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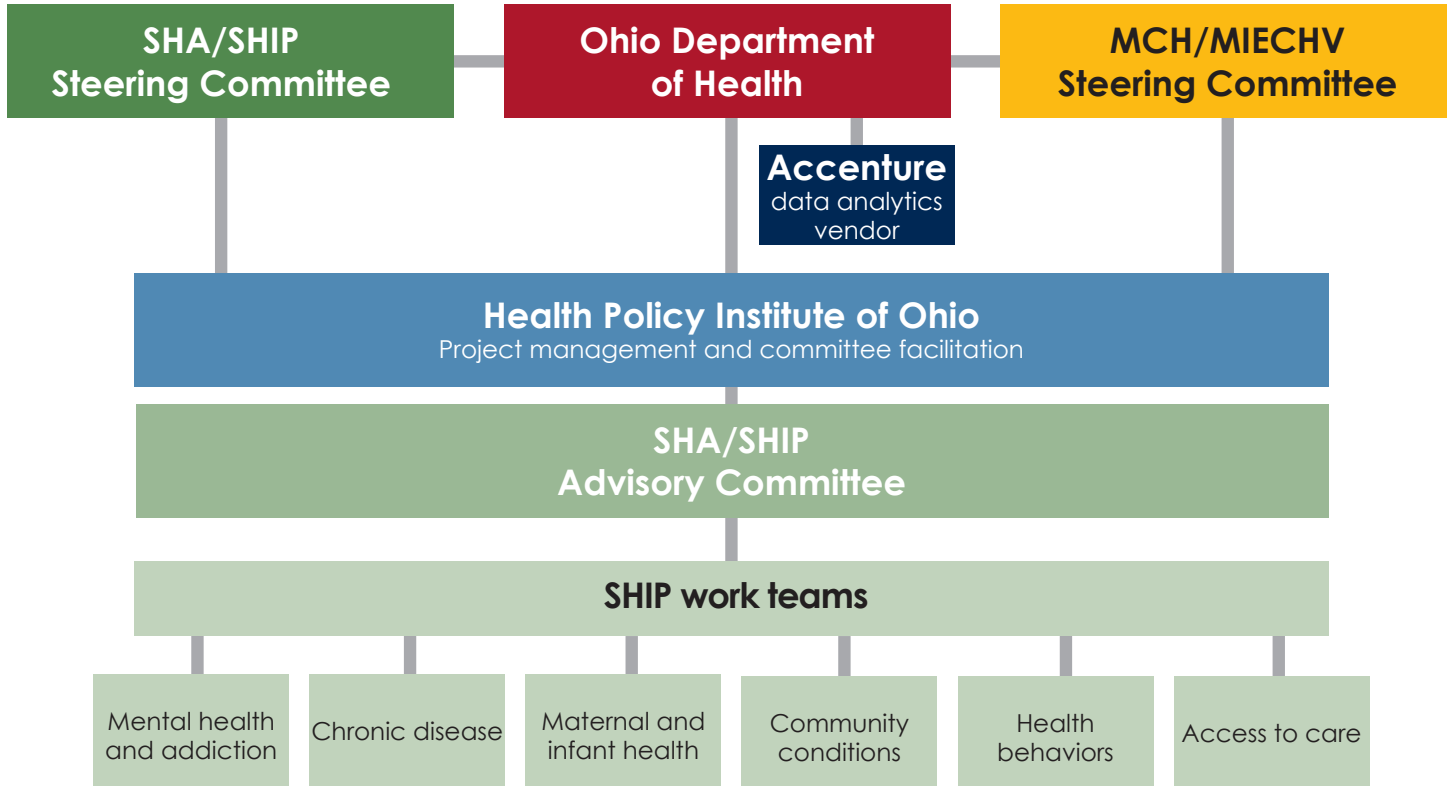
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SHIP process and stakeholder engagement

Stakeholder groups



State Health Assessment and State Health Improvement Plan Steering Committee

Steering Committee members

Dr. Amy	Acton	Ohio Department of Health
Jon	Barley	Ohio Department of Medicaid
Brian	Baumgartner	Opportunities for Ohioans with Disabilities
Alisia	Clark	Ohio Department of Mental Health and Addiction Services
Lori	Criss	Ohio Department of Mental Health and Addiction Services
Jeff	Davis	Ohio Department of Developmental Disabilities
Angie	Dawson	Ohio Commission on Minority Health
Katie	Fallon	Ohio Housing Finance Agency
Brian	Fowler	Ohio Department of Health
Lucy	Gobble	Ohio Department of Job and Family Services
Kim	Hall	Ohio Department of Job and Family Services
Lance	Himes	Ohio Department of Health
Traci	Luers	Ohio Department of Transportation
Ursel	McElroy	Ohio Department of Aging
Hope	McGonigle	Ohio Department of Developmental Disabilities
Will	McHugh	Ohio Department of Health
Anna	Miller	Ohio Department of Education
Tia	Moretti	RecoveryOhio
Joanne	Pearsol	Ohio Department of Health
Laura	Rooney	Ohio Department of Health
Ronald	Todd	Governor's Minority Affairs Liaison

