

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF HEALTH
IMPROVEMENT AND WELLNESS

HEALTH SYSTEMS COMPREHENSIVE CARE – Tier I HZ24
SOLICITATION YEAR FOR FISCAL YEARS 2024 and 2025 (01/01/24 –
06/30/2025)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

100% Deliverable Funding

Revised 9/20/2021

For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

A bidders’ conference for interested applicants will be held on September 12, 2024, from 1:00 PM to 2:30 PM and can be accessed through MS Teams at the following URL:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDkyNGE4YjktZmVhYy00Mzg5LTNmNmUtMDEwYzNjMTdjYjI2%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%22162d89e1-3f7b-48d7-897f-157f9df3c1f6%22%7d

If you prefer to join by phone:

Phone: 1- 614-721-2972

Conference ID: 173 964 383#

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, 09/01/2023 so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency headlisted in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: Health Systems Comprehensive Care Tier I

C. Purpose: The purpose of this program is to support the development and implementation of comprehensive systems of care within health systems for patients with substance use disorders (SUD). Awardees will be tasked with building and implementing health system-wide clinical capacity to screen and link individuals with SUD to trauma-informed, longitudinal care.

D. Qualified Applicants: All applicants must be a local public, non-profit agency, or health system, with ability to engage setting(s) within a given health system to implement modifications to standards of care, that encompass best practices and quality comprehensive services for patients with SUD. *Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).*

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Tuesday, October 3, 2023.**

E. Service Area: Service area is defined as health system/emergency departments (ED(s)) and statewide reach is not a requirement for this funding. The Ohio Department of Health Violence and Injury Prevention Section (ODH VIPs) has provided a set of indicators in Appendix H outlining overdose rates by county. Selected ED sites should be housed in high burden areas.

F. Number of Grants and Funds Available: This project is being funded by the Ohio General Revenue Fund. Up to five health systems may be awarded for a total amount of \$2,000,000. Eligible agencies may apply for up to \$400,000 in total (\$200,000 for the budget year of 1/1/2024 – 06/30/2024 and up to \$200,000 for the budget year of 07/01/2024 – 06/30/2025).

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. Due Date:** All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4:00 p.m. by October 3, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Temple Ellis at temple.ellis@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in *Ohio Revised Code sections 3701.04(A)(4) and 3701.14*.
- I. Goals:** The purpose of this award is to reduce overdose morbidity and mortality for Ohioans through the implementation of evidence-informed systems of care for SUD. The goal is to expand health system-wide clinical capacity to screen and support linkage to longitudinal care and recovery for people who use drugs. Specifically, it seeks to expand opportunities in ED settings to initiate and link patients to evidence-based care. The end result should include modifications to the standards of care within EDs to implement SUD screening and “linkages to care” protocols for SUD.
- J. Program Period and Budget Period:** The entire Health Systems Comprehensive Care - Tier I project period spans from January 1, 2024 to June 30, 2025. The program period for the first year will begin on January 1, 2024, and end on June 30, 2024. That budget period will be from January 1, 2024, through June 30, 2024. The program period for the continuation year will begin on July 1, 2024, and end on June 30, 2025. That budget period will be from July 1, 2024, and end on June 30, 2025.
- K. Public Health Accreditation Board (PHAB) Standard(s):** This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.

PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.
1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public’s Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations,

and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support —Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>. Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programing can most benefit specific communities. <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused](#). Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity

are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resource like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**.

Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

- M. Human Trafficking:** ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:
- a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 - 1. Populations at increased risk
 - 2. Mental health population
 - 3. Homeless population
 - b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

[☒ Applicable ☐ Not Applicable to (Health System Comprehensive Care)]

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Temple Ellis at Temple.Ellis@odh.ohio.gov.
- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date of Tuesday, October 3, 2023 4:00 PM.
- Faxed and mailed attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.** Early submission of applications is highly encouraged.
- R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of the Ohio Department of Health, or his designee, shall be sent to the unsuccessful applicant.
- T. Review Criteria:** All proposals will be judged on the quality, clarity, and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T-I.E¹) objective, activities, milestones, and outcomes with respect to timelines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;

¹SMART-IE goals include additional components of inclusivity and equity. Goals must be specific, measurable, action-oriented, realistic, timed and tracked, inclusive, and equitable. You may find an example from the CDC at <https://www.cdc.gov/cancer/nbccedp/pdf/smartie-objectives-508.pdf>.

6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation Programs. Additional specific review criteria are included in Appendix D.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.
- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant.

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. Program may require additional reporting through the Ohio Department of Health REDCap system. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☒ X Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
January 1, 2024 – March 31, 2024	April 15, 2024
April 1, 2024 – June 30, 2024	July 15, 2024
July 1, 2024 – August 31, 2024	September 15, 2024
September 1, 2024 – November 30, 2024	December 15, 2024
December 1, 2024 – February 28, 2025	March 15, 2025
March 1, 2025 – May 31, 2025	June 15, 2025
June 1, 2025 – June 30, 2025	July 15, 2025

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports must be completed and submitted via GMIS by the following dates:

Period	Report Due Date
January 1 – 31, 2024	February 10, 2024
February 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	August 10, 2024
August 1 – 31, 2024	September 10, 2024
September 1 – 30, 2024	October 10, 2024
October 1 – 31, 2024	November 10, 2024
November 1 – 30, 2024	December 10, 2024
December 1 – 31, 2024	January 10, 2025

January 1 – 31, 2025	February 10, 2025
February 1 – 28, 2025	March 10, 2025
March 1 – 31, 2025	April 10, 2025
April 1 – 30, 2025	May 10, 2025
May 1 – 31, 2025	June 10, 2025
June 1 – 30, 2025	July 10, 2025

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
January 1, 2024 – March 31, 2024	April 10, 2024
April 1, 2024 – June 30, 2024	July 10, 2024
July 1, 2024 – August 31, 2024	September 10, 2024
September 1, 2024 – November 30, 2024	December 10, 2024
December 1, 2024 – February 28, 2025	March 10, 2025
March 1, 2025 – May 31, 2025	June 10, 2025
June 1, 2025 – June 30, 2025	July 10, 2025

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- 1. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before October 5, 2025.**

The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Y. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;

7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Purchases of the following: Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, furniture, or equipment;
17. HIV/HCV/other STD/STI testing;
18. Drug disposal, including implementation or expansion of drug disposal programs or drug take back programs, drug drop box, drug disposal bags;
19. The provision of medical/clinical care;
20. Research
21. Development of educational materials on safe injection;
22. The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity; and
23. Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.
24. All costs related to out-of-state travel, unless prior approved by ODH
25. Training longer than one week in duration, unless prior approved by ODH
26. Contracts, for compensation, with advisory board members
27. Incentives to employees
28. Any goods or services for personal use regardless of if reported as taxable income to employee
29. Grant-related equipment costs greater than \$1,000, unless justified and approved by ODH

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

AA. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages.
- Program Narratives should not exceed [20] pages (excludes appendices, attachments, budget, and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead **(Existing agency with tax identification number, name and/or address change(s))**.
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program

One copy of the following document(s) must be submitted to the Federal Audit Clearinghouse at <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**).

