 remaining on contract to be distributed); 70 million gross media impressions.</p> <p><u>SFY 2016:</u> 4,650 cribs planned to be ordered.</p> <p><u>SFY 2017:</u> 4,650 cribs planned to be ordered.</p>

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Text4baby <i>(National website: https://www.text4baby.org/; State website: http://www.odh.ohio.gov/features/odhfeatures/healthymoms.aspx)</i>	A national service that provides free, personalized text messages to pregnant women and mothers of infants. The messages are tailored to the women based on gestational or infant age (as applicable).	ODH	With partial funding from the Cleveland Gund Foundation, ODH entered into a two-year contract with Text4baby that started 7/1/14 and will end 6/30/16.	Statewide, in collaboration with private clinics, county clinics, hospitals, the Help Me Grow program, the Child and Family Health Services program, Women, Infants, and Children (WIC) program, and other publicly funded entities that interact with pregnant women.	Federal (Maternal and Child Health Block Grant) – for vendor services; Federal (Children's Health Insurance Program Reauthorization Act (CHIPRA) funds) – for staffing; \$48,000 was distributed in SFY 2015	No funds are distributed outside of the contract with the national Healthy Mothers Healthy Babies organization.	<p>The contractor monitors and analyzes a wide array of data that is provided in real time and is zip code specific, including data on enrollment, completion and cancellation, program dosage, reason for cancellation, referral source, and other descriptive data provided by the participants.</p> <p>Latest biannual report (1/1/15-6/30/15) available here: http://cim.legislature.ohio.gov/Assets/Files/text4baby-report.pdf</p>	Between 1/1/14 and 9/30/15, 6,386 pregnant women and mothers with infants were enrolled.

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<p>Child and Family Health Services Program (CFHS) (two components: Ohio Infant Mortality Reduction Initiative (OIMRI) and Ohio Institute for Equity in Birth Outcomes (OEI))</p> <p><i>(Section 285.20 of Am. Sub. H.B. 59 of the 130th G.A. and Section 289.20 of Am. Sub. H.B. 64 of the 131st G.A.)</i></p> <p><i>(Website: https://www.odh.ohio.gov/odh/programs/cfhs/cf_hlth/cfhs1.aspx)</i></p>	<p>A subgrant program that supports community efforts to eliminate health disparities and improve birth outcomes and the health status of women, infants, and children in Ohio. The OIMRI program utilizes the community care coordination model. The model has five core components: (1) planning (using current data to target services in specific neighborhoods), (2) training of community health workers and supervisors, (3) supervision by a person with culturally and linguistically appropriate skills, or is who culturally connected to the community, (4) a standardization process that facilitates consistency of home visiting procedures, and (5) data collection and evaluation.</p>	<p>ODH</p>	<p>CFHS – started in 1983; OIMRI – started in 1992; OEI – started in 2013-2014; safe sleep initiative – started in 2000s; and breastfeeding initiative – started in 2013-2014. All are ongoing.</p>	<p>Covered counties are Adams, Allen (OIMRI county), Ashland, Athens, Belmont, Brown, Butler (OIMRI county and OEI site), Carroll, Clark (OIMRI county), Clermont, Clinton, Coshocton, Cuyahoga (OIMRI county and OEI site), Defiance, Delaware, Erie, Fairfield, Franklin (OIMRI county and OEI site), Fulton, Gallia, Geauga, Greene, Hardin, Henry, Highland, Hocking, Holmes, Knox, Lake, Lawrence, Licking, Lorain (OIMRI county and OEI site), Lucas (OIMRI county and OEI site), Madison, Mahoning (OIMRI county and OEI site), Marion, Medina, Meigs, Miami, Montgomery (OIMRI county and OEI site), Muskingum, Noble, Ottawa, Perry, Portage, Preble, Richland (OIMRI county), Ross, Sandusky, Seneca, Shelby, Stark (OIMRI county and OEI site), Summit (OIMRI county and OEI site), Trumbull (OIMRI county), Tuscarawas, Union, Vinton, Warren, Wayne, Williams, Wood, and Wyandot.</p>	<p>Federal (Maternal and Child Health Block Grant (80%)) and State (GRF) (20%); \$9,670,924 was distributed in SFY 2015</p>	<p>Funds are distributed to local government or private, nonprofit organizations through contracts awarded on a competitive basis. The majority of subgrantees are local health departments.</p>	<p>Local subgrantees submit benchmarks to ODH. The benchmarks are contained in the request for proposal appendix.</p> <p>Of the 280 patient charts sampled from 2009-2012 for the 14 OIMRI programs, there were 3 reported infant deaths. Following delivery, 65% of OIMRI postpartum clients reported using a family planning method (compared to 62% nationally).</p> <p>OEI's IT project will roll out in late January 2016.</p> <p>The OIMRI program report for 2009-2012 is available here: http://cim.legislature.ohio.gov/Assets/Files/oimri-report.pdf</p>	<p>Clients served through OIMRI:</p> <p><u>SFY 2008</u>: 868</p> <p><u>SFY 2009</u>: 740</p> <p><u>SFY 2010</u>: 647</p> <p><u>SFY 2011</u>: 729</p> <p><u>SFY 2012</u>: 778</p> <p><u>SFY 2013</u>: 710</p> <p><u>SFY 2014</u>: 669</p> <p><u>SFY 2015 (estimated)</u>: 734</p> <p><u>SFY 2016 (estimated)</u>: 734</p> <p><u>SFY 2017 (estimated)</u>: 734</p>