State Health Assessment and State Health Improvement Plan Advisory Committee

Advisory Committee members		
Tom	Albanese	Community Shelter Board
Emily	Alexy	Columbus Public Health
Terry	Allan	Cuyahoga County Board of Health
Chip	Allen	Ohio Department of Health
Breann	Almos	Office of Ohio Governor Mike DeWine
Leslie	Andrews	St. Vincent Charity Medical Center
Andrea	Arendt	Ohio Department of Health
Melissa	Bacon	Ohio Center for Autism and Low Incidence (OCALI)
Carol	Baden	RecoveryOhio Initiative, Ohio Department of Health
Carrie	Baker	Healthcare Collaborative of Greater Columbus
John	Barley	Ohio Department of Medicaid
Todd	Barnhouse	Ohio Child Care Resource and Referral Association
Andrew	Beck	Cincinnati Children's Hospital Medical Center
Traci	Bell-Thomas	Ohio Department of Medicaid
John	Belt	Ohio Department of Health
Suellen	Bennett	Columbus Public Health
Kelsey	Bergfeld	Advocates for Ohio's Future
Beth	Bickford	Association of Ohio Commissioners
Ana	Bird	Produce Perks Midwest, Inc.
Jenna	Birkmeyer	Ohio Department of Health
Tara	Britton	The Center for Community Solutions
Kathryn	Brod	LeadingAge Ohio
Chelsea	Buckwalter	Ohio Housing Finance Agency
Mandy	Burkett	Ohio Department of Health
Sonya	Carrico	Interact for Health
Wallace	Chambers	Cuyahoga County Board of Health
Alisia	Clark	Ohio Department of Mental Health and Addiction Services
Michelle	Clark	Ohio Department of Health
Rebecca	Cline	Ohio Domestic Violence Network
Joni	Close	Sisters of Charity Foundation of Canton
Tony	Coder	Ohio Suicide Prevention Foundation
Daniel	Cohn	Mt. Sinai Health Care Foundation
Kay	Conley	Stark County Health Department
Leanne	Comyn	Office of Ohio Governor Mike DeWine
Cathy	Costello	Ohio Health Information Partnership
Kathy	Cowen	Columbus Public Health
Kirstin	Craciun	The Center for Health Affairs
Marie	Curry	Community Legal Aid
Liz	Curry	Ohio Department of Health
Kim	Cutcher	Local Initiatives Support Corporation

Advisory Committee members (cont.)

Adrienne	Damicis	Ohio Department of Health
Ashley	Davis	Ohio Department of Aging
Aly	Deangelo	Ohio Department of Education
Jolene	Defiore-Hyrmer	Ohio Department of Health
Jody	Demo-Hodgins	NAMI Ohio
Shelby	Edwards	Ohio Department of Education
David	Ellsworth	Ohio Disability and Health Program
Jaime	Erickson	Ohio Department of Health
Katie	Fallon	Ohio Housing Finance Agency
Zoe	Fawcett	Equitas Health Institute
Elizabeth	Fiordalis	Cleveland Clinic
Lisa	Followay	Adaptive Sports Program of Ohio
Shane	Ford	Ohio Department of Health
Brian	Fowler	Ohio Department of Health
Sue	Fralick	Mental Health Services for Clark and Madison Counties Inc.
Fonda	Freeman	Ohio Association of County Behavioral Health Authorities
Tonya	Fulwider	Mental Health America of Franklin County
Stephanie	Gilligan	Ohio Hospital Association
Dyane	Gogan Turner	Ohio Department of Health
Anne	Goon	Marietta and Belpre City Health Department
Amy	Gorenflo	Ohio Department of Health
Brigid	Groves	Nationwide Children's Hospital
Heidi	Gullett	Case Western Reserve University School of Medicine
Hannah	Halbert	Policy Matters Ohio
Martha	Halko	Cuyahoga County Board of Health
Cait	Harley	Ohio Department of Transportation
Amy	Headings	Mid-Ohio Foodbank
Gina	Hemenway	Mercy Health
Lisa	Henderson	Greater Dayton Area Hospital Association
Liz	Henrich	Ohio Association of County Behavioral Health Authorities
Cathy	Henthorn	Mid-East Ohio Regional Council of Government
Claudia	Herrold	Philanthropy Ohio
Chad	Hibbs	Ohio Department of Mental Health and Addiction Services
Lance	Himes	Ohio Department of Health
Richard	Hodges	Ohio University
John	Hohenwarter	Novartis, Ohio Chamber of Commerce
Carrie	Hornbeck Fox	Ohio Department of Health
Tiffany	Huber	Ohio Department of Health
Bambi	Huffman	Adena
Angela	Hughes	Ohio Department of Health
John	Humphrey	North Canton Medical Foundation
Mark	Hurst	Ohio Department of Health
Mary Kay	Irwin	Nationwide Children's Hospital