Ohio Department of Health Grants
Services Unit
Central Master Files, 4th Floor 35
E. Chestnut Street Columbus,
Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

A. Application Information: Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

B. Budget: Prior to completion of the budget section, please review page 12-13 of the Solicitation for unallowable costs. *[Insert one of the following two statements as appropriate:]*

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

1. Primary Reason and Justification Pages: Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

2. Other Direct Costs: Submit a budget with this section and the necessary form(s) to support costs for the periods [01/01/2024 to 06/30/2024 and 07/01/2024 to 06/30/2025].

The applicant shall retain all original fully executed contracts on file.

3. Compliance Section: Answer each question on this form in GMIS as accurately as possible. ***Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.***

C. Assurances Certification: Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

1. Executive Summary: Identify the target population, services, and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address.

2. Description of Applicant Agency/Documentation of Eligibility/[Personnel]:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and

Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.>
- ADA Standards for Effective Communication: <https://www.ada.gov/effective-comm.htm>

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. **Problem/[Need]:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by the funding opportunity.

Describe how this project will both inform and improve health equity for the impacted populations including: stigma and the impact on all people who use drugs; rural and urban service inequity; increased risk of mortality for opioid naïve drug users given Ohio's fentanyl-adulterated drug supply; and continued increases in mortality and resulting impacts of opioid overdose among African American males.

Include a description of other agencies/organizations, in your area, also addressing this problem/need.

Methodology: In narrative form, identify the program goals, **SMART-IE**¹ process, impact, or outcome objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

- F. **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and

submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word, or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before Tuesday, October 3, 2023.**

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Training, User Access, Access Change or Deactivation
- C. C1 Deliverable – Objective Descriptions (if applicable)
C2 Deliverable – Objective Allocations (if applicable)
- D. Application Review Form
- E. Guidance and Expectations
- F. Application Instructions
- G. Work Plan Template
- H. Overdose Rate per County
- I. Overdose Report per Race/Ethnicity
- J. ED Visits for Suspected Overdose by County
- K. Budget Template
- L. Implementation Form – Care Coordination
- M. Implementation Form – Screening
- N. Sample Program Reporting

NOTICE OF INTENT TO APPLY FOR FUNDING**Submission Required**

See due date below.

New Applicants must submit the
GMIS Access form with the Notice of
Intent to Apply for Funding Form

**Reimbursement
Type**

Select one of the
options below:

- ☐ Monthly
OR
☐ Quarterly

Ohio Department of Health Office of
Bureau of Health Improvement and
Wellness -

Drug Overdose Prevention
Health Systems Comprehensive Care Tier I HZ24

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO temple.ellis@odh.ohio.gov by Friday, September 1, 2023.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Maria Kapenda, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan and Email: maria.kapenda@odh.ohio.gov

Name of Subgrant Program: Health Systems Comprehensive Care Tier I

Year 1 Budget Period: 01/01/2024 – 06/30/2024

Year 2 Budget Period: 07/01/2024 – 06/30/2025

of Deliverables: 3

Use Budget Justification Scenario #: 3

 X Deliverables Only

TIER 1

Tier 1 Applicant Requirements:

Applicants must be a local public, non-profit agency, or health system with the capacity to modify standards of care within health system settings to implement protocols related to screening, evidence-based practices, and care coordination for SUD. Applicants who demonstrate an ability to implement medication initiation protocols and naloxone distribution in subsequent years will receive preference. Preference will also be given to applicants with the ability to expand to additional ED sites in subsequent years. Applicants who have received Emergency Comprehensive Care funding in previous years are ineligible for this funding.

Supporting health systems in establishing comprehensive care for SUD within their emergency department(s) is the goal of this funding. All objectives under each chosen deliverable must be completed.

A signed formal agreement with the health system leadership of each ED site selected is required. Signed agreements must include a statement of commitment to sustainability and assignment of responsibility.

Deliverable 1 – Care Coordination

In conjunction with ODH VIPS, subrecipient will implement care coordination protocols at an ED site(s). Care coordination protocols must include:

- The use of a linkage navigator that will:
 - Provide support and empowerment to identified patients.
 - Link identified patients to ongoing treatment and ancillary services.
 - Follow-up with missed patients post-discharge to assist with linkage needs.
 - Maintain contact with engaged patients for at least six weeks post-discharge when possible.
- Plans to ensure linkage to longitudinal, trauma-informed care.
- Plans to ensure effective coordination of care for common health conditions caused by substance use (e.g.,

skin/soft tissue infections).

- Any additional interventions that address barriers to care for members of populations who have historically and/or disproportionately experienced disparities to evidence-based care for SUDs.

Objective 1A: By 03/31/2024, subrecipient will submit draft protocol(s) and workflow(s) for care coordination. Submitted documentation must include implementation plans and all interventions required to facilitate successful, sustainable integration.

Objective 1B: By 05/31/2024, subrecipient will submit finalized protocol(s) for care coordination. Submitted documentation must include implementation plans and all interventions required to facilitate successful, sustainable integration.

Objective 1C: By 05/31/2025, subrecipient will provide documentation that support the implementation and adoption of care coordination protocol(s).

Deliverable 2 – Universal Screening

In conjunction with ODH VIPS, subrecipient will implement universal screening and diagnosing protocols at an ED site(s).

- Screening protocols must be universal to increase opportunities to engage with, and provide care coordination to, patients presenting in the ED for other reasons. Screening should identify members of populations who are disproportionately affected by overdose and/or historically underserved by prevention and treatment programs that offer evidence-based care for SUDs.


Objective 2A: By 03/31/2024, subrecipient will submit draft protocol(s) and workflow(s) for universal screening. Submitted documentation must also include implementation plans and other supports needed to facilitate successful, sustainable integration.

Objective 2B: By 05/31/2024, subrecipient will submit finalized protocol(s) for universal screening. Submitted documentation must also include implementation plans and other supports needed to facilitate successful, sustainable integration.

Objective 2C: By 05/31/2025, subrecipient will provide documentation that supports the implementation and adoption for universal screening protocol(s).

