Ohio Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

**MEMORANDUM**

Date: February 12, 2020

To: Prospective Subrecipient Agencies

From: Sara Morman, Program Administrator, Violence and Injury Prevention Section
Office of Health Improvement and Wellness
Ohio Department of Health

Subject: Competitive Solicitation Sustaining Emergency Department Comprehensive Care – 5/1/2020 – 8/31/2021

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness, Violence and Injury Prevention Section announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, March 30, 2020. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 until receipt of grant payments. Submission of the application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information.

A Bidders Information Call will be held Tuesday, February 18, 3:00 pm – 4:00 pm. Conference line: 1-614-721-2972, Meeting ID: 911624003#. The Notice of Intent to Apply for Funding is due Thursday, February 20, 2020. If you have questions, please contact Sara Morman at 614-995-1428 or e-mail at sara.morman@odh.ohio.gov, email is preferred.

Ohio Department of Health

**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF
***Health Improvement and Wellness***
***Violence and Injury Prevention Section***

***Sustaining Emergency Department Comprehensive Care (ED21 )***
## SOLICITATION
## FOR
## FISCAL YEAR 2020
## (05/01/20 – 08/31/21)

**Local Public Applicant Agencies**
**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**
**100% Deliverable Funding**

**Revised 12/02/2019**
**For grant starts 10/1/2019 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.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by, Thursday February 20, 2020 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 Procedure:** 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/home*.
(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:
*https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-manual*

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples 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 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.

**B. Application Name:** ***Violence and Injury Prevention Section, Sustaining Emergency Department Comprehensive Care***

**C.** ***Purpose:*** *The purpose of this program centers on two main aspects; 1) to provide necessary support for hospital systems/EDs to sustain and expand on existing comprehensive care services and programs for patients who present in emergency departments with substance use disorder and 2) to provide technical assistance and play an advisory role to three key stakeholder groups: a) funded hospital systems interested in or working to sustain and/or expand their Emergency Department Comprehensive Care Program, b) new health systems (funded through a separate RFP) that are working to implement a comprehensive care program within their emergency departments, and c) the Ohio Department of Health. Details of expectations for both components are listed in Appendix E. The deliverables under which purpose 1 (sustaining and expansion) is addressed includes Deliverables 1 through 11. The work and purpose of technical assistance and collaborative advising are housed in Deliverable 12, and all subsequent objectives. Please see appendix C1 for additional information. Deliverables 1, 2 and 3 are required for all applicants/subrecipients, and Deliverables 4 through 12 are "a la carte" optional, however all objectives under each deliverable are required and should be indicated by allocated funds in submitted budgets and budget justifications.*

**D.** ***Qualified Applicants:*** *All applicants must be a local public and non-profit agency, or health system, with demonstrated previous experience and engagement working with ODH on implementing comprehensive care services in the emergency department setting. If applicant agencies choose to apply for funding for Deliverable 12 (technical assistance and collaborative advising), a specific professional with extensive clinical expertise in addiction medicine and experience in emergency department settings must be named for this role in the project narrative. 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 Monday, March 30, 2020.**

**E.** ***Service Area:*** Service area is defined as health systems/emergency departments and statewide reach is not a requirement for this funding. ODH has provided a set of indicators in Appendix H outlining overdose burden and emergency department visits and rates by county. Preference will be given to applications that address multiple high-burden areas. Additionally, preference will be given to underfunded regions with high-burdens.

**F. Number of Grants and Funds Available:** This project is being funded by federal funds through the Centers for Disease Control and Prevention, Overdose Data to Action funding. Up to three grants may be awarded for a total amount of $1,350,000. If Deliverable 12 (technical assistance and collaborative advising) is not applied for, applicant agencies may apply for up to $400,000 for the budget period of 5/1/2020 – 8/31/2021. If Deliverable 12 is applied for, applicant agencies may apply for up to $550,000. Only one $550,000 award will be awarded.