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<p>Centering Pregnancy Demonstration Project</p> <p><i>(Website being developed. Press release available here: https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/news/Centering%20Pregnancy%20Demonstration%20Sites%20release%20715.pdf)</i></p>	An evidence-based health care delivery model that integrates maternal health care assessment, education, and support. Eight to twelve women with similar gestational ages meet together in a "pregnancy group," learning care skills, participating in a facilitated discussion, and developing a support network. Each group meets for a total of ten sessions throughout pregnancy and the early postpartum period. The practitioner, within the group space, completes standard physical health assessments.	ODH	Started in 2015; demonstration project ends at the close of SFY 2017	ODH contracts with the Ohio Association of Community Health Centers to administer the program, which has pregnancy groups in the following locations: (1) Columbus (Columbus Neighborhood Health Center), (2) Toledo (Neighborhood Health Association), (3) Dayton (Five Rivers Health Centers), and (4) Zanesville (Muskingum Valley Health Centers).	Federal (funding is received through a cooperative agreement with the CDC); \$153,750 was distributed in SFY 2015	Funds are distributed through competitive contracts with federally qualified health centers and community health centers.	The program will be evaluated on these outcomes: (1) program engagement (enrollment and attendance data), (2) breastfeeding intention, (3) gestational age, (4) birth weight, (5) breastfeeding at discharge, (6) postpartum visit attendance, and (7) smoking status.	<p><u>SFY 2016 (estimated)</u>: 800 clients</p> <p><u>SFY 2017 (estimated)</u>: 800 clients</p>