Deliverable 3 – Clinical Enhancement of SUD Components of Care

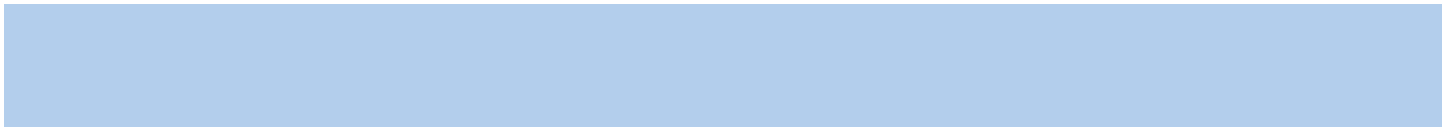
In conjunction with ODH VIPS, subrecipient's clinical team will assess and enhance their system-wide clinical capacity to screen, diagnose and support (or connect to) longitudinal care for SUD by completing the SUD components of care training developed by the Health Care (HC) Clinician Training and Education workgroup, and the training's pre and posttests.



Objective 3A: By 03/31/2025, subrecipient's clinical team will assess their system-wide clinical capacity to screen, diagnose and support longitudinal care for SUD by completing the SUD Components of Care training's pretest.

Objective 3B: By 03/31/2025, subrecipient's clinical team will enhance their system-wide clinical capacity to screen, diagnose and support longitudinal care for SUD by completing the SUD Components of Care training developed by the HC Clinician Training and Education workgroup.

Objective 3C: By 03/31/2025, subrecipient's clinical team will reassess their system-wide clinical capacity to screen, diagnose and support longitudinal care for SUD by completing SUD Components of Care training's posttest.



Appendix C2

Deliverable Objectives Allocation

Appendix C2		
Name of Subgrant Program: Health Systems Comprehensive Care Tier I		
# of Deliverables: 3		
Use Budget Justification Scenario #: 3		
<u> X </u> Deliverables Only		
Budget Period: 01/01/2024 - 06/30/2024		
Deliverable 1 – Objective A - Care Coordination	Required	Provided by Applicant
Deliverable 1 – Objective B - Care Coordination	Required	Provided by Applicant
Deliverable 2 – Objective A - Universal Screening	Required	Provided by Applicant
Deliverable 2 – Objective B - Universal Screening	Required	Provided by Applicant
Total		\$200,000
Budget Period: 07/01/2024 – 06/30/2025		
Deliverable 1 – Objective C - Care Coordination	Required	Provided by Applicant
Deliverable 2 – Objective C - Universal Screening	Required	Provided by Applicant
Deliverable 3 – Objective A - Clinical Enhancement of SUD Components of Care	Required	Provided by Applicant
Deliverable 3 – Objective B - Clinical Enhancement of SUD Components of Care	Required	Provided by Applicant
Deliverable 3 – Objective C - Clinical Enhancement of SUD Components of Care	Required	Provided by Applicant
Total		\$200,000

Application Review Form / Scoresheet

Executive Summary	Maximum Score	Reviewer Score	Notes
Includes specific health system ED site(s) for interventions	5		
Includes expansion supporting strategies for each health system ED site(s)	5		
Identifies any current efforts of the organization	5		
Subtotal	15		

Program Narrative	Maximum Score	Reviewer Score	Notes
Describes experience with ED comprehensive care work	5		
Describes organization's current work with health systems	5		
Identifies how this funding would significantly expand on current initiatives	5		
Provides details on other similar funded project work and any additional complementary funding and how such funding would be braided to	10		
Describes staff for each component of the project	10		
Describes existing relationships with health system to facilitate interest/uptake of project	10		
Identifies training of employees and agency approach to ensuring cultural competency and stigma reduction among employees and sub-contractors	5		
Identifies sub-contracts that will be utilized and purpose of the sub-contract	5		
Describes agency approach to ensuring health inequities are identified and addressed throughout the project	5		
Position Descriptions/Resumes/ CVs included and are of high quality	10		

Subtotal	70		
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Problem/Need	Maximum Score	Reviewer Score	Notes
Clearly defines the problem(s)/need(s)	5		
Clearly indicates how chosen strategies will address identified problem(s)/need(s)	5		
Elaborates on how health disparities in target populations and subpopulations will be addressed through targeted strategies	5		
Subtotal	15		

Methodology	Maximum Score	Reviewer Score	Notes
Clearly identifies a health system/ED site(s) to participate in the project	5		
Selected health system/ED site(s) is located in a high-burdened area	5		
Includes letters of support from all identified health systems/ED site(s)	5		
Applicant addresses <u>all</u> proposed deliverables completely	10		
Describes ability to complete additional requirements for the following continuation year	10		
Fully addresses applicant ability to manage project across multiple partners and years	10		
Subtotal	45		

Work Plan	Maximum Score	Reviewer Score	Notes
Includes all components from the template provided	5		
Includes all activities and deliverables outlined in the narrative	5		
Applicant provides complete implementation steps that offer additional insight into how the work will be completed	5		
Subtotal	15		

Budget Justification	Maximum Score	Reviewer Score	Notes
Budget clearly expands on any other previously issued funds for an ED comprehensive care project	5		
Budget clearly indicates programmatic costs associated with chosen deliverables	10		
Budget is reasonable and doesn't extensively support existing efforts	10		
Subtotal	25		

Public Health Impact Statement	Maximum Score	Reviewer Score	Notes
Provides quality thoughtful Public Health Impact Statement following guidance on page 5 of the RFP	5		
Subtotal	5		

Letters of Support	Maximum Score	Reviewer Score	Notes
Provides quality appropriate letters of support from LHDs and any partnering agencies.	5		
Subtotal	5		

Summary Scores

	Maximum Score	Reviewer Score
Executive Summary	15	
Program Narrative	70	
Problem/Need	15	
Methodology	45	
Work Plan	15	
Budget Justification	25	
Public Health Impact Statement	5	
Letters of Support	5	
Total	195	

Guidance and Expectations

Tier I Guidance

Overview and Background

The goal of this award is to further build and implement health system-wide clinical capacity to screen, diagnose, and coordinate longitudinal care for SUD and support recovery. Recipients of this award will enhance Ohio's response to the overdose epidemic by implementing comprehensive systems of care for SUD within emergency departments.

This award continues the work that ODH VIPS initiated in 2018. At that time, ODH utilized the Centers for Disease Control and Prevention, Opioid Overdose Crisis Cooperative Agreement funding to invest in a pilot project that developed and implemented comprehensive systems of care for SUD within ED settings. Upon completion of the first year, ODH VIPS further expanded the project by awarding funding to three additional health systems to develop and implement comprehensive systems of care for SUD within their ED sites. As a result, this project has implemented comprehensive systems of care in thirty-eight ED sites across six health systems. These six health systems have formed a HC Clinician Training and Education workgroup, which consists of a group of physician champions with subject-matter expertise in implementing SUD programming within EDs. This group will be available to assist recipients of this award.