*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 or via ground delivery at Sara Morman, 246 N. High St., Columbus, OH 43215 by **4:00 p.m. Monday, March 30, 2020.** Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman, at sara.morman@odh.ohio.gov or 614-995-1428 with any questions, email is preferred.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 116 of the 133rd General Assembly and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.136.*

**I. Goals:** The goals of ODH in releasing funds for this program include enhancing Ohio's response to the Opioid crisis by creating a comprehensive system of care for patients who present in emergency departments with opioid addiction. Within each health system/emergency department setting, the following goals apply: 1) Identify patients with opioid use disorder by implementing a screening process in emergency departments; 2) Manage opioid use disorder by implementing evidence-based practices in emergency medicine; and 3) Transition patients to long-term care and supportive services using innovative processes that improve pathways to treatment. The end result should include sustainable policy and systems changes to integrate the above goals into clinical care standards of practice within each health system/emergency department. And particularly for ED sites within health systems with previous ODH-related EDCC service implementation, the goal of this funding is to expand those comprehensive care services outside of pilot EDs to other ED sites within a given hospital system and improve processes for individual components of the EDCC model, as well as implementing a solid framework for sustainability.

**J.** **Program Period and Budget Period:** The program period will begin 05/01/2020 and end on 08/31/2022). The budget period for this application is also 05/01/2020 through 08/31/2021.

**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. The 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 health inequities. All applicants are required to:

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.

2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.

3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.

4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.

5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.

6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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, work and play. 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 resources like healthy food, safe housing, quality education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

**N. Human Trafficking:** The 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;
   1. At-risk population
   2. Mental health population
   3. Homeless population

b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

**Applicable** to the Sustaining Emergency Department Comprehensive Care Program.

**O. 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.**

**P.** ***Programmatic, Technical Assistance and Authorization for Internet Submission:*** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sara Morman, sara.morman@odh.ohio.gov, 614-995-1428, email preferred, for questions regarding this Solicitation).

**Q. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**R. 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. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, March 30, 2020 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the

U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m**. on the application due date. Fax attachments will not be accepted**. GMIS applications and required application attachments received late will not be considered for review.**

**S. 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.

**T. 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 Health, or his designee, shall be sent to the unsuccessful applicant.

**U. 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. Contributes to the advancement and/or improvement of the health of Ohioans;
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, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
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;
7. Provides an evaluation plan, including a design for determining program success;
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.
13. 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.**

**V. 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.

**W. 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. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Violence and Injury Prevention Section and as a sub-award of a grant issued by the Centers for Disease Control and Prevention under the Overdose Data to Action grant, grant award number 1NU17CE924989-01-00, and CFDA number 93.136."

**X. 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 (non-Internet submitted) 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** |
|---|---|
| 05/01/2020 – 06/15/2020 | 07/31/2020 |
| 06/16/2020 – 8/31/2020 | 9/15/2020 |
| 9/1/2020 – 11/30/2020 | 12/15/2020 |
| 12/1/2020 – 2/28/2021 | 3/15/2021 |
| 3/1/2021 – 5/31/2021 | 6/15/2021 |
| 6/1/2021 – 8/31/2021 | 9/15/2021 |

**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** |
|---|---|
| May 1 – 31, 2020 | June 10, 2020 |
| June 1 – 30, 2020 | July 10, 2020 |
| July 1 – 31, 2020 | August 10, 2020 |
| August 1 – 31, 2020 | September 10, 2020 |
| September 1 – 30, 2020 | October 10, 2020 |
| October 1 – 31, 2020 | November 10, 2020 |
| November 1 – 30, 2020 | December 10, 2020 |
| December 1 – 31, 2020 | January 10, 2021 |
| January 1 – 31, 2021 | February 10, 2021 |
| February 1 – 28, 2021 | March 10, 2021 |
| March 1 – 31, 2021 | April 10, 2021 |
| April 1 – 30, 2021 | May 10, 2021 |
| May 1 – 31, 2021 | June 10, 2021 |
| June 1 – 30, 2021 | July 10, 2021 |
| July 1 -31, 2021 | August 10, 2021 |
| August 1 – 31, 2021 | September 10, 2021 |

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

| ***Period*** | ***Report Due Date*** |
|---|---|
| May 1 – June 30, 2020 | July 10, 2020 |
| July 1 – September 30, 2020 | October 10, 2020 |
| October 1 – December 31, 2020 | January 10, 2021 |
| January 1 – March 31, 2021 | April 10, 2021 |
| April 1 – June 30, 2021 | July 10, 2021 |
| July 1 – August 31, 2021 | September 10, 2021 |

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

**c. 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, 2021. 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.***

**Y. 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.

**Z. 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.** *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications*.