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<p>Ohio Partners for Smoke Free Families (OPSFF) Program (perinatal smoking cessation)</p> <p><i>(R.C. 3701.84; Section 285.20 of Am. Sub. H.B. 59 of the 130th G.A. and Section 289.20 of Am. Sub. H.B. 64 of the 131st G.A.; Moms Quit for Two Grant Program – Sections 289.20 and 289.33 of Am. Sub. H.B. 64 of the 131st G.A.)</i></p> <p><i>(Website: https://www.odh.ohio.gov/odhprograms/cfhs/psmok/presmoke1.aspx)</i></p>	<p>A partnership between local, state, and national entities to reduce the prevalence of smoking among, and exposure to second-hand smoke by, women of reproductive age, including those who are pregnant. Uses the "5 A's" smoking cessation strategy: ask, advise, assess, assist, and arrange. The Moms Quit for Two Grant Program (established by Am. Sub. H.B. 64 of the 131st G.A.) is part of this partnership.</p>	<p>ODH</p>	<p>Started in 2006; program expanded in SFY 2016. Moms Quit for Two Grant Program started in SFY 2016.</p>	<p>The 5 A's smoking cessation strategy is implemented through Help Me Grow programs in all 88 counties, as well as Women, Infant, and Children (WIC) sites and other sites in 48 counties.</p>	<p>Federal (Maternal and Child Health Block Grant) and State (GRF); \$1,035,677 was distributed in SFY 2015 for the Ohio Partners for Smoke Free Families program; \$1 million was budgeted to Moms Quit for Two in SFY 2016</p>	<p>Funds are distributed through contracts awarded on a competitive basis. Current contracts are with the Ohio Colleges of Medicine Government Resource Center (GRC), the Ohio University Voinovich School of Leadership and Public Affairs, the Strategic Research Group (for evaluation), and Singleton (for media buys).</p>	<p>The program is evaluated according to qualitative and quantitative processes and outcomes data. Examples of data include smoking rates and enrollment in the Ohio quitline pregnancy protocol. ODH stated that an evaluation for SFY 2014-2015 is currently in progress. A 33-page report on 2013 program outcomes (that ODH completed with CDC assistance) is available here: http://cim.legislature.ohio.gov/Assets/Files/smoking-cessation-report.pdf</p> <p>The first sentence of the "conclusions" section of the report specifies that "[t]he results of the analyses conducted as part of the Epi-Aid indicate that the 5 A's smoking cessation counseling intervention has been implemented with variable degrees of fidelity in WIC and CFHS clinics in Ohio."</p>	<p>Number of partners:</p> <p><u>SFY 2008-SFY 2014</u>: 26</p> <p><u>SFY 2015</u>: 70</p> <p><u>SFY 2016 (estimated)</u>: 125</p> <p><u>SFY 2017 (estimated)</u>: 173</p>
<p>Genetics Services Program</p> <p><i>(R.C. 3701.501; O.A.C. ch. 3701-55)</i></p> <p><i>(Website: http://www.odh.ohio.gov/odhprograms/cmh/genserv/genserv1.aspx)</i></p>	<p>A component of a larger program that provides preconception and prenatal genetic counseling services in a culturally sensitive manner to women and couples of childbearing age who have, or are at risk for, a genetic disorder, or are at risk of having offspring with a genetic disorder.</p>	<p>ODH</p>	<p>Created by law in the 1970s; is ongoing</p>	<p>Statewide (all 88 counties are covered through a regional genetics network)</p>	<p>State (non-GRF) – a portion of the fee assessed for newborn screenings pays for this program; \$2,785,920 was distributed in SFY 2015</p>	<p>Funds are distributed as grants.</p>	<p>Two metrics are used: (1) number of patients served vs. the regional population and (2) a comparison of the projected number of patients served vs. the actual number of patients served.</p> <p>During SFYs 2012-2015, ODH estimated that 18,490 women of childbearing age would be seen for genetic services; 21,789 were actually served.</p>	<p>Clients served:</p> <p><u>SFY 2012</u>: 4,209</p> <p><u>SFY 2013</u>: 5,786</p> <p><u>SFY 2014</u>: 6,224</p> <p><u>SFY 2015</u>: 5,614</p>