For the purpose of this award, a comprehensive system of care for SUD includes:

- Enhanced universal screening for SUD.
- Linkages to longitudinal, trauma-informed care.
- Coordination of care for common health conditions caused by substance use (e.g., skin/soft tissue infections).

The interventions created must address barriers to care for members of populations who have historically and/or disproportionately experienced disparities to evidence-based care for SUDs. The end result should include modified standards of care within health system settings to implement protocols related to screening and care coordination for SUD. Applicants with the capacity to distribute naloxone and implement evidence-based practices related to medications initiation in subsequent years are preferred. In addition, preference will also be given to applicants who communicate the ability to expand to additional ED sites in subsequent years. Previous recipients of the Emergency Department Comprehensive Care grant are excluded from this award opportunity.

Funding

This project is being funded by the Ohio General Revenue Fund. The total funding for this award is \$2,000,000 with an authorization of \$1,000,000 each project period. Eligible agencies may apply for up to \$200,000 for the budget period of 1/1/2024– 6/30/2024 and \$200,000 for the budget period of 7/1/2024 – 6/30/2025. Subrecipients may set the individual amount for each deliverable. Awards will be based on the availability of funds and responses to the solicitation. Due to funding cycles, half of the award amount (\$200,000) must be spent between the time frame of 1/1/2024 – 06/30/2024.

Program Implementation

Deliverable Activities

Program implementation deliverables require the installation of screening and coordination and linkage to care strategies within emergency department settings. For the setting chosen, all corresponding deliverables and objectives must be completed, with indicated funding. Proposed deliverable activities should not be duplicative of activities your health system

already implements. If similar activities are already being implemented, the applicant should differentiate between existing activities and fully explain how proposed activities will be additive and not duplicative.

Signed Formal Agreement

Successful implementation of a comprehensive system of care for SUD within a health system requires significant modifications to existing standards of care practices. Due to this, a formal agreement with the health system leadership of each implementation site is required to ensure site leadership understands and is in accord with implementing required changes. The formal agreement must include a statement of commitment to sustainability and assignment of responsibilities.

Proof of Hire

Successful completion of deliverables requires the procurement of a linkage navigator. Navigators can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, and persons with lived experience, and other individuals who link PWUD to care and harm reduction resources. Provision of proof of hire documentation in the form of a verification letter from human resources is required.

Proof of Implementation

Completion of Objectives 1C and 2C requires the submission of Appendices L and M.

Clinical Training

This award seeks to educate Ohio clinicians on best practices for screening, diagnosis, and linkage to care and retention in care for SUD. Subrecipients of this award are required to attend the SUD Components of Care training created by the HC Clinician Training and Education workgroup and complete pre- and post-training surveys to measure the training's impact.

Site Visit Requirement

Funded applicants are required to participate in a site visit on a timeframe to be determined by the ODH Violence and Injury Prevention Section.

Program Reporting Requirement

Program Reports: Program Reports must be completed and submitted via GMIS by the following dates. Program may require additional reporting through the Ohio Department of Health REDCap system. Program reports that do not include required attachments will not be approved. All program report attachments must clearly identify the authorized program name and grant number.

OPN Participation Requirement

Active participation in the Ohio Overdose Prevention Network (Ohio OPN) is a required activity for subrecipients of this solicitation. Ohio OPN is a subgroup of the Ohio Injury Prevention Partnership (OIPP). It was created to focus specifically on the epidemic of drug overdose deaths. Ohio OPN has four subcommittees: Leadership and State Alignment, Data and Surveillance, Harm Reduction, and Linkages to Care. The Linkages to Care Subcommittee will be continuing its health systems/clinician support activities and subrecipients of this award will become a member of this subcommittee. Member responsibilities consist of active participation in subcommittee meetings.



Program and REDCap Reporting Requirement

Subrecipients will submit both narrative and quantitative program reports to ODH each quarter (see page 10 for program report due dates). This applies to all the sites in the approved work plan. Narrative reports will consist of a summary of progress made towards deliverables. Quantitative reports will consist of metrics listed in Appendix N . ODH VIPS understands that implementing quantitative data collection protocols can be a lengthy process. Subrecipients will be permitted to submit metrics in stages.

Quantitative data submission expectation:

25% of metrics reporting by 04/30/2024.

50% of metrics reporting by 09/30/2024.

75% of metrics reporting by 03/31/2025.

100% of metrics reporting by 06/30/2025.

Application Instructions

Only one application per agency will be reviewed. To form the application to ODH, respond to the prompts by fully addressing the statements or questions within each section below. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions.

Please Note: Proposed strategies should not be duplicative of activities already funded through ODH VIPS. If similar activities or activities within the same health system/ED site are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

Required in GMIS

- Application Information
- Project Narrative
 - *See additional guidance below on what should be uploaded to this section
- Project Contacts
- Budget
- W-9
- Civil Rights Review Questionnaire
- Assurances Certification
- FFATA - Federal Funding Accountability and Transparency Act reporting form
- Health Equity Module - *Please note there is not submit button, so this will appear as “Not Submitted” that is alright so long as you’ve filled out the content of this section.*

Required by Program to be upload in the Project Narrative section of GMIS

**Please note that the below should be uploaded as .pdf documents each as its own file upload.*

- Executive Summary (maximum 1 page) named “Agency Name_ Executive Summary_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Project Narrative (20-page max), – named “Agency Name_ Program Narrative_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf and which includes:
 - Description of Applicant Agency/Documentation of Eligibility
 - Problem/Need
 - Methodology
- Work Plan (Appendix G): no page limit - named “Agency Name_ Workplan_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Budget Justification (Appendix K for deliverables format): no page limit – named “Agency name_ Budget Justification_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf
 - For all deliverables - *The subrecipient should identify all personnel that will have responsibilities related to program operations. Though this is a deliverable-only grant. Clear understanding of funding needs and resource allocation per deliverable is required and should be portrayed in a detailed budget justification.*

Furthermore, deliverable amounts should reflect the costs associated with completing that deliverable work.

- Public Health Impact Statement - 1-page limit – named “Agency Name_PHIS_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Letters of Support – named “Agency Name_LOS_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf **Must have Letters of Support from Local Health Departments and any partnering agencies*
- Job Roles/Descriptions & Responsibilities – no page limit - named “Agency Name_Job Descriptions and Responsibilities_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Resumes & CVs – no page limit - named “Agency Name_Resumes and CVs_2024” – Please upload to the Program Narrative Section of GMIS as its own .pdf

*******Follow the instructions/templates below for each section referenced above*****

Instructions for Executive Summary

Executive Summary

The Executive Summary *must be limited to one page*. It should be submitted on a separate page. The Executive Summary will be used for legislative and public inquiries about proposed programs. Please clearly specify the following:

- The health system(s)/ED site(s) you’re proposing to work with.
- Please introduce any specialized development partners identified for the entirety of this project.
- List your organization’s previous and current efforts to build comprehensive systems for SUD and how this proposal will build up on those efforts.
- State the total funds that are being requested and how they will primarily be used.