**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.**

**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 **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 (print on one side only).
- Program Narrative 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. W9
6. Civil Rights Review Questionnaire
7. Assurances Certification
8. Federal Funding Accountability and Transparency Act (FFATA) reporting form
9. Change request in writing on agency letterhead (Existing agency

with tax identification number, name and/or address change(s)).
10. Health Equity Module
11. Public Health Impact Statement Summary (non-health department only)
12. Statement of Support from the Local Health Districts (non-health department only)

Attachments as required by Program

13. Executive Summary – to be uploaded in the Program Narrative Section of GMIS
14. Work Plan – to be uploaded in the Program Narrative Section of GMIS
15. Budget Justification– to be uploaded in the Program Narrative Section of GMIS

One copy of the following document(s) must be e-mailed to **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 11 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 for this section and the necessary form(s) to support costs for the period 05/01/2020 to 8/31/2021.

   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, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address. This executive summary.*

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.

   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 restate 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 health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the 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 this 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 recent 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** 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 Monday March 30, 2020.**

## III. APPENDICES

- **A.** Notice of Intent to Apply for Funding
- **B.** GMIS Access Form
- **C.** C1 Deliverable – Objective Descriptions
  C2 Deliverable – Objective Allocations
- **D.** Application Review Form / Scoresheet
- **E.** Project Background and Guidance
- **F.** Application Instructions
- **G.** Work Plan Template
- **H.** Overdose and ED Visit Data
- **I.** 2018 Unintentional Overdose Report
- **J.** Budget Template
- **K.** Sample Program Reporting

| Reimbursement Type<br>Select one of the options below:<br><br>☐ Monthly<br>OR<br>☐ Quarterly |
|---|

**NOTICE OF INTENT TO APPLY FOR FUNDING**

Ohio Department of Health
Bureau of Health Improvement and Wellness
Violence and Injury Prevention Section

*ODH Program Title:*
*Sustaining Emergency Department Comprehensive Care*

**Appendix A**

**Submission Required**

**See Due Date Below**

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

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 Sara Morman Sara.Morman@odh.ohio.gov BY Thursday, February 20, 2020**

**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.**

**Appendix B**

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

# GMIS 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: [ ] New Agency - needs GMIS Access**

**[ ] 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 Karen Tinsley, Grants System Officer, 614-644-7546**
**Mail: ODH/OFA, 35 E. Chestnut St.,4th Floor, Columbus, Ohio 43215 *Or***
**Scan & Email: karen.tinsley@odh.ohio.gov**

**Name of Subgrant Program: Sustaining Emergency Department Comprehensive Care**
**Budget Period: 05/01/2020 – 8/31/2021**
**# of Deliverables: 12**
**Use Budget Justification Scenario#: 3**

**_X_ Deliverables Only**

**REQUIRED DELIVERABLES –** Deliverable 1 - 3 are not optional and specifically pertain to program reporting, Site Visits, and participation in the statewide collaborative. Program reporting for Year 1 will only include two reports. Dates are listed below and on page 9. A sample of what will be required for reporting is included as Appendix K.

**Deliverable 1 – Program Reporting**

**Objective 1A: Mid-Way - Year 1**

By July 31st, 2020 subrecipients will submit both narrative and quantitative program reports to ODH, as well as updates to their annual workplan. Data submission must be at least 80% complete.

**Objective 1B: Year End – Year 1**

By September 15th, 2020 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 80% complete.

**Objective 1C: Q1 – Year 2**

By December 15th, 2020 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 80% complete.

**Objective 1D: Q2 – Year 2**

By March 15th, 2021 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 80% complete.

**Objective 1E: Q3 – Year 2**

By June 15th, 2021 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 80% complete.

**Objective 1F: Q4 – Year 2**

By September 15th, 2021 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 100% complete.

**Deliverable 2 – Site Visits**

**Objective 2A: Program Start Site Visit**

By June 15th, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will coordinate and facilitate a ½ day program launch site visit, inclusive of relevant tours, and meetings with key stakeholders and program staff.

**Objective 2B: Year-End Site Visit**

By August 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will coordinate and facilitate a year-end ½ day site visit, inclusive of relevant tours, and meetings with key stakeholders and program staff.

**Deliverable 3 – Participation in Statewide Collaborative**

**Objective 3A: Year 1 (May 2020 – Aug 2020)**

By August 31, 2020 Representation and participation of at least one core members of the programmatic work is required per monthly call, not including the clinical advisor linked with deliverable 12 (if applicable). Monthly calls will be set by ODH. There will be 4 monthly calls in Year 1. Participation is required on a all five.

**Objective 3B: Year 2 (Sep 2020 – Aug 2021)**

By August 31, 2021 Representation and participation of at least one core members of the programmatic work is required per monthly call, not including the clinical advisor linked with deliverable 12 (if applicable). Monthly calls will be set by ODH. There will be 12 calls in Year 2. Participation is required on all 12.