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<p>Ohio's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)</p> <p><i>(42 United States Code (U.S.C.) 711)</i></p> <p><i>(Websites: http://www.helpmegrow.ohio.gov/Home%20Visiting/Ohio%20MIECHV.aspx; http://www.ncsl.org/research/health/maternal-infant-and-early-childhood-home-visiting.aspx)</i></p>	MIECHV facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.	ODH	Program established in 2010. Funding has been extended through FFY 2017.	Each lead agency completes a statewide needs assessment identifying counties most at risk for poor birth or developmental outcomes. Currently, 26 Ohio counties have been able to expand home visiting services by utilizing MIECHV funding: Adams, Allen, Ashtabula, Clark, Clinton, Columbiana, Coshocton, Crawford, Fayette, Franklin, Gallia, Hamilton, Harrison, Jefferson, Lucas, Mahoning, Marion, Meigs, Montgomery, Pike, Ross, Scioto, Stark, Summit, Trumbull, and Vinton. ODH is currently exploring funding opportunities for Cuyahoga and Butler counties, due to present infant mortality data.	Federal (formula grants and competitive grants available through the U.S. Health Resources and Services Administration (HRSA)); \$5,154,056 distributed in SFY 2015	Funds are distributed through ODH-facilitated grants to eligible local implementing agencies (e.g., local health departments, nonprofits, and other private agencies).	<p>As a condition of receiving federal funding, Ohio is required to submit performance data to HRSA, which provides technical assistance. Additionally, Ohio will utilize federal funds to start a "Home Visiting Learning Collaborative" in CY 2016. Data/run charts will be examined monthly via virtual learning sessions.</p> <p>Two reports from the reporting period (10/1/14-9/30/15) are available here: http://cim.legislature.ohio.gov/Assets/Files/first-miechv.pdf and http://cim.legislature.ohio.gov/Assets/Files/second-miechv.pdf</p>	<u>FFY 2015</u> : 1,692 families

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Ohio Buckles Buckeyes (OBB) (R.C. 4511.81(J)) (Website: http://www.healthy.ohio.gov/vipp/cps/cps.aspx)	Provides child safety seats and booster seats to eligible low-income families, as well as education and information regarding child restraint systems and their proper use.	ODH	Ongoing since approximately 2000.	Statewide	State (non-GRF – Child Highway Safety Fund (Fund 4T40)); \$604,747 was distributed in SFY 2015	All funds are used by ODH to purchase child safety restraints.	<p>The following data points are tracked annually:</p> <ul style="list-style-type: none">• Motor vehicle-related traumatic brain injury fatalities;• Motor vehicle-related traumatic brain injury emergency department visits; and• Motor vehicle-related traumatic brain injury hospitalizations. <p>The following process measures are tracked to ensure the program is functioning appropriately:</p> <ul style="list-style-type: none">• Number of new OBB sites established;• Number of site visits conducted by regional coordinators;• Number of seats distributed by OBB sites; and• Number of child passenger safety distribution and education programs offered.	<u>FFYs 2011-2015</u> : 17,540 child safety seats and booster seats were distributed.

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Choose Life <i>(R.C. 3701.65; O.A.C. 3701-74-01)</i> <i>(Website: https://www.odh.ohio.gov/en/about/chooselife.aspx)</i>	Provides services to pregnant Ohio residents who are planning to place their children for adoption, including counseling and services intended to meet the material needs of women.	ODH	Created by law in 2005; is ongoing	Statewide, based on grantee location and Choose Life Fund license plates registered by each county	State (non-GRF – Choose Life Fund (Fund 5CN0)); \$44,260 was distributed in SFY 2015	ODH distributes funds based on the county in which the organization applying is located and in proportion to the number of Choose Life license plates issued during the previous year to vehicles registered in each county. ODH may distribute funds allocated for one county to one or more eligible organizations in a contiguous county if no eligible organization within the original county applies for funding and the organization in the contiguous county meets the eligibility criteria. Within each county, eligible organizations share the available funds equally.	Each grantee must submit an audited financial statement verifying its compliance with administrative rules governing the use of the funds.	Number of Choose Life agencies: <u>SFY 2008</u> : 21 <u>SFY 2009</u> : 11 <u>SFY 2010</u> : 11 <u>SFY 2011</u> : 10 <u>SFY 2012</u> : 13 <u>SFY 2013</u> : 10 <u>SFY 2014</u> : 11 <u>SFY 2015</u> : 11 <u>SFY 2016</u> : 18 <u>SFY 2017 (estimated)</u> : 18
HUB Model Grants <i>(Section 333.20 of Am. Sub. H.B. 64 of the 131st G.A.)</i> <i>(Website: http://mih.ohio.gov/GrantOpportunities.aspx)</i>	Funds community care coordinators that find and assist at-risk pregnant women with making connections to prenatal care, social services, and education. Provides payments to care coordinating agencies based on achieved outcomes.	OCMH	SFYs 2016 and 2017	Will support three existing Pathways Community HUBS and will support the replication and implementation of HUBS in three of the following: Akron, Cleveland, Columbus, Dayton, Youngstown, and Southeast Ohio.	State (GRF); \$1 million will be distributed in each of SFYs 2016 and 2017	Local agencies receive grants through a competitive process.	The Pathways HUB Model requires the implementation of clinical measures in accordance with evaluation guidance, which aligns with the Healthy People 2020 outcomes. Additional assessment is also required. OCMH staff and project directors also review quarterly reports and data.	<u>SFY 2016 (estimated)</u> : 525 individuals <u>SFY 2017 (estimated)</u> : 675 individuals