Instructions for Program Narrative

Program Narrative

Description of Applicant Agency and Documentation of Eligibility:

Eligibility

- Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency’s structure as it relates to this program and, as the lead agency, how it will manage the program. Please reference eligibility criteria listed in Appendix C1 and Appendix E.

Experience and Capacity

- Briefly summarize any existing work to implement comprehensive care in a health system managed by your agency.
- Provide information on other sources of grant and local funding your agency has for implementation of comprehensive care in a health system/ED. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- Describe your ability to manage a large-scale project with multiple community and internal partners.

Personnel

- List all personnel who will be directly involved in program activities and working on the grant.

Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program.

- List qualifications and background of all personnel directly involved with the grant including past work experience on implementation of comprehensive care in a health system.
- Describe any existing relationships with health system leadership to facilitate uptake of the project within our state.
- Attach position description and resumes in attachment section of GMIS 2.0 for all relevant program staff. Provide position descriptions for any new positions to be created.

Hiring and Training

- Describe plans for hiring and staff training as necessary to implement the project. Describe on-going training activities as appropriate. Include details about the type of training routinely provided to new staff. Include a statement here to ensure that all involved program staff will have experience or receive training in concepts of population-based injury prevention and control.

Contracts/MOUs

- If any objectives of the grant are to be implemented through a contract, include background information about the contracting agency or individuals, if known. Include all work to be conducted through contracts in the methodology. If contracts are to be determined, they will need to be pre-approved by ODH VIPS before contract initiation.

Capacity to Address Disparities and Stigma

- Describe the capacity of your organization, its personnel, or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Supplemental and Braided Funding

- Please detail any similar existing efforts related to comprehensive care systems for SUD; elaborate and describe any additional funding applicant agency is receiving related to SUD in the hospital system, community linkages for overdose, naloxone, etc. Please provide details of how funding is being interlaced and assure that efforts are not being supplanted.

Problem/Need

Include a narrative description of key factors related to the problem and need for the particular population, disparity, and aspects of SUD services your chosen strategies will focus. Provide as much detail related to your target service area, the burden, and provide rationale for locations and strategies in relation to need. Please also note that the service area is defined as health systems/emergency departments and statewide reach is not a requirement for this funding. ODH VIPS has provided a set of indicators in Appendices H – J to further outline the epidemic. Preference will be given to applications that address high-burden areas. Lastly, please indicate how high-risk subpopulations will be incorporated into programmatic work and addressing disproportionate burden. For example, please describe how this project will both inform and improve health equity for the impacted populations including: stigma and the impact on all people who use drugs; rural and urban service inequity;

increased risk of mortality for opioid naïve drug users given Ohio’s fentanyl-adulterated drug supply; and continued increases in mortality and resulting impacts of opioid overdose among African American males.

Methodology Narrative

Include a narrative description of your project methodology including your overall goal in this section as instructed below.

Site Development and Implementation

- For each health system ED site being proposed, please include the following:
 - Health System ED site name and location
 - How was this site identified and prioritized for planning and implementation?
 - Does this site have the capacity to implement this work?
 - What efforts are underway at this site and how would this funding enhance those efforts?
 - Has the site considered any changes to their electronic health record?
 - Has the site expressed any interest or concern in prescribing medication assisted treatment onsite?
 - Has the site expressed any interest or concerns with increasing supports for transitions to care within the health system?
 - Is leadership at the site engaged?
- Please provide a signed formal agreement from the site being proposed.
- Describe the staffing or applicant’s capacity to manage this project and the intent to work across multiple health systems to facilitate learnings and increase statewide capacity.

In addition to the Program Narrative, applicants must also provide an annual plan by completing **Appendix G - Work Plan Template**.

Please note the entire program period is 1/1/2024 – 06/30/2025.

Instruction for Budget Justification

This project is being funded by the Ohio General Revenue Fund. The total funding for this award is \$2,000,000 with an authorization of \$1,000,000 for each project period. Eligible agencies may apply for up to \$200,000 for the budget period of 1/1/2024– 6/30/2024 and \$200,000 for the budget period of 7/1/2024 – 6/30/2025. Awards will be based on the availability of funds and responses to the solicitation. Due to funding cycles, half of the award amount (\$200,000) must be spent between the time frame of 1/1/2024 – 06/30/2024.

The budget justification needs to cover the budget period of 1/1/2024 – 06/30/2024 and 7/1/2024 – 6/30/2025.

Applicants set the deliverable amounts amongst deliverables. Please note that set deliverable amount must be representative of the costs associated with performing and completing that deliverable. Details regarding necessary personnel and resource needs will be required when submitting your programmatic budget justification, including salaries and contracts. This information should be broken down by deliverable in the budget justification. This award requires the procurement of a linkage navigator.

Please note that funding can be allocated to support the development and implementation of processes and systems changes to support the deliverable activities but cannot directly fund patient care.