Advisory Committee members (cont.)

Lesli	Johnson	Ohio University, Voinovich School
Erika Clark	Jones	City of Columbus, CelebrateOne
Taylor	Kachmarik	Ohio Department of Health
Belinda	Kerr	Ohio Department of Health
Bernadette	Kerrigan	First Year Cleveland
Florian	Kete	Health Action Council
Sarah	Kincaid	Ohio Children's Hospital Association
Corina	Klies	Ohio Department of Health
Tiffany	Kloeppe	Ohio Department of Education
Kraig	Knudsen	Ohio Department of Mental Health and Addiction Services
Teresa	Kobelt	Ohio Center for Autism and Low Incidence (OCALI)
Bobbi	Krabill	Ohio Department of Health
Emily	Kulow	Ohio Domestic Violence Network
Keith	Lake	Ohio Chamber of Commerce
Teresa	Lampl	The Ohio Council of Behavioral Health and Family Services Providers
Alex	Lapso	Ohio Department of Aging
Thomas	Leach	U.S. Department of Housing and Urban Development
Jonathan	Lever	Better Health Partnership
Bart	Logan	Franklin County Department of Job and Family Services
Teresa	Long	Ohio State University
Karim	Lopez	CareSource
Lori	Lopez	Employers Health
Kevin	Lorson	Wright State University
Brie	Lusheck	Office of Ohio Governor Mike DeWine
Berrie	Mabins	Ohio Department of Aging
Dana	Mayer	Ohio Department of Health
Hope	Mcgonigle	Department of Developmental Disabilities
Will	Mchugh	Ohio Department of Health
Michael	Mclean	Ohio Business Roundtable
Dawn	Miller	Canton City Public Health
Anna	Miller	Ohio Department of Education
Sara	Morman	Ohio Department of Health
Mike	Moroski	Cradle Cincinnati
Marla	Morse	Oral Health Ohio
Adam	Myers	Cleveland Clinic
Kay	Nees	Columbus Public Health
Shell	Nichols	Ohio Department of Education
David	Norris	Consultant
Angie	Norton	Ohio Department of Health
Reena	Oza-Frank	Ohio Department of Health
Tasleem	Padamsee	The Ohio State University, College of Public Health

Advisory Committee members (cont.)

Joanne	Pearsol	Ohio Department of Health
Danielle	Price	University Hospitals
Tifini	Ray	Nationwide Children's Hospital
Larke	Recchie	Ohio Association of Area Agencies on Aging
Ilka	Riddle	University of Cincinnati University Center for Excellence in Developmental Disabilities/Ohio Family 2 Family
Candy	Rinehart	Ohio State University, College of Nursing
Barry	Roberts	U.S. Department of Housing and Urban Development
Rebecca	Rohrbach	Northwest Ohio Medical Services
Laura	Rooney	Ohio Department of Health
Anirudh	Ruhil	Ohio University
Jessica	Saunders	Dayton Children's Hospital
Coleen	Schwartz	Ohio Department of Health
Theresa	Seagraves	Franklin County Public Health
Marcie	Seidel	Prevention Action Alliance
Debra	Seltzer	Ohio Department of Health
Melissa	Sever	Ohio Department of Health
Michele	Shough	Ohio Department of Health
Nicole	Sillaman	Ohio Children's Trust Fund
Reina	Sims	Ohio Commission on Minority Health
Kelly	Smith	Mental Health and Addiction Advocacy Coalition
Holly	Sobotka	Ohio Department of Health
Sarah	Soule	Cincinnati Children's Hospital Medical Center
Steven	Spalding	Akron Children's Hospital
Ann	Spicer	Ohio Academy of Family Physicians
Susan	Sprigg	Interact for Health
Anna	Starr	Ohio Department of Health
Renee	Steffen	Sisters Health Foundation
Jeff	Stephens	American Cancer Society Cancer Action Network
Patricia	Sweeney	Mahoning County District Board of Health
Jonathan	Thomas	ADAMH Board of Franklin County
Kiana	Trabue	The Health Collaborative
Emily	Turner	Ohio Association of Goodwill Industries
Tina	Turner	Ohio Department of Health
Mary	Turocy	Ohio Civil Rights Commission
Dana	Vallangeon	Ohio Association of Community Health Centers
Judith	Van Ginkel	Every Child Succeeds/Help Me Grow
Andrew	Wapner	Ohio State University, College of Public Health
Britney	Ward	Hospital Council of Northwest Ohio
Krista	Wasowski	Medina County Combined General Health District
James	Watkins	Williams County Health Department
Angela	Weaver	Ohio Association of Health Plans

Advisory Committee members (cont.)