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Demonstration Grant Program <i>(Website: http://mih.ohio.gov/GrantOpportunities.aspx)</i>	Funds projects that address one or more of six diseases or conditions (cancer, cardiovascular disease, diabetes, infant mortality, violence, or substance abuse) or risk factors that are responsible for excess or premature death within a target community or population. Two projects focused on infant mortality during the 2010-2011 and 2014-2015 biennia.	OCMH	Infant mortality projects: 2010-2011 and 2014-2015 biennia	Supported the Lucas County Initiative to Improve Birth Outcomes (which is based on the Pathways Community HUB model).	State (GRF); \$75,000 was distributed in each of SFYs 2010, 2011, 2014, and 2015	Local agencies receive grants through a competitive process.	Program guidance aligns with the Healthy People 2020 outcomes. In addition, grantees must measure the percentage of pregnant women who receive early and adequate prenatal care and those giving birth to babies that are not low birth weights. OCMH staff and project directors review quarterly reports and data. A graphic is available here: http://cim.legislature.ohio.gov/Assets/Files/hcno-pathways.pdf	<u>SFY 2010</u> : 158 individuals <u>SFY 2011</u> : 150 individuals <u>SFY 2014</u> : 305 individuals <u>SFY 2015</u> : 241 individuals

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Engage Leaders in High-risk Neighborhoods to Connect Women to Health Care (Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120)	Requires Medicaid managed care plans to: (1) use community health workers who live in high-risk neighborhoods to assist with outreach to, and identification of, women (particularly pregnant women) to ensure that the women are connected to ideal health care and community supports and (2) coordinate with local health districts for the purpose of developing a communications plan that ensures that all health care and community supports are aligned toward reducing infant mortality and improving family health.	ODM	1/2016-6/2017	High priority areas as specified in the SFY 2016-2017 budget	State (GRF) and federal (GRF); \$13.4 million total in each of SFYs 2016 and 2017	The state pays managed care plans a monthly capitated rate.	Each managed care plan must: --Submit to ODM data that enables ODM to calculate standard measures as defined in Appendix M of the managed care provider agreement; --Submit to ODM self-reported, audited Healthcare Effectiveness Data and Information Set (HEDIS) data; and --Measure, analyze, and track performance indicators that reflect Ohio Medicaid's Quality Strategy clinical focus areas (one of which is high-risk pregnancies/premature births). For the fee-for-service program, specific performance measures were not identified; however, ODM reported that program evaluation and quality improvement are included in the existing program.	Not yet available (program began 1/1/16)