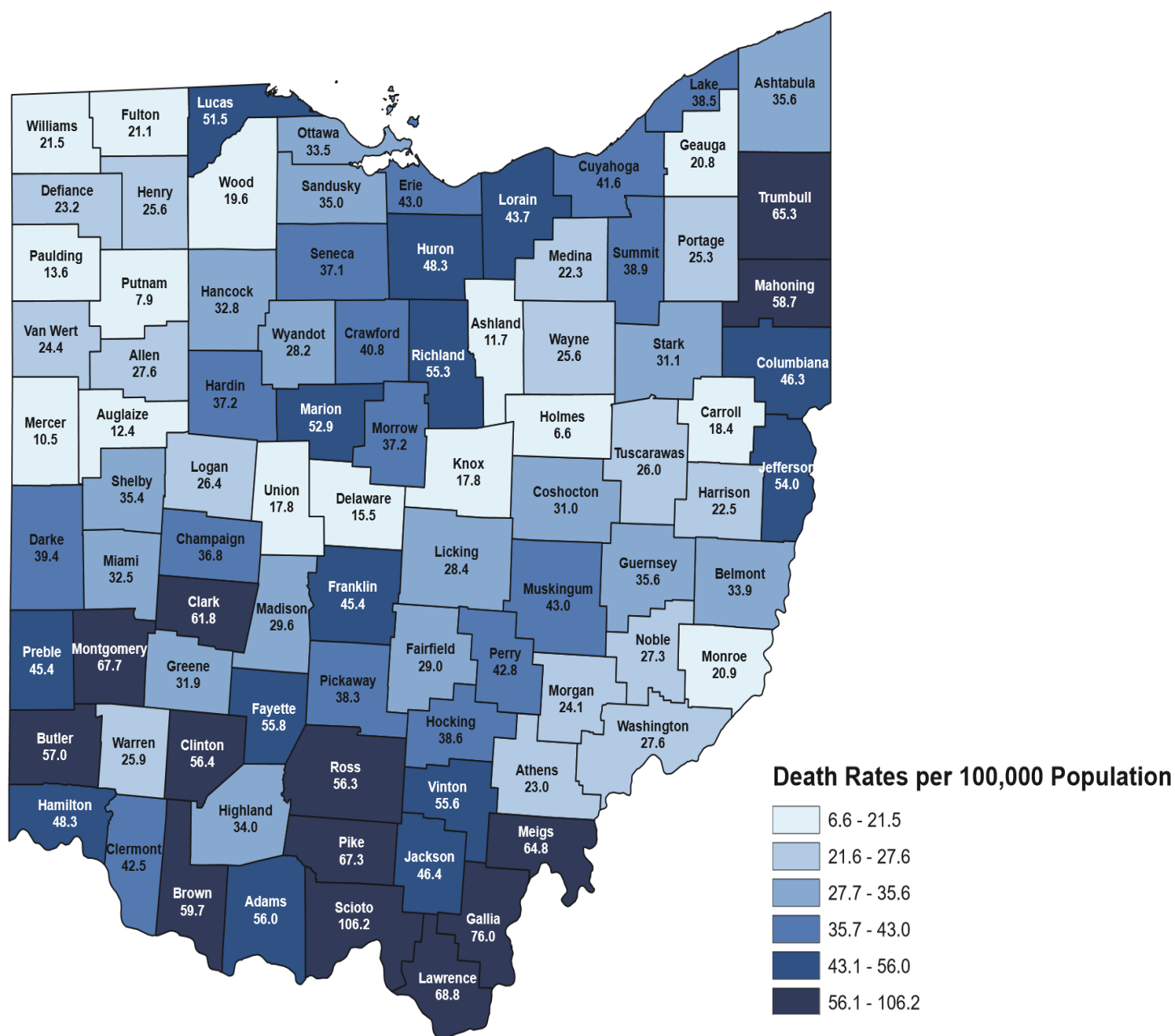
Please see Appendix C1 and C2 as to how applicants can allocate funding across deliverables. Reference Appendix K for the budget justification template.

Work Plan Template

Deliverable 3: Clinical Enhancement of SUD Components of Care

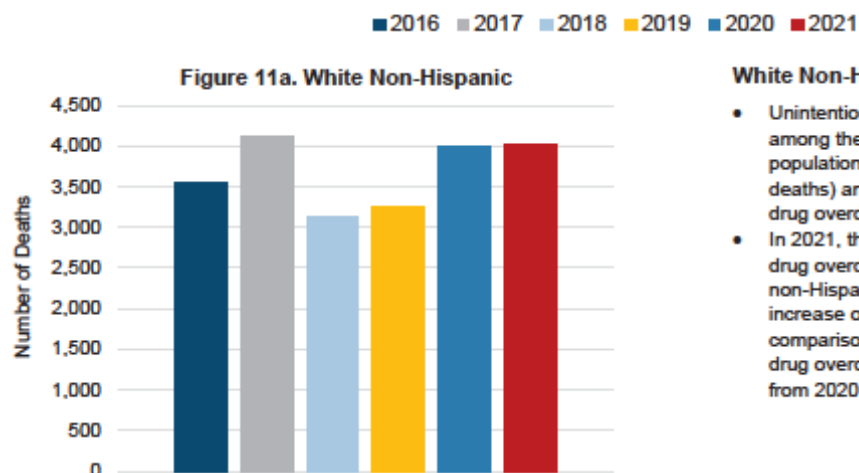
[illegible]

Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2017-2021



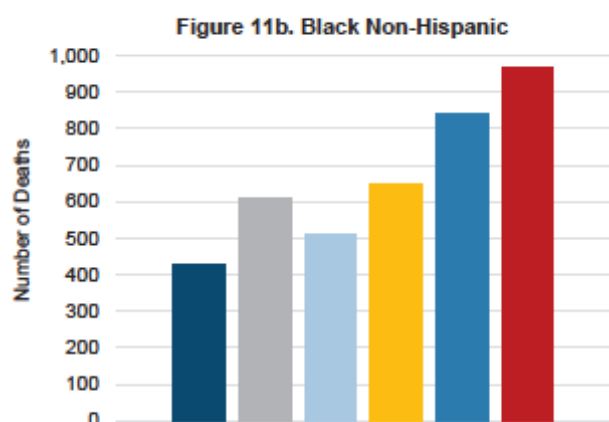
Data Source: Ohio Department of Health: Preliminary Data Summary: Ohio Unintentional Drug Overdose Death

Number of Unintentional Drug Overdose Deaths by Race/Ethnicity, Ohio, 2016-2021



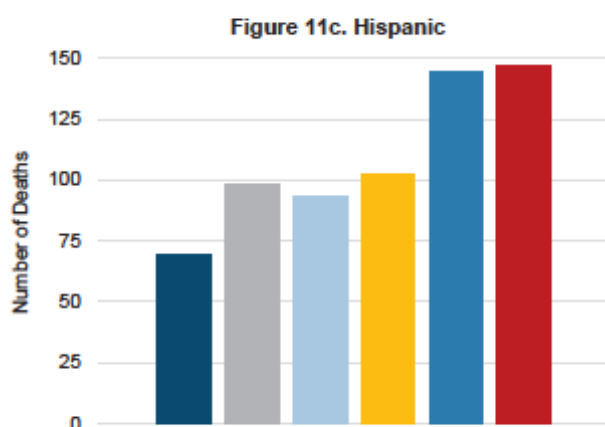
White Non-Hispanic:

- Unintentional drug overdose deaths among the white non-Hispanic population were highest in 2017 (4,109 deaths) and made up 85% of all Ohio drug overdose deaths in that year.
- In 2021, there were 4,018 unintentional drug overdose deaths among white non-Hispanic Ohioans, which was a 1% increase over 2020 (3,992 deaths). In comparison, total Ohio unintentional drug overdose deaths increased 3% from 2020 to 2021.



Black Non-Hispanic:

- Unintentional drug overdose deaths among the Black non-Hispanic population were highest in 2021 (969 deaths).
- From 2020 to 2021, unintentional drug overdose deaths among Black non-Hispanic Ohioans increased 15%, which was the largest increase among the reported race/ethnicity groups.