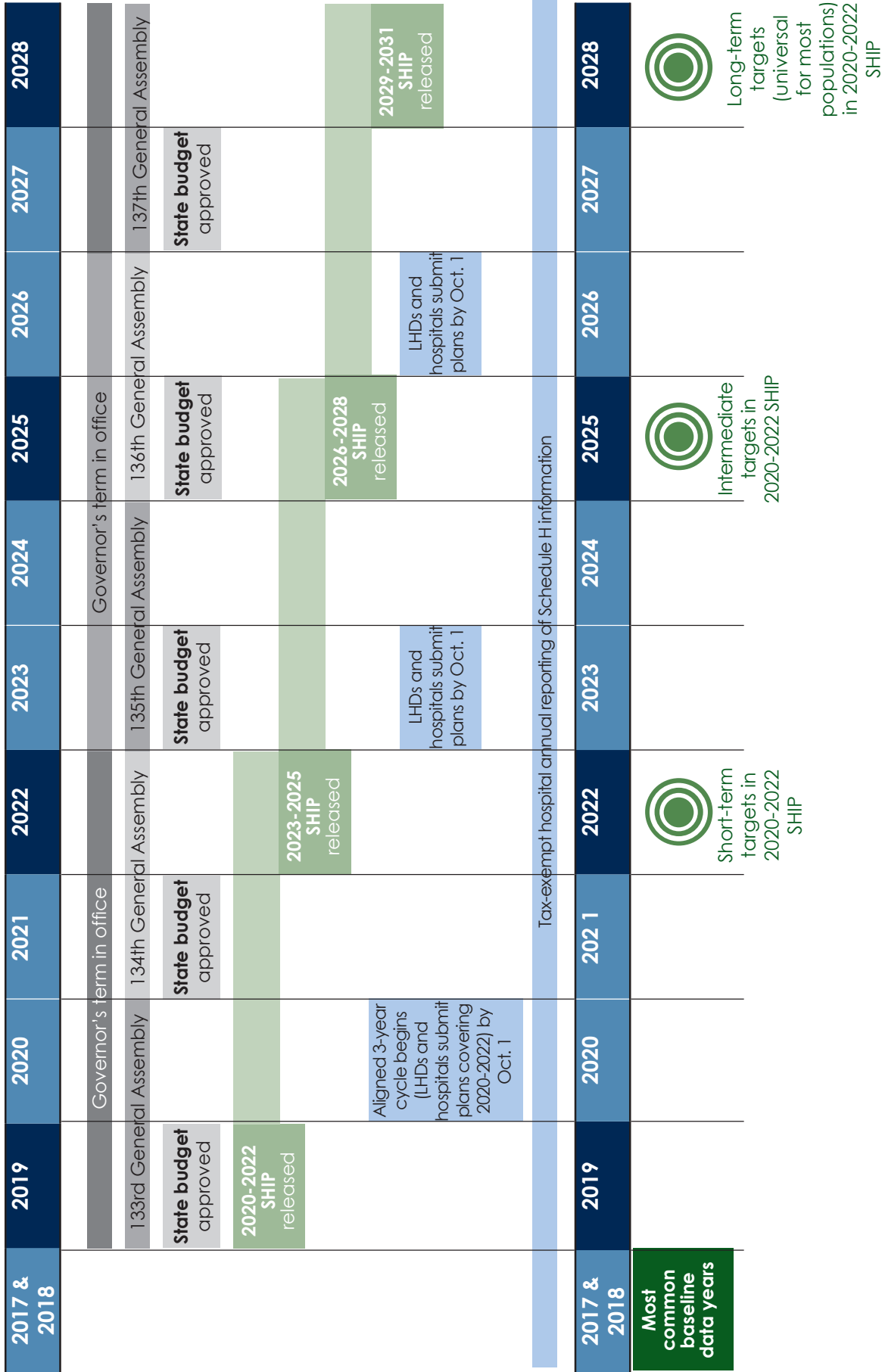
Ann	Weidenbenner	Ohio Department of Health
Lindsay	Williams	Ohio Children's Trust Fund
Chezre	Willoughby	Ohio Department of Medicaid
Scott	Wingenfeld	Ohio Department of Mental Health and Addiction Services
Gold-Marie	Wontumi	Butler County Health Department
Ted	Wymyslo	Ohio Association of Community Health Centers
Sheryl	Wynn	Greene County Public Health
Ashlee	Young	Strive Partnership
Diana	Zaato	Zanesville-Muskingum County Health Department
Amanda	Zabala	Columbus Public Health