**OPTIONAL DELIVERABLES** – Deliverables 4 – 12 are optional

**Specialized Development and Supporting Strategies to Sustain and/or Expand Emergency Department Comprehensive Care Services**

The following deliverable activities are not intended to be completed in each/all identified health system/ED but are available "a la carte" deliverables to support health systems/EDs with specific identified and justified needs at both/either the health system/ED project level or at a more comprehensive system/state level. If a deliverable is chosen, all objectives under that deliverable must be completed, with indicated funding. Applicants set funding requests based on programmatic budget needs pertaining to that specific deliverable.

**Deliverable 4 – Overall Project Sustainability Supports**

**Objective 4A: Sustainability Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that identifies sustainability options, assesses viability and impact, and elaborates on the plan to facilitate implementation of overall project sustainability efforts and supports.

**Objective 4B: Sustainable Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide documentation that shows evidence of sustainable practice adoption and implementation as indicated or expanded on from submitted proposal.

**Deliverable 5 – Real-time Treatment Finder – System Enhancements**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will assess, identify and facilitate implementation of (additional) real-time treatment system finder capability needed within the health system or state.

**Objective 5A: Platform Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that identifies platform options, assess viability and impact, and elaborates on the plan to facilitate implementation, utilization uptake, or improvements of use and outcomes related to the selected real-time treatment finder platform.

**Objective 5B: Platform Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide documentation that shows evidence of improved/increased platform utilization and/or enhanced platform functionality as indicated or expanded from submitted proposal.

**Deliverable 6 – Development of Infrastructure for Platform for Tracking Transitions to Care**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will identify, develop and facilitate implementation of a platform for tracking transitions to care for within a health system or state.

**Objective 6A: Transitions to Care Platform Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that identifies platform options, assess viability and impact, and elaborates on the plan to facilitate implementation, utilization uptake, or improvements of use and outcomes related to the platform supporting transitions to care and linkages.

**Objective 6B: Transitions to Care Platform Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will submit evidence of identified platform implementation, utilization uptake, or improved use and outcomes related to supporting transitions to care and linkages.

**Deliverable 7 – Provider Engagement**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will identify and offer provider engagement to reduce barriers and advance the work of the project.

**Objective 7A: Provider Engagement Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that asses the benefit and impact of provider engagement options, elaborates on the rationale for the chosen option, and describes the contractual agreement being proposed to advance the work of the project.

**Objective 7B: Provider Engagement Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide documentation that shows evidence of how and what impact provider

contracts offered the overall EDCC services in the health system/EDs as indicated or expanded from submitted proposal.

**Deliverable 8 – Non-EPIC EHR builds/enhancements**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will identify, develop and facilitate implementation of non-EPIC EHR builds within a health system.

**Objective 8A: EHR Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that provides rationale for EHR builds provides an implementation plan inclusive of plans to facilitate utilization uptake and any necessary training.

**Objective 8B: EHR Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide documentation that shows evidence of improved/increased EHR utilization and/or enhanced platform functionality as indicated or expanded from submitted proposal.

**Deliverable 9 – Scale-up efforts within existing health system/EDs**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will identify, develop and facilitate implementation of scale up activities within the health system.

**Objective 9A: Scale-Up Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will draft and submit a proposal that identifies the specific scale-up activities and target EDs, as well as indicate personnel involved in executing the scale up effort. Additional information on viability and impact, and an implementation/work plan is required.

**Objective 9B: Scale-Up Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide documentation that shows evidence of scaled-up efforts and implementation of activities as indicated or expanded from submitted proposal.

**Deliverable 10 – Evaluation of EDCC Services in Pilot/Initial ED Sites**
In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will conduct a localized process, program and impact evaluation of their EDCC services in both initial/pilot EDs as well as expansion ED sites.

**Objective 10A: Evaluation Plan**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will submit an evaluation plan.

**Objective 10B: Evaluation Report**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will conduct a localized process, program and impact evaluation of their EDCC services in both initial/pilot EDs as well as expansion ED sites, and submit a final report to ODH.

**Deliverable 11 – Addressing Gaps in Linkages to Care**

In conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will address gaps in providing high-quality linkages to care, improving warm handoffs, and or the facilitation of the target population successfully accessing resources beyond the ED, e.g. transportation.