Hispanic:

- Unintentional drug overdose deaths among the Hispanic population were highest in 2021 (147 deaths).
- From 2020 to 2021, unintentional drug overdose deaths among the Hispanic population increased 2%.

ED Visits for Suspected Drug Overdose by County

County	2017	2018	2019	2020	2021	2022
Adams	181	127	105	88	112	90
Allen	632	352	332	367	384	329
Ashland	113	80	61	94	134	111
Ashtabula	588	415	461	427	341	349
Athens	175	149	143	171	164	193
Auglaize	175	145	94	92	90	77
Belmont	154	84	50	66	51	49
Brown	205	159	147	152	102	113
Butler	3065	1861	1770	1486	1158	987
Carroll	56	50	38	39	38	37
Champaign	231	126	100	121	86	76
Clark	1369	737	662	614	551	419
Clermont	1141	819	732	623	571	524
Clinton	299	211	201	156	204	173
Columbiana	341	372	428	419	302	313
Coshocton	117	124	135	112	111	107
Crawford	104	90	98	109	106	74
Cuyahoga	6533	4525	4460	4211	4022	3788
Darke	164	130	130	128	122	81
Defiance	116	96	98	94	114	77
Delaware	293	291	303	330	292	278
Erie	449	274	248	327	312	256
Fairfield	520	448	413	449	475	497
Fayette	427	171	152	163	157	99
Franklin	4620	4004	4513	4566	4664	4130
Fulton	84	109	91	95	85	66
Gallia	184	136	97	112	120	92
Geauga	188	130	144	126	129	128
Greene	1082	598	637	500	439	424
Guernsey	121	157	206	200	228	147
Hamilton	3997	3296	3244	2912	2689	2287
Hancock	204	195	178	213	215	152
Hardin	118	77	106	106	115	120

County	2017	2018	2019	2020	2021	2022
Harrison	31	23	31	30	18	23
Henry	51	49	55	30	26	19
Highland	351	169	165	149	124	100
Hocking	109	83	105	109	102	107
Holmes	37	31	32	36	27	32
Huron	429	247	260	229	223	220
Jackson	165	138	126	166	196	151
Jefferson	307	304	232	289	301	269
Knox	208	138	108	144	137	113
Lake	957	752	771	678	513	517
Lawrence	13	9	9	-	13	8
Licking	495	419	355	455	261	365
Logan	200	129	136	107	39	24
Lorain	1181	998	864	985	921	959
Lucas	2130	1931	1958	1889	1794	1479
Madison	214	146	183	172	140	110
Mahoning	1207	895	931	1051	670	987
Marion	405	421	409	388	379	318
Medina	534	365	359	334	320	320
Meigs	125	97	82	77	66	58
Mercer	129	68	73	51	36	51
Miami	630	368	328	207	105	125
Monroe	8	16	10	19	14	13
Montgomery	4889	2361	2470	2403	1836	2017
Morgan	46	41	42	39	25	32
Morrow	122	123	133	121	119	114
Muskingum	335	249	225	259	202	159
Noble	38	31	41	40	30	22
Ottawa	123	113	112	87	86	94
Paulding	30	40	26	27	28	20
Perry	89	74	63	79	69	71
Pickaway	195	177	184	247	218	184
Pike	162	96	113	159	148	80
Portage	522	334	443	336	350	282
Preble	287	136	141	144	130	51
Putnam	70	38	50	53	47	44
Richland	764	481	525	593	564	518
Ross	528	381	468	396	517	342
Sandusky	205	154	146	154	199	175
Scioto	546	366	336	194	325	287

County	2017	2018	2019	2020	2021	2022
Seneca	307	223	212	281	274	232
Shelby	262	162	132	126	106	114
Stark	1238	922	814	753	750	733
Summit	2778	1849	2025	1522	1521	1543
Trumbull	1272	645	952	1098	953	873
Tuscarawas	300	241	247	274	218	151
Union	125	111	84	80	108	94
Van Wert	129	78	59	65	73	102
Vinton	47	35	44	61	61	43
Warren	1076	601	518	543	434	385
Washington	156	152	110	147	155	127
Wayne	425	266	344	299	292	273
Williams	89	122	96	109	104	52
Wood	294	272	237	278	227	203
Wyandot	61	50	47	46	66	50

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

 Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs

\$Total

Budget Grand Total

\$

Notes:

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]

[Print Name & Title]

[Date]

Injury Prevention Program: Health Systems FY24 Appendix X - Implementation Report	
Health System:	
GMIS Project #	
Deliverable 1: Implement Services for SUD to ED site(s) – Care Coordination	
Objective 1C: By xx/xx/xxxx, subrecipient will provide documentation that support the implementation and adoption of care coordination protocol(s).	

Care Coordination Protocols	
Activity	Linkage to longitudinal, trauma-informed care.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Activity	Effective coordination of care for common health conditions caused by substance use (e.g., skin/soft tissue infections).
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Activity	Additional interventions needed to address barriers to care for members of populations who have historically and/or disproportionately experienced disparities to evidence-based care for SUDs.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	

Linkage Navigator Utilization	
Activity	Provide support and empowerment to identified patients.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Activity	Link identified patients to ongoing treatment and ancillary services.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Activity	Follow-up with missed patients post-discharge to assist with linkage needs.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Activity	Maintain contact with engaged patients for at least six weeks post-discharge when possible.
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	

Injury Prevention Program: Health Systems FY24 Appendix X - Implementation Report	
Health System:	
GMIS Project #	
Deliverable 2: Implement Services for SUD to ED site(s) – Universal Screening	
Objective 2C: By xx/xx/xxxx, subrecipient will provide documentation that supports the implementation and adoption for universal screening protocol(s)..	