Topic prioritization criteria

Stakeholders used the following criteria to prioritize health factor and health outcome priorities:

	Health factors	Health outcomes
Connection to SHIP health outcome priorities: Extent to which the health factor contributes to mental health and addiction, chronic disease or maternal and infant health outcomes	✓	
Ability to track progress: Measurable indicators are available to assess and report progress in a meaningful way on an annual basis at the state and local level	✓	✓
Nature of the problem: Magnitude, severity, inequities, U.S. comparison, trends [2019 SHA results]	✓	✓
Alignment: With local priorities [SHA regional forum/online survey results], MCH/MIECHV assessment, state agency plans and other initiatives	✓	✓
Potential for impact: Availability of evidence-based strategies, co-benefits, feasibility to address at state and/or local level	✓	✓
Continuity with the 2017-2019 SHIP		✓

SHIP timeline



Target-setting process

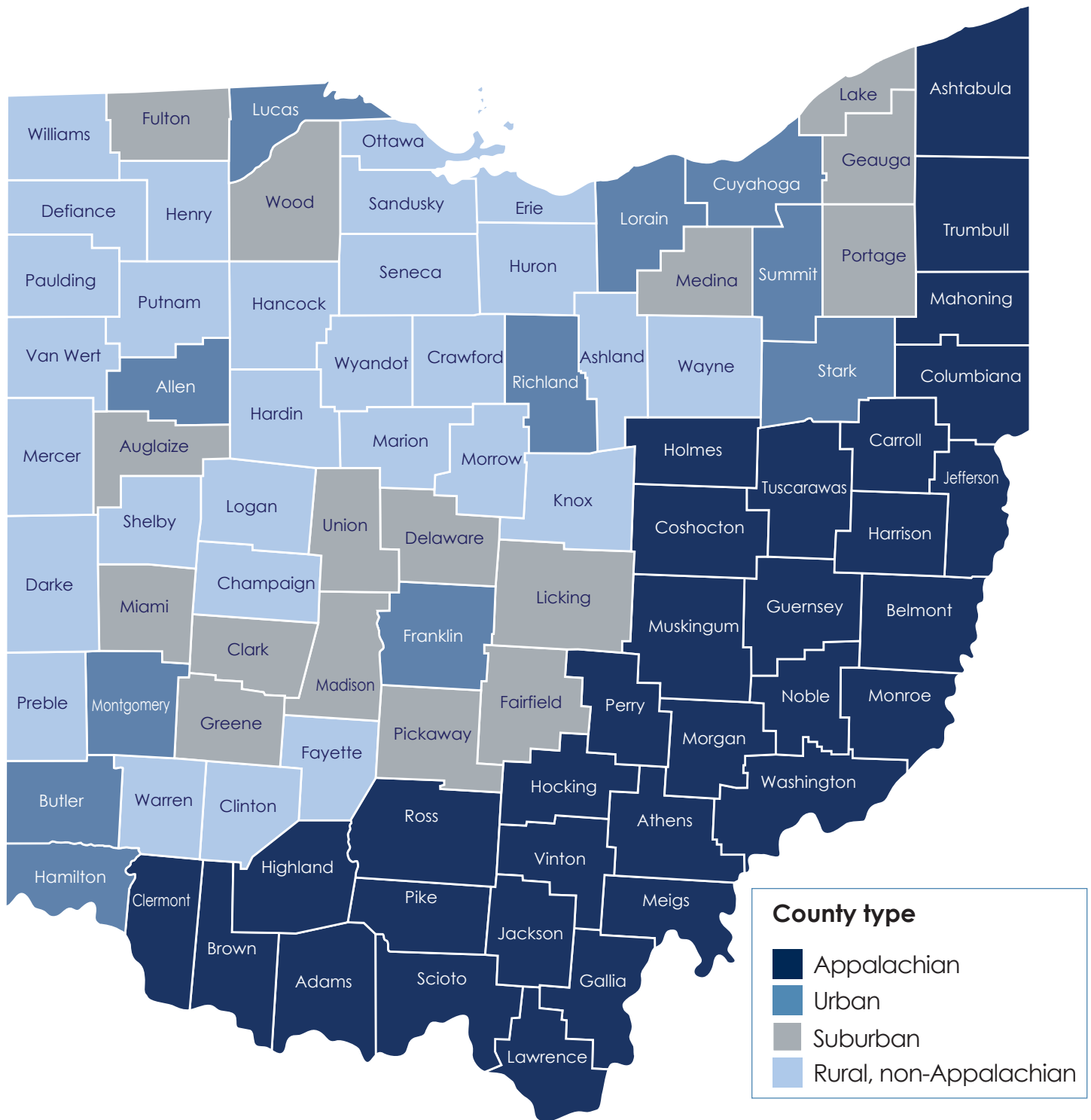
As listed in Appendix A, there is a lead agency identified for each indicator. These agencies are typically responsible for compiling or managing the relevant data. Lead agencies set the SHIP targets in partnership with other relevant agencies.