**Objective 11A: Gaps Proposal**

By Aug 31st, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will submit a proposal outlining the aspects and specific channels, and resources and gaps of which this deliverable focus and the implementation plan.

**Objective 11B: Gaps Implementation**

By Aug 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will provide evidence of improved process and utilization and successful linkages beyond the ED for the target population and their continuity of care.

**Deliverable 12 - Technical Assistance and Collaborative Advising**

**Objective 12A: Review Proposals & Plans for Deliverable Strategies for Sustaining EDs**
The clinical expert will be asked to review and asses the viability of proposals and plans for the funded strategies for health systems looking to sustain their EDCC services, and provide feedback, advice of any potential challenges, barriers and any known resources for troubleshooting. (Aug 31st, 2020)

**Objective 12B: Review Assessments for Newly Identified Health Systems/EDs**
Pulling from experience with launching EDCC services in EDs, the clinical expert will be asked to review and asses the assessments required of funded applicants looking to launch EDCC services in their health systems/EDs and provide feedback and insight. (Aug 31st, 2020)

**Objective 12C: Provide Technical Assistance to Sustaining Health Systems/EDs**
Existing health systems/EDs are defined as those that have already worked on a portion of these strategies but may not need the full implementation support of the selected applicant. ODH VIPS past pilot project recipients (which includes three health systems) are included in this category. The selected subrecipient should be prepared to assist with ongoing troubleshooting and be willing to assist other health systems with an interest in this project, within a reasonable budget allocation. This strategy is intended to provide flexibility to begin laying the groundwork for health systems/EDs with an interest, and to assist previously funded systems to continue resolving any implementation barriers, and/or enhancing or expanding their EDCC program. (Aug 31st, 2021)

**Objective 12D: Provide Technical Assistance to Newly Identified Health Systems & EDs launching EDCC services**
Newly identified health systems/EDs are defined as those that are beginning full-scale implementation efforts and are funded through sub-contract with the selected applicant. Applicants should be able to work across health systems/EDs to engage each Cohort on a schedule and with implementation guidance that is appropriate to where they are in the development and implementation phases. (Aug 31st, 2021)

**Objective 12E: Technical Advisor on Policy Strategies** – ODH VIPS seeks to identify barriers and challenges to this approach and work on a policy level to resolve issues and facilitate conversations. Selected applicants should plan to assist ODH VIPS to identify barriers and potential solutions. Along with providing insight and guidance into issue resolution. Current topics under consideration include: policies to Increase Provider Reimbursement for MAT; technical expertise to identify resolution for Episodes of Care Billing and Naloxone Sustainability efforts; and assistance with identification of how future efforts can be inclusive of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS). (Aug 31st, 2021)

**Objective 12F: Review submission of draft policies and clinical practice guidelines**
In conjunction with ODH program staff, the technical advisor will be expected to review submission of draft policies and other process-oriented/hospital flow documentation such as clinical practice guidelines of funded health systems looking to expand or launch EDCC services. Clinical expertise should be utilized to facilitate the design and implementation of best-practices. (Aug 31st, 2021)

**Objective 12G: Participate in ED/Health System specific bi-weekly team phone calls**
In conjunction with ODH program staff, the technical advisor will be expected to participate on 30min bi-weekly team calls for each health system, with a participation rate of at least 70%; during which technical assistance can be provided remotely pertaining to challenges and barriers with implementation of sustaining or launching objectives. (Aug 31st, 2021)

**Objective 12H: Participate in Site Visits for Sustaining EDs**
In conjunction with ODH program staff, the technical advisor will be expected to participate in half of the site visits per health system. For both the sustaining and newly identified health systems, each is asked to facilitate and host a launching/starting and project-end site visit. In collaboration with ODH program staff, the TA will be asked to participate on two of the two for each sustaining (up to three) sites, for a total of up to three site visits during the budget period. (Aug 31st, 2021)

**Objective 12I: Participate in both Site Visits for new EDs launching EDCC services**
In conjunction with ODH program staff, the technical advisor will be expected to participate in the site visits per health system. Newly identified health systems are asked to facilitate and host a launching/starting, check-in expansion, and year-end site visit. In collaboration with ODH program staff, the TA will be asked to participate in 2/3 of the site visits. For example, if two newly identified health systems are funded, that would be a total of 4 site visits over the course of the budget period 5/1/2020 – 8/30/2021. (Aug 31st, 2021)

