

Ohio Commission on Minority Health

Lupus Grantee Meeting

Reina Sims, MSA

Program Manager





Ohio Commission on Lupus Grant Overview

In 1994, the Ohio General Assembly, passed Amended Substitute House Bill 152 effectively creating the Commission Lupus funding.

The Lupus Program shall be used to provide grants for programs in patient, public and professional education on the subject of Systemic Lupus Erythematosus; to encourage and develop local centers on Lupus information gathering and screening; and to provide outreach to minority women.



Lupus Grant Program Guidelines



Documents that detail Lupus grant program administration:

- FY16 Lupus RFP
- Acknowledgement of Terms
 - Approved Project Action Plan
 - Adherence to Approved Special Conditions





Lupus Grant Program Guidelines

FY 16 Lupus RFP

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



Lupus Grant Program Guidelines

1

Projects are required to provide twelve (12) months of Program/Optimal Health Support Group services.

2

Grantees will be required to participate in the inaugural events for Minority Health Month in March 2016 and March 2017. The grant application should address attendance at these events.

3

Commission funds cannot be used to DEVELOP educational materials. These will be provided to you by the Commission.

4

Optimal Health Support Groups must provide strong educational components.

5

Commission funds can be used to support awareness projects for the community at-large.

6

To meet the needs of diverse populations.

7

Grantees must participate in Lupus Awareness Month in May 2016. The grant application should address planning for Lupus Awareness Month events.



Lupus Grant Program Guidelines

8

Patient Education

- Conduct at least one monthly face to face optimal health support group meeting that is facilitated by a trained facilitator. Presentations must include balanced presentations.
- Provide a referral list of area facilities and physicians that provide medical treatment for SLE related medical conditions (i.e. rheumatologists, dermatologists, nephrologists, etc.).
- Conduct a training opportunity that enhances the combination of patient, caregiver and professional education on the subject of SLE (i.e. workshop, conference or seminar). A mechanism to capture demographics for all services must be in place.
- Provide outreach to minority women via: Telephone Hotline, Literature Updates, On-line Education Sessions, Teleconference Education Discussions, Home Visits, Peer Counseling, and Self-Management Skills.

9

Public Education

- Include caregivers and children of persons living with lupus at monthly *support group* meetings.
- Conduct presentations that enhance SLE education.
- Participate in local events (i.e. health fairs, community events).
- Participate in Lupus Awareness Month (May 2016).
- Enhance public education via media outlets.
- Each funded agency is required to administer the “Symptom Checklist” – This is a mandatory requirement of funded agencies.



Lupus 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.





Lupus 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 program, 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) Agency must acknowledge the Commission funded program on the Agency website by stating "Program funded by the Ohio Commission on Minority Health.";
- k) All funds must be expended toward activities within the county area funded;
- l) Organization membership cannot be a prerequisite for services. Commission funds cannot be used to support agency fundraising events nor for the purchase of medication for participants;
- m) Grantee must comply with all special conditions related to fiscal and program areas;
- n) Signed Acknowledgement of Terms, budget revision, and special terms and conditions, noted in section 2 of this document, must be submitted to the Commission no later May 15, 2015;
- o) All funded projects must participate in the 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;
- p) All Commission funded activities must be free and open to the public;
- q) All Lupus projects must conduct 2 (two) Lupus Awareness Month (LAM) activities separate dates in May;
- r) All Lupus support group meetings must be face to face in order to count toward program activities funded by the Commission.
- s) Grantees must distribute Lupus Symptoms Checklists. Grantees must follow up with individuals who have four or more symptoms and include in quarterly reports.
- t) Grantee activities must be held in public locations which are accessible to the target population.
- u) Grantee must maintain participant files which should contain enrollment data, progress notes, referral information, and other program data is confidential and files must be maintained in a locked file cabinet.
- v) Grantees are required to attend OCMH Grantee Mandatory Trainings;
- w) Recruitment and placement of project staff and contract staff must be complete by the end of the first quarter.



Lupus 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 are required. The format for quarterly reports are available on our website at 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.)**.
 3. The Annual Report is due on August 15, 2016.
 4. The Biennial Report is due on August 15, 2017.
 5. Grantee must submit the electronic copy of the quarterly, annual or biennial report on or before the established deadline as indicated in item 2, above. Signed, original hard copies must be post marked on or before the established deadline as indicated in item 2, above.
 6. 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.).
 7. Consent forms must be obtained to use identifying photographs.
 8. Grantees are expected to maintain confidentiality on all medical screenings data and any documents containing personal health identifiers.



Lupus 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



Lupus 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.



Lupus 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.



Lupus 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.



SAMPLE-PROJECT ACTION PLAN – FY 2016

Note: Project Action Plan should support the proposed methodology in the program narrative.