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Provide Enhanced Maternal Care Management for High-risk Pregnancies <i>(Appendix K of the Medicaid managed care provider agreement)</i> <i>(Website: http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=r9zAtxebJpM%3d&tabid=120)</i>	Requires Medicaid managed care plans to provide enhanced maternal and inter-conception care for women at the highest risk for poor pregnancy outcomes.	ODM	Started 7/1/13; is ongoing	Statewide	Not specified	The state pays managed care plans a monthly capitated rate.	Each managed care plan must: --Submit to ODM data that enables ODM to calculate standard measures as defined in Appendix M of the managed care provider agreement; --Submit to ODM self-reported, audited HEDIS data; and --Measure, analyze, and track performance indicators that reflect Ohio Medicaid's Quality Strategy clinical focus areas (one of which is high-risk pregnancies/premature births).	Not specified
Boot Camp for New Dads <i>(Website: http://www.bootcampfornewdads.org/)</i>	Offers bi-monthly, three-hour sessions for newly expectant fathers. Prepares participants for fatherhood by equipping them with the basic skills and confidence they need before their baby arrives. Brings together "veteran dads" (graduates of Boot Camp whose babies are a few months old), their babies, "rookies" (those whose partners are pregnant or just gave birth), and trained facilitators.	ODJFS	<i>Muskingum County:</i> began in SFY 2011, continues through SFY 2016 <i>Erie County:</i> began in the second half of SFY 2015, continues through SFY 2016	Erie and Muskingum counties	State (non-GRF – Ohio Children's Trust Fund (Fund 1980))	One-time funds are distributed to Erie and Muskingum counties' Family and Children First Councils.	Grantees evaluate program success by the following outcomes: percentage of new and expectant fathers who indicate increased levels of confidence in their ability to care for an infant, percentage of new and expectant fathers who indicate increased awareness of community resources and how to access them, and the percentage of new and expectant fathers who improve their problem-solving skills and level of infant care. Evaluations are given at the beginning and end of the program.	<u>SFY 2011</u> : 20 fathers <u>SFY 2012</u> : 9 fathers <u>SFY 2013</u> : 11 fathers <u>SFY 2014</u> : 18 fathers <u>SFY 2015</u> : 30 fathers <u>SFY 2016 (estimated)</u> : 95 fathers

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Maternal Mental Health Program	Addressed the emotional and psychological challenges new mothers faced, including post-partum depression, unresolved grief or loss, and other mental health disruptions. Assisted the mothers in understanding normal child social/emotional development, responding appropriately to the child's cues, and applying parenting strategies to increase positive interactions with their child. Distributed information to parents regarding local resources and referred to agencies for services as needed.	ODJFS	SFYs 2009-2012	Hancock County	State (non-GRF – Ohio Children's Trust Fund (Fund 1980))	One-time funds are distributed to Hancock County's Family and Children First Council in each of SFYs 2009-2012.	Some outcomes were as follows: participants have a mutual support network of family, friends, and neighbors; parents understand and apply parenting strategies to increase positive interactions with their children; parents understand normal child social/emotional development and respond appropriately; and parents were given information regarding local resources and referred as necessary, etc. Evaluations were given at the beginning and end of the program.	<u>SFY 2010</u> : 6 adults, 9 children, 61 professionals <u>SFY 2011</u> : 10 adults and 12 children <u>SFY 2012</u> : 3 adults and 3 children
Not a Single Drop (Website: http://notasingledrop.mh.state.oh.us/directory/organization/3989)	Educated women about the potential dangers of drinking alcohol and using other harmful substances during pregnancy through the distribution of educational literature, as well as through ongoing information and training provided to health and social service professionals.	ODJFS	SFYs 2011 and 2012	Butler County	State (non-GRF – Ohio Children's Trust Fund (Fund 1980))	Funds are distributed as grants to the Butler County Family and Children's First Council.	<i>Professionals presented with information:</i> SFY 2012: 243 (goal was 30) <i>Women who receive education/support:</i> SFY 2012: 106 (goal was 100) <i>Pre- and post-tests administered:</i> SFY 2012: 129 (goal was 100) <i>Persons showing improvement in knowledge of risks of substance abuse:</i> SFY 2012: 129 (goal was 75)	<u>SFY 2010</u> : 820 adults and 96 professionals <u>SFY 2011</u> : 106 adults and 243 professionals