SUD Protocols	
Activity	Implementation of universal screening and diagnosing protocol
Summary - Please describe accomplishments, successes, barriers/solutions, and next steps	
Summary - Please describe ways in which the protocol identifies members populations who are disproportionately affected by overdose and/or historically underserved by prevention and treatment programs that offer evidence-based care for SUDs	

Sample Program Reporting

General Baseline Data
Total number of ED visits
Number of ED visits for overdose ¹ as primary or secondary diagnosis
Number of non-overdose ¹ ED visits for patients with primary or secondary diagnoses of substance abuse, use, or dependence ²
Number of prescribers ³ in the ED
<u>Of which:</u> Number of prescribers ³ who encountered patients admitted for overdose ¹ or with substance abuse, use, or dependence ²
Training
Number of prescribers ³ trained on any component of the comprehensive model/approach for this project and SUD. This includes trainings such as: SBIRT, motivational interviews, other screening protocols, PRS collaboration, stigma, and addiction medicine etc. Please elaborate and indicate trainings in notes section.
Number of staff members ⁴ trained on any component of the comprehensive model/approach for this project and/or SUD. This includes trainings pertaining to: SBIRT, motivational interviewing, other screening protocols, PRS collaboration, stigma, addiction medicine, emergency department etiquette etc. Please elaborate and indicate trainings in notes section.
Screening
Number of patients screened for Substance Use Disorder (SUD) in the emergency department
Number of patients identified with Substance Use Disorder (SUD) through screening process
Treatment
Number of patients who received medications for SUD treatment at ED site
Number of <u>referrals</u> ⁵ to treatment ⁶
Number of <u>patients warmly handed-off</u> ⁸ to treatment ⁶
<u>Of which:</u> Number of <u>post-overdose</u> ¹ <u>patients referred</u> ⁵ specifically to MAT ⁷
Linkages
Number of linkage navigators operating in the emergency department
Number of <u>referrals</u> ⁶ to risk reduction or wrap-around services ⁹
Number of <u>patients warmly handed-off</u> ⁸ to risk reduction or wrap-around services ⁹
<u>Of which:</u> Number of <u>post-overdose</u> ¹ <u>patients warmly handed-off</u> ⁸ to risk reduction or wrap-around services ⁹
Tracking
Number of naloxone kits distributed
Number of patients contacted 6 weeks or more post emergency department discharge
<u>Of which:</u> Number of patients contacted 6 weeks post emergency department discharge who report treatment retention

Footnotes

¹ Overdose includes diagnoses for which only poisoning codes are used (please do not report adverse effect), additionally please only report initial encounters for poisoning (do not report subsequent encounters or sequela). Thus, for the ICD10 codes themselves only include those with a 7th character of “A” for initial encounter and only 6th characters of “1” for unintentional and “4” for undetermined. Please see the following tabs that specify which T40 ICD10 codes should be included. This metric includes patients with a T40 eligible primary diagnosis with an eligible F11 (or opioid-related neonatal/newborn P coded) secondary diagnosis, or vice versa. It is also noted that though the coding conventions for overdoses/poisoning/adverse effects should almost always be that the overdose be coded sequentially first followed by manifestations, I do realize that discrepancies and inconsistency in coding behavior across emergency department sites and systems may result in underreporting if, for example, diagnoses such as respiratory failure and aspiration pneumonia are coded sequentially first and second rather than the overdose.

² Eligible SUD-Related CPT/ICD10 codes: F10 - Alcohol related disorders, F11 - Opioid related disorders, F13 - Sedative, hypnotic, or anxiolytic related disorders, F14 - Cocaine related disorders, F15 - Other stimulant related disorders, F16 - Hallucinogen related disorders, F18 - Inhalant related disorders, and F19 - Other psychoactive substance related disorders..

³ Prescribers includes providers with prescribing privileges in the emergency department and may include MD & DO Physicians, Nurse Practitioners (NPs), Physician Assistants (PAs), Advanced Practice Registered Nurses (APRNs), Advanced Practice Providers (APPs). Please seek prior approval from ODH before including providers that are not mentioned here.

⁴ Staff members include ancillary personnel such as case managers, medical assistants, nurses, peer recovery support coaches, patient navigators, other care coordinators, paramedics, occupational therapists, security, pastoral care, admin staff. Please seek prior approval from ODH before including staff members that are not mentioned here.

⁵ Although we recognize that well-done referrals can be sometimes thought of as possibly being warm handoffs, referrals are operationalized to include: making formal referrals within the EMR system (including the providing of information to next level of care via CarePath or fax), scheduling an appointment for or with the patient, assisting with or facilitating the patient to make their own appointment, as well as providing patient with information on where and how to access services that do not receive formal referrals via EMR web/portal-based appointment scheduling or referrals, and/or are not available/reachable by phone. Please also note that this metric is the number of referrals, whereas the following metrics are for number of patients. This is how they are requested by the CDC. Thus, during any given quarter, a patient may be “referred” to treatment or wraparound services multiple times during different emergency department visits or may be referred to multiple treatment or wraparound services. Again, please report the number of referrals here.

⁶ Imperfect as it may be, treatment is operationalized here to only include referrals and warm handoffs to treatment at/with entities/providers/agencies for substance use or addiction medicine (e.g., detox, inpatient rehabilitation, intensive outpatient, medicated assisted treatment etc.). This does not include referrals for treatment of conditions associated with OUD or referrals strictly for mental/medical/dental/primary health care treatment not in conjunction with substance use or addiction medicine. Additionally, in scenarios in which MAT providers are also primary care providers a chart review may be necessary to ascertain the nature of the referral to determine whether the referral was for MAT or solely for other primary care needs. Please count patients admitted to the hospital for inpatient detox as “warm handoffs” to treatment.

⁷ MAT includes methadone, buprenorphine, suboxone, and naltrexone but does not include naloxone.

⁸ According to the US Department of Health & Human Services: Agency for Healthcare Research and Quality, “A warm handoff is a handoff that is conducted in person, between two members of the health care team, in front of the patient (and family if present).” More information and guidelines for clinicians can be found on the website url linked below. When patients are linked with a PRS coach in the emergency department this does constitute a warm handoff to wrap-around services. However, in scenarios where the PRS coaches don’t get the opportunity to meet the patient in the emergency department and end up calling the patient after discharge, after reviewing a log (as described to sometimes happen at Mercy Fairfield), this does not count as a warm handoff. It does, however, count as a referral to wraparound services. Please count patients admitted to the hospital for inpatient detox as “warm handoffs” to treatment. Scheduling an appointment and/or providing information to next level of care is not a warm handoff. These would be considered referrals in this context. PRS is a significant component of warm handoffs, and when PRS coaches physically take the person to treatment, this is considered a warm handoff to treatment.

<https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfprimarycare/interventions/warmhandoff.html>

⁹ Risk reduction and wrap-around services are not technically one in the same, but for the sake of this reporting are combined and will be used interchangeably. Risk reduction and wrap-around services include utilizing PRS coaches, testing (HIV/HCV/STI), Syringe Service Programs (SSPs), fentanyl test strips, primary medical, dental and mental health care, childcare, educational, vocational, family housing, transportation, food security, health insurance, financial and legal assistance and services. Please seek prior approval from ODH before including risk reduction and wrap-around services that are mentioned here. Though naloxone is clearly considered risk-reduction, please do not count naloxone kits distributed or prescriptions provided here. That naloxone kit and prescription data will be combined with the risk reduction data reported here, as appropriate, when reporting to the CDC. You can, however, count referrals and warm handoffs to naloxone access points and programs such as Project DAWN in this metric.