Goals/Objectives	Approach	Activities	Evaluation	Responsibilities	Timeline
<ul style="list-style-type: none"> ▪ How many persons with lupus do you plan to serve via Optimal Support Group? ▪ How many caregivers who attended the group do you plan to serve? ▪ How many individuals do you plan to serve with non-support group activities. ▪ What are your specific Public Education plans? 	How will you do it?	What will take place?	What results do you expect? How will you measure it?	Who will be responsible?	Applicants must list the activities for each month of the year along with the frequency of each activity?
<p>Patient Education</p> <p>Goal 1: To provide Systemic Lupus Erythematosus (SLE) education to ___lupus patients and ___Caregivers.</p> <p>Objective:</p> <p>a. By June 2016 at least ___Lupus patients will receive a list of area facilities and physicians that provide treatment for SLE related medical conditions.</p> <p>b. By June 2016 at least ___Lupus patients will attend ___ out of ___ support group meetings, which are facilitated by trained facilitator with balanced presentations.</p>	<p>An up to date list will be maintained and available at support meetings and upon request to individuals requesting physician referrals.</p> <p>A minimum of ___ meetings will be scheduled by June 2016 and conducted by a trained facilitator.</p> <p>Participants must attend no less than ___ out of ___group meetings.</p>	<p>An up to date list of rheumatologist will be available through telephone, email, meetings, and/or by mail request.</p> <p>See attached meeting schedule.</p>	<p>The expected outcome is that program participants are seeing a doctor in order to manage symptoms at least once a year. A question will be included in the quarterly evaluation to measure compliance.</p> <p>Sign in sheets will be used to track attendance.</p>	<p>Program Staff</p> <p>Program Staff</p>	<p>From July 2015 to June 2016</p> <p>From July 2015 to June 2016</p>

Please note: When reporting on objectives, please report those with quantitative results as follows.
 EX: During the first quarter, **5** Lupus patients (**25%** of annual objective of 20 patients) received a list of area facilities and physicians.

****Please note you time line must reflect activities within each month of the year. This must include face to face groups, public education, and non-support group activities.**



SAMPLE-PROJECT ACTION PLAN – FY 2016

Note: Project Action Plan should support the proposed methodology in the program narrative.

Goals/Objectives	Approach	Activities	Evaluation	Responsibilities	Timeline
<ul style="list-style-type: none"> ▪ How many persons with lupus do you plan to serve via Optimal Support Group? ▪ How many caregivers who attended the group do you plan to serve? ▪ How many individuals do you plan to serve with non-support group activities. ▪ What are your specific Public Education plans? 	How will you do it?	What will take place?	What results do you expect? How will you measure it?	Who will be responsible?	Applicants must list the activities for each month of the year along with the frequency of each activity?
<p>Patient Education Optional Objective: e. By June 30, 2016 at least _____ people will access the lupus informational line for event information and accurate lupus information. Lupus</p> <p>f. By June 30, 2015 at least _____ county residents will be reached through a Lupus Awareness Month Campaign.</p> <p>Public Education:</p> <p>Goal 2: To increase awareness among county residents and promote involvement in lupus awareness activities.</p> <p>Objectives: g. By June 30, 2016 at least _____ caregivers and family members of persons living with lupus will participate in monthly support group meetings.</p>	<p>The Lupus _____ information hotline is available _____ to date literature is available.</p> <p>Lupus awareness activities will be held and advertising will take place supporting this event.</p> <p>Caregiver/family members are considered active attendees and allowed to voice their concerns and ask questions.</p>	<p>Information is updated _____ on the Lupus information line. Literature will be available upon request or to persons recognized as needing more information related to their situation.</p> <p>Lupus awareness activities will be conducted as follows: _____ _____.</p> <p>Lupus patients will continue to be encouraged to bring their caregivers and children to meetings, through the following methods _____ _____.</p>	<p>Literature will be available upon request or as needed. A monthly data report provided by the target area will communication department is used to track calls to the lupus _____ information line.</p> <p>Increased awareness of lupus among county residents. At least _____ individuals will hear or read about lupus awareness and program availability.</p> <p>It is expected that at least _____ participants will be caregivers</p>	<p>Program Staff</p> <p>Program Staff</p> <p>Program Staff</p>	<p>By June 30, 2016</p> <p>By June 30, 2016</p> <p>By June 30, 2016</p>

****Please note you time line must reflect activities within each month of the year. This must include face to face groups, public education, and non-support group activities.**

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.

Agency Name _____



Lupus Grant Program Guidelines

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

Soooooo...What's Next??





Lupus 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.).



