

FUND REQUEST & RECOMMENDATION FORM

(Revised 3/5/04)

Grant Summary Information

Department/Division: Health Division Project Manager: Lisa Matthews

Date: _____

Existing Award Subfund Number: _____ Amount Remaining on Original Award _____

Award Source: Federal ___ State Foundation ___ Corporation ___ City Division ___ Other ___
New Award Type: Grant ___ Gift ___ Subgrant ___ Continuation ___ Contract ___

New Award Amt: \$341,138 Note: Legislation is required if amount of Award exceeds \$10,000

Are Contracts > \$10K Required for this project (yes / no): Yes

Match Amount: _____ Cash Match Amt _____ In-Kind Amt _____ Other Match Amt _____

Cash Match Account #: _____ Budget Year of Cash Match? _____

Program Income: No ___ Yes ___ (Type: Interest ___ Fees ___ Other ___)

Revenue Account Number: _____

Indirect Cost Included: No ___ Yes ___

Granting Agency / City Division / Funding Source: Ohio Department of Medicaid

CFDA No.: _____

Project Name: First Year Cleveland

Grant Scope / Purpose: This legislation authorizes the Director of Public Health to apply for and accept an Ohio Department of Medicaid grant from First Year Cleveland and authorizes the Director to enter into contracts with various agencies, entities and individuals to carry out Mom's First Project services. MomsFirst is able to expend its service capacity within the City of Cleveland with this funding, reaching pregnant woman at high risk of experiencing poor birth outcomes.

Grant Partners: Ohio Department of Medicaid

Other Comments: _____

Application Due Date _____ Term of Grant / Project Period (m/d/y): Jan 1, 2022 – Dec. 31 - 2025

Signatures Required

Commissioner Signature [Signature] Date 9/29/21

Frances Mills

Dept Fiscal Controller Signature [Signature] Date 9/30/21

Kimberlye Davis

Dept Director Signature [Signature] Date 9/29/21

Brian Kimball

OBM Budget / Fiscal, Grant Administrator [Signature] Date: 9/30/21

Michele Reese

OBM Cash Match Review

Budget Analyst Signature _____ Date: _____

Budget Administrator: _____

Date: _____

Approved: Cash Match Available _____

Denied: Cash Match Not Available: _____

**Executive Summary
MomsFirst and First Year Cleveland Partnership**

Background/Purpose:

This legislation authorizes the Director of Public Health to apply for and accept an Ohio Department of Medicaid grant from First Year Cleveland and authorizes the Director to enter into contracts with various agencies, entities and individuals to carry out MomsFirst Project services. MomsFirst is able to expand its service capacity within the city of Cleveland with this funding reaching pregnant women at high risk of experiencing a poor birth outcome.

Goals:

- Increase the number of families served prenatally.
- Increase the number of families served prenatally in their first trimester.
- Increase the number of children participating in the program that have a medical home.
- Reduce infant deaths among program participants.
- Reduce low and very low birth weight births to program participants.
- Increase the number of families that engage in safe sleep practices.
- Improve breastfeeding rates among program participants.
- Improve postpartum visits among program participants.
- Increase father/partner involvement during pregnancy and with child 0 – 18 months.
- Increase the number of women that receive perinatal depression screening and referral.

Accomplishments:

- MomsFirst has been the recipient of Ohio Department of Medicaid funding since 9/1/2016.
- Funding supports the salaries of 9 Community Health Workers and 1 Case Manager.
- As a result of this funding one additional site provides MomsFirst services – Friendly Inn Settlement House.
- Merrick House has added four additional Community Health Workers and Lexington Bell has added one additional Community Health Worker.
- Approximately 354 families were served in 2020 with this funding.

Estimated Budget: \$774,940 (each 2 year period) and other funds as they become available.

Grant Period: January 1, 2022- December 31, 2025

Funding Source: First Year Cleveland

**CITY of CLEVELAND DEPARTMENT OF PUBLIC HEALTH
CONTRACT for
EXPANDED PRENATAL SERVICES BUDGET**

January 1, 2022 – December 31, 2023

24-month Budget

Contracted Services: \$774,940.00

Contracted agencies must demonstrate the ability to provide prenatal services and postnatal services according to the MomsFirst service delivery model to expectant families determined to be high risk living within the City of Cleveland.

*Budget for 2024-2025 would be the same