To ensure consistency, HPIO and ODH provided the following guidance to agencies for setting targets:

1. **General approach.** Strike a balance between being achievable/realistic and aspirational when setting targets. Reach for a more aspirational target when there is momentum for positive change or changes currently underway that will likely yield improvement by 2028.
2. **For indicators in the 2017-2019 SHIP** (relevant for ODH and OMHAS only): When possible, maintain the existing targets for 2019 and 2022 that were in the previous SHIP and project future targets based on rate of change used for those previous targets.¹
3. **For indicators not in the 2017-2019 SHIP:**
 - a. **Identify any existing targets.** If your agency already has a target for your indicator(s), use that target.
 - b. **Identify existing benchmarks.** If your agency does not already have a target for your indicator(s), please refer to any existing benchmarks in your sector, such as goals set by national organizations, outcomes achieved by high-performing states, etc. If relevant, set Ohio's 2028 target to align with the existing benchmark.
 - c. **Review trend data.** If available, review long-term annual trend data for your indicator(s) to get a sense of what rate of change is realistic. Then apply that rate of change with an aspirational reach to set the 2028 target.

County types

Some priority populations are identified by county type. The map below identifies Ohio counties by county type:



Source: Ohio Medicaid Assessment survey county typology

General criteria for strategies to be included in the SHIP

- Evidence of effectiveness
- Potential size of impact on SHIP outcomes, including equity
- Co-benefits (impacts multiple SHIP outcomes)
- Opportunities given current status and leadership from the Governor
- Continuity with 2017-2019 SHIP
- Focus on prevention or access
 - **Primary prevention**, including upstream activities that address SDOH
 - **Secondary prevention**, including screening and early intervention
 - **Access to care**, including innovative settings or methods (such as school-based health or telehealth)

Featured strategies

In order to provide a more concise list of strategies, two to five strategies within most sections are identified as “featured strategies.” HPIO worked with SHIP stakeholders to apply the criteria below to identify these strategies.

Required criteria: Featured strategies must have these characteristics:

- **Evidence rating:** Highly-rated by an evidence registry, indicating credible evidence of effectiveness²
- **Direct outcomes:** The strategy’s demonstrated outcomes directly match the relevant SHIP indicator³

There are two strategies that were included as “featured strategies” that did not meet these criteria:

- Outreach and advocacy to maintain Ohio Medicaid eligibility level and enrollment assistance (in the health insurance coverage section)
- Outreach and advocacy to maintain or increase enrollment in federal food assistance programs (WIC and SNAP) (in the nutrition section)

Medicaid, WIC and SNAP are large, federal entitlement programs. They are not included in the evidence registries consulted during SHIP development. These programs are, however, highly relevant to SHIP outcomes. 3.01 million Ohioans were covered by Medicaid in state fiscal year 2018 (26% of the population)⁴. Any reductions in Medicaid eligibility would likely have a negative impact on Ohio’s insured rate (i.e. SHIP indicators for the percent of adults and children who are uninsured). In federal fiscal year 2018, 208,955 Ohioans participated in WIC⁵, and 1,379,247 Ohioans received SNAP as of June 2019⁶, making these major sources of funding for food, including access to fruits and vegetables (i.e. SHIP indicators for youth fruit and vegetable consumption).

Given the scope and scale of these federal programs, reductions in participation could adversely affect performance on SHIP objectives. Outreach and advocacy related to these programs are therefore included as “featured strategies” in the health insurance coverage and nutrition sections.