Lupus Grant Program Guidelines

Ohio Commission on Minority Health Quarterly Program Report																																										
<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4																																										
Agency Name:						Grant #																																				
Project Name:																																										
I. Total number of new persons served this quarter				II. Total number of persons returning this quarter				III. Total number of persons served this quarter:																																		
- Total number new lupus clients:				- Total number lupus clients:				(add I & II)																																		
- Total number of new caregivers:				- Total number of caregivers:																																						
SECTION I: Demographics (Note: Only record the number of NEW persons served this quarter)																																										
A. Number of new Lupus Clients served this Quarter (report the number of unduplicated participants who received direct services through this project)																																										
Age	<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total																													
Sex	M												0																													
	F																																									
B. Number of new Caregivers served this Quarter (report the number of unduplicated participants who received direct services through this project)																																										
Age	<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total																													
Sex	M												0																													
	F												0																													
For Sections IV – IX, Report NEW Persons ONLY																																										
IV. Race/Ethnicity	Clients	Caregivers	VI. Household Income (Lupus Clients ONLY)																																							
African American			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number of Persons in Household</th> <th><\$9,999</th> <th>\$10,000-\$14,999</th> <th>\$15,000-\$24,999</th> <th>>\$25,000</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5+</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>										Number of Persons in Household	<\$9,999	\$10,000-\$14,999	\$15,000-\$24,999	>\$25,000	1					2					3					4					5+				
Number of Persons in Household	<\$9,999	\$10,000-\$14,999											\$15,000-\$24,999	>\$25,000																												
1																																										
2																																										
3																																										
4																																										
5+																																										
Asian																																										
Cambodian																																										
Hmong																																										
Laotian																																										
Vietnamese																																										
Hispanic/Latino																																										
Mexican American																																										
Puerto Rican																																										
			VII. Last interaction with Health care System				VIII. Service Most Often Used																																			
Cuban			Less than 3 months				Emergency Room																																			
Other Hispanic/Latino			3-6 months				Family Physician																																			
White/Non Hispanic			6 months-1year				Health Center/Clinic																																			
Native American			1 Year or more				Traditional Healer																																			
V. Insurance (Lupus Clients ONLY)			IX. Why are you interested in a Support Group?																																							
	Private		Diagnosed with Lupus			Spouse has Lupus																																				
	Public (Medicare/Medicaid)		Friend has Lupus			Other:																																				
	Uninsured																																									



Lupus Grant Program Guidelines



Section II: Program Summary

Instructions: State the original project goals/objectives provide specific details on activities conducted to date and include the outcomes in whole number and/or percentage for the following topics. For instance, your goal stated: 25 participants with lupus will be recruited and served for the Optimal Health Group by June 2012. To date, 15 participants or 60% was served.

List project goals/objectives and outcomes below:

Project Goal(s):

Objective(s):

Outcome(s):

Agency Name _____

Add additional page(s) as needed.



Lupus Grant Program Guidelines

Section III: NARRATIVE

A. PATIENT EDUCATION: Please provide a description of the patient education activities of your project during the quarter. Include information on what was done and estimates of numbers of people reached/affected for each activity. If the activity listed is not an activity done in your project, please mark N/A.

1) Monthly support groups (include number of meetings, number of participants, and types of activities done)

2) Telephone hotline

3) Online support groups



Lupus Grant Program Guidelines



- 4) Referral list of area facilities and physicians that provide medical treatment for SLE-related health conditions
(include numbers of referrals made)

B. PUBLIC EDUCATION:

- 1) Outreach to minority women

- 2) Participation in Lupus Awareness Month (provide an estimate of the numbers of persons reached through personal contacts, media outlets and lupus awareness month activities)

- 3) Participation in local events such as health fairs



Lupus Grant Program Guidelines

4) Other patient education activities

5) Dissemination of SLE research and or literature updates to health care professionals, persons with lupus and their caregivers

C. OTHER PROGRAM INFORMATION

1) Symptom Checklist Assessment Tool

Number of System Checklists completed

Number of persons with 4 or more symptoms

Number of persons referred to health care providers

Follow-up for persons with 4 or more symptoms

2) Provide a status report on the outcomes of those individuals referred.

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





Lupus Grant Program Guidelines

4) Report by goal and objective how effective the program was in meeting their goals during the quarter. Provide actual numbers reached.

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

6) Describe any aspects of the program that are different from what was originally proposed. **(This question must be answered).**



Lupus Grant Program Guidelines

7) List all program building/operational activities which occurred during the quarter (health fairs, seminars, presentations, etc.) If you participated in media opportunities, specifically list names of newspapers and dates of publications.

8) Describe any other lupus-related activities including activities on funded by the Commission.

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

Signature of Executive Director

Signature of Project Director

Date

Date





Lupus 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.



Lupus 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."



Lupus 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.



Lupus 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."





Lupus Grant Program Guidelines

Program Contact Information

Reina M. Sims, MSA
Program Manager

Ohio Commission on Minority Health

77 S. High Street, 18th FL

Columbus, Ohio 43215

614.466.4000 Office

614.752.9049 Fax

Reina.Sims@mih.ohio.gov

"Good Health Begins With You"®



Lupus Grant Program Guidelines

Thank you!