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Title	Description	Administering Agency	Timeline	Location	Funding Source(s)	Funding Distribution	Performance Metrics/ Program Evaluation	Program Utilization
Community-Based Prevention Services	Provides women and their families with advice, guidance, and other help from health, social service, and child development professionals. Provides communities with access to regular, planned parent education and community education classes. Teaches parents how to improve their family's health and provide better opportunities for their children.	ODJFS	SFYs 2009-2016	Allen, Ashtabula, Athens, Belmont, Clermont, Holmes, Lawrence, Madison, Montgomery, Summit, Vinton, and Wayne counties	State (non-GRF – Ohio Children's Trust Fund (Fund 1980)) and Federal (Children's Trust Fund Federal (Fund 3D30))	Funds are distributed as grants to multiple county child abuse and neglect prevention advisory boards.	<p>The grantees evaluated program/service success through a number of outcomes including the percentage increase in the nurturing and attachment protective factor, the family functioning protective factor, the concrete support protective factor, and the social/emotional support protective factor.</p> <p>Evaluations are conducted at the beginning and end of the program.</p>	<p><u>SFY 2013</u>: 387 adults, 251 children, and 359 families</p> <p><u>SFY 2014</u>: 241 adults, 232 children, and 226 families</p> <p><u>SFY 2015</u>: 273 adults, 239 children, and 220 families</p> <p><u>SFY 2016 (estimated)</u>: 158 adults, 133 children, and 140 families</p>
Commission on Fatherhood (Website: http://fatherhood.ohio.gov/Home.aspx)	Enhances the well-being of Ohio's children by providing opportunities for fathers to become better parents, partners, and providers.	ODJFS	7/1/99-present (not funded during the SFY 2002-2003 budget)	22 counties	Federal (TANF – Fund 3V60) and a grant from the U.S. Department of Health and Human Services	Funds are distributed to eight fatherhood programs.	<p>According to the Commission's annual report, each father served by a grantee is given a pre-self assessment intake form and a post-self assessment outcome form. The intake form captures information about the father's relationship with his children and the challenges and barriers that prevented him from becoming the responsible father he sought to be. The outcome form specifies the services received and the state of the father's relationship with his children after program completion. The highest scoring grant applicants in each of the five geographic regions were chosen for the SFY 2014-2015 grant period.</p>	<p>The Commission's annual report highlighted a few program statistics for the SFY 2014 pilot projects. Some selected statistics are: 4,500 fathers and 8,000 children attended the 2014 Responsible Fatherhood Month events and 20 counties participated in the Ohio County Fatherhood Initiative.</p>

Targeted Initiatives								
Title	Description	Administering Agency	Timeline	Location	Funding Source(s)	Funding Distribution	Performance Metrics/ Program Evaluation	Program Utilization
Home Visiting	Supported by the Ohio Children's Trust Fund (OCTF), the program provides early childhood, parent education, and family support services designed to increase parents' knowledge of their child's emerging development and age-appropriate child development; improves parenting capacity, parenting practices and parent-child relationships; and enhances family health and functioning.	ODJFS	SFYs 2009-2016	Allen, Brown, Butler, Carroll, Clark, Clermont, Columbiana, Crawford, Cuyahoga, Darke, Defiance, Delaware, Fairfield, Franklin, Greene, Harrison, Henry, Hocking, Jackson, Jefferson, Knox, Lake, Licking, Logan, Lorain, Madison, Marion, Medina, Mercer, Montgomery, Muskingum, Noble, Ottawa, Paulding, Pike, Putnam, Sandusky, Summit, Trumbull, Union, Wayne, and Wyandot counties	State (non-GRF – Ohio Children's Trust Fund (Fund 1980))	One-time grant funds are distributed to multiple county child abuse and child neglect prevention advisory boards.	The metrics used are the percentage of new and expectant mothers who: (1) indicate increased levels of confidence in their ability to care for an infant as measured by an increase in family functioning, (2) indicate increased awareness of community resources and how to access them as measured by an increase in concrete support in times of need, (3) improve their problem-solving skills and level of knowledge of infant care as measured by an increase in their knowledge of the child's emerging development and age-appropriate development, and (4) indicate increased levels of nurturing and attachment with their infant. OCTF supports only evidence-based home visiting programs; evaluation data unavailable.	<u>2013</u> : 2,006 adults, 2,089 children, 1,710 families, and 54 professionals <u>2014</u> : 1,676 adults, 1,798 children, 1,473 families, and 67 professionals <u>2015</u> : 1,690 adults, 1,870 children, 1,480 families, and 91 professionals <u>2016 (estimated)</u> : 477 adults, 474 children, 335 families, and 21 professionals