Additional considerations. For some topics, there were a large number of strategies that met the above criteria. In these cases, the following considerations were used to narrow down the list of featured strategies:

- Strategy is likely to reduce disparities⁷ (Note that this information is somewhat limited. Many strategies could potentially reduce disparities or inequities if well-implemented and targeted and tailored to the communities most in need.)
- Continuity with 2017-2019 SHIP
- Recommended by CDC’s **Hi-5** and/or **6/18** initiatives
- Alignment with existing plans, programs or initiatives
- Strongest evidence rating⁸
- Co-benefits: Impacts multiple SHIP outcomes
- Opportunities given current status (highly relevant to Ohio policy landscape and specific unmet needs)
- Political feasibility and approval by the Governor’s office
- Logistical feasibility and cost
- Return on investment or cost-effectiveness
- Potential magnitude of impact

Strategy evidence sources

HPIO consulted the following evidence sources as of August 2019 to develop evidence inventories for SHIP outcomes:

Systematic review or evidence registry	Recommendation level(s)
Comprehensive review	
The Guide to Community Preventive Services (Community Guide): Systematic reviews from the U.S. Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> • Recommended (strong evidence) • Recommended (sufficient evidence)
What Works for Health (WWFH): Evidence registry from County Health Rankings and Roadmaps, a project of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation	<ul style="list-style-type: none"> • Scientifically supported • Some evidence
U.S. Preventive Services Task Force Recommendations (USPSTF): Systematic reviews from the Agency for Healthcare Research and Quality	<ul style="list-style-type: none"> • Grade A (recommended; high certainty of benefit) • Grade B (recommended; moderate certainty of benefit)
6/18 (Accelerating Evidence into Action): CDC recommendations for traditional and innovative clinical interventions proven to improve health outcomes and control healthcare costs	<ul style="list-style-type: none"> • Recommended
Hi-5 (Health Impact in Five Years): CDC recommendations for non-clinical interventions that have evidence reporting: 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or earlier	<ul style="list-style-type: none"> • Recommended
Topic-specific sources consulted as needed	
What Works Clearinghouse (WWC): U.S. Department of Education	<ul style="list-style-type: none"> • Positive • Potentially positive
Social Programs that Work: Arnold Ventures	<ul style="list-style-type: none"> • Top Tier • Near Top Tier
Washington State Institute for Public Policy (WSIPP): Benefit-cost analyses	<ul style="list-style-type: none"> • Positive benefits minus costs
Agency for Healthcare Research and Quality (AHRQ): Evidence registry maintained by the U.S. Department of Health & Human Services	<ul style="list-style-type: none"> • Strong • Moderate
California Evidence-Based Clearinghouse for Child Welfare: Searchable database of child welfare programs and practices from California Department of Social Services with ratings of strength of research evidence	<ul style="list-style-type: none"> • NA

Notes

1. Healthy People 2020 targets were used to guide 2017-2019 SHIP targets when available. Several SHIP indicators are not included in HP 2020. HP 2030 targets will not be available in time to include in the SHIP.
2. Rated as "scientifically supported" or "some evidence" in What Works for Health, or recommended or highly-rated by other rigorous source (such as Community Guide, USPSTF or Social Programs that Work)
3. In WWFH, the "expected beneficial outcome(s)" directly matches the relevant SHIP indicator
4. Ohio Medicaid Basics, Health Policy Institute of Ohio, April 2019.
5. WIC program: Total participation, U.S. Department of Agriculture, accessed 9/25/19: <https://fns-prod.azureedge.net/sites/default/files/resource-files/26wifypart-9.pdf>
6. SNAP program: Total number of persons participating, U.S. Department of Agriculture, accessed 9/25/19: <https://fns-prod.azureedge.net/sites/default/files/resource-files/29SNAPcurrPP-9.pdf>
7. Rated "likely to decrease disparities" in WWFH or identified as an "equity strategy" in CG
8. Rated scientifically supported by WWFH (highest rating only)

Alignment with national priorities

Health impact in five years (Hi-5), U.S. Centers for Disease Control and Prevention (CDC)

SHIP strategies include the following Hi-5 interventions:

- Early childhood education
- Home improvement loans and grants
- Tobacco control interventions
- School-based programs to increase physical activity
- Safe routes to school
- Multi-component worksite obesity prevention

6/18 initiative: Accelerating evidence into action, CDC

SHIP strategies include the following 6/18 interventions:

- Prevent type 2 diabetes
- Control asthma
- Reduce tobacco use

Healthy People 2020, U.S. Department of Health and Human Services

SHIP indicators align with the following Healthy People 2020 indicators:

- MHMD-4.1 (major depressive episode, adolescent)
- MHMD-4.2 (major depressive episode, adult)
- SA-13.2 (youth marijuana use)
- SA-12 (overdose deaths)
- HDS-5.1 (hypertension)
- EH-8.1 (lead poisoning)
- MICH-9.1 (preterm birth)
- MICH-1.3 (infant mortality)
- SDOH-3.2 (child poverty)
- TU-1.1 (adult smoking)
- TU-2.1 (youth tobacco/nicotine use)
- PA-1 (adult physical activity)

County Health Rankings and Roadmaps (CHRR), University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation

HPIO drew upon several components of CHRR during the SHIP development process:

- The SHIP framework (see figure 1.2 in main SHIP document) is similar to the CHRR model, including “health factors” in blue and “health outcomes” in green.
- Indicators included in CHRR were prioritized during the indicator selection process. CHRR provides useful access to county-level data on several SHIP indicators (see Appendix A).
- HPIO comprehensively searched CHRR’s What Works for Health evidence registry for strategies to include in the SHIP.

Alignment with PHAB standards and measures

The SHIP was developed through a collaborative process that meets all Public Health Accreditation (PHAB) accreditation standards, including:

A process to develop a state health improvement plan (5.2.1S)

- a. Broad participation from community partners (see Part 1 and Appendix C)
- b. Consideration of data and information from the SHA used to inform identification of priorities (see Part 1 and Appendix C)
- c. Stakeholder identification of issues and themes discussed during the prioritization process with the Advisory Committee and Work Teams (see Part 1 and Appendix C)
- d. Identification of assets and resources (see Appendix F)
- e. Use of a deliberative process to set priorities (see Appendix C)

State health improvement plan adopted as a result of the health improvement planning process (5.2.2S)

- a. Development of measurable objectives and set of priorities (see Parts 1-8)
- b. Identification of evidence-informed strategies, including several policy changes (see Parts 3-8)
- c. Identification of the types of organizations and sectors that will take responsibility for implementing SHIP strategies (see Part 1)
- d. Consideration of national priorities (see Appendix D)

In addition, the SHIP identifies a process to track progress on SHIP objectives and implementation (see Part 9).

State and local asset inventory

The following outward-facing plan documents include state and local priorities, goals, objectives, performance metrics and/or strategies. SHIP planners considered and built upon these existing assets, focusing on the state agencies participating in the SHA/SHIP Steering Committee and their local partners.

Agency	State-level plans	Local-level plans
Ohio Department of Health	<ul style="list-style-type: none"> • 2017-2019 State Health Improvement Plan • Maternal and Child Health assessment and plan • Maternal, Infant and Early Childhood Home Visiting assessment and plan • Ohio Diabetes Action Plan 	<ul style="list-style-type: none"> • Population Health Local Plans and Assessments • Improving Population Health Planning in Ohio: Guidance for Aligning State and Local Efforts
Ohio Commission on Minority Health	Strategic Plan: 2016-2020	Local Offices on Minority Health, Local Conversation Reports
Ohio Department of Aging	State Plan on Aging	Local Area Agencies on Aging are required to submit plans to the Ohio Department of Aging. Recent plans are not currently posted.
Ohio Department of Developmental Disabilities	<ul style="list-style-type: none"> • Employment First Strategic Plan • State Systemic Improvement Plan 	<ul style="list-style-type: none"> • County Board Three-Year Calendar Plan • County Board- Seven Essential Elements of a Person-Centered Plan
Ohio Department of Education	Each Child Our Future, Ohio Strategic Plan for Education 2019-2024	Local Equity Access Planning (LEAP)
Ohio Department of Higher Education	Ohio Attainment Goal 2025: 2018 Annual Report	NA
Ohio Department of Job and Family Services	State of Ohio Child and Family Services Plan 2015-2019	Regional and Local Plans describe the delivery of Workforce Innovation and Opportunity Act (WIOA) services in each locality in the state
Ohio Department of Medicaid	Medicaid State Plan	NA

Note: Bold blue font indicates clickable hyperlink.

Agency	State-level plans	Local-level plans
Ohio Department of Mental Health and Addiction Services (OMHAS)	NA	ADAMH boards are required to submit a Community Plan to OMHAS every two years. Plan template includes priorities, strategies and measurement. Recent plans are not currently posted.
Ohio Department of Transportation	2018-2021 STIP: The Statewide Transportation Improvement Program (STIP)	NA
Ohio Department of Veterans' Services	NA	NA
Ohio Family and Children First	<ul style="list-style-type: none"> • FCFC Shared Plan Model (HB 289) • Family and Children First Council (FCFC) HB 289 Shared Plan Guidance 	County FCFC Shared Plans (HB 289)
Ohio Housing Finance Agency	<ul style="list-style-type: none"> • 2018 Annual Report • 2019 Annual Plan • Housing Needs Assessment Executive Summary 	NA
RecoveryOhio	RecoveryOhio Advisory Council Initial Report, March 2019	NA