**Objective 12J: Provide ongoing Clinical insight and guidance to ODH**
Throughout the project, ODH will call on the TA provider for guidance and ongoing clinical insight to guide the project and program development work at the ED level to ensure adequate high-quality evidence based and best practices are being implemented for each health system site. This deliverable covers what does not fall under the other specified responsibilities with

participating on phone calls and site visits as well as reviewing proposals and protocols. (Aug 31st, 2021)

**Objective 12K: Provide insight and feedback on ED Toolkit**
ODH has been working to establish a valuable resource in the format of a web-based ED toolkit related to OUD, MAT and all components of the EDCC model. The TA provider will be called on to make recommendations on functionality and content and contribute pertinent missing or newly generated or published content to improve the value and help maintain that up-to-date resources are represented in this toolkit. (Aug 31st, 2021)

**Objective 12L: Facilitation and Identification of Naloxone Needs with ODH VIPS** –
Naloxone is an unallowable purchase under this funding, however, ODH VIPS utilizes leveraged funding to provide naloxone for these projects. The selected applicant should be able to facilitate conversations between the identified health systems/EDs and ODH to make data-driven decisions on need and quantity of naloxone. (Aug 31st, 2021)

**Objective 12M: Evaluation Guidance**
Funded applicants for sustaining EDCC sites and services may opt to conduct a localized evaluation as part of their chosen strategies for sustained support, and newly identified health systems are required to conduct localized evaluation for their inaugural EDCC launched sites. Furthermore, a larger evaluation may be funded under a separate funding source and may be conducted during year 1 of this grant and will pertain to the EDCC activities across sites. The indicated advisor will be asked to review these evaluation plans and reports for quality and appropriateness. (Aug 31st, 2021)

**Objective 12N: Participation in State-Wide Collaborative**
Participation and engagement in monthly statewide collaborative calls and discussion and provision of programmatic and clinical advice as necessary and relevant to set topics of conversation. Participation of at least 80% will be required to meet this objective. Monthly calls will be set by ODH. (Aug 31st, 2021)

**Appendix C2**

## Deliverable Objective Allocations

**Name of Subgrant Program: Sustaining Emergency Department Comprehensive Care** **Form# OFA-012**
**Budget Period: 5/1/2020 - 8/31/2021**
**# of Deliverables: 12**
**__X__ Deliverables Only**

| **Required Deliverables - Year 1 (May 2020 – Aug 2020)** | **Funding** |
|---|---|
| 1A) Program Reporting – Mid-Year | Provided by applicant |
| 1B) Program Reporting – Year End | Provided by applicant |
| 2A) Site Visit – Program Launch | Provided by applicant |
| 3A) Participation in Statewide Collaborative – Year 1 | Provided by applicant |
| **Optional Deliverables - Year 1 (May 2020 – Aug 2020)** | **Funding** |
| 4A) Sustainability Supports – Proposal | Provided by applicant |
| 5A) Real-time Treatment Finder – Proposal | Provided by applicant |
| 6A) Linkages Platform – Proposal | Provided by applicant |
| 7A) Provider Engagement – Proposal | Provided by applicant |
| 8A) EHR Enhancements – Proposal | Provided by applicant |
| 9A) Scale-Up Efforts – Proposal | Provided by applicant |
| 10A) Evaluation Plan | Provided by applicant |
| 11A) Gaps Proposal | Provided by applicant |
| 12A) TA: Review Proposals and Plans for Strategies for Sustaining EDs | Provided by applicant |
| 12B) TA: Review assessments for readiness for Newly Identified Systems | Provided by applicant |

| **Required Deliverables – Year 2 (Sep 2020 – Aug 2021)** | **Funding** |
|---|---|
| 1C) Program Reporting – Q1 Year 2 | Provided by applicant |
| 1D) Program Reporting – Q2 Year 2 | Provided by applicant |
| 1E) Program Reporting – Q3 Year 2 | Provided by applicant |
| 1F) Program Reporting – Q4 Year 2 | Provided by applicant |
| 2B) Site Visit – Year End | Provided by applicant |
| 3B) Participation in Statewide Collaborative – Year 2 | Provided by applicant |
| **Optional Deliverables – Year 2 (Sep 2020 – Aug 2021)** | **Funding** |
| 4B) Sustainability Supports – Implementation | Provided by applicant |
| 5B) Real-time Treatment Finder – Implementation | Provided by applicant |
| 6B) Linkages Platform – Implementation | Provided by applicant |
| 7B) Provider Engagement – Implementation | Provided by applicant |
| 8B) EHR Enhancements – Implementation | Provided by applicant |
| 9B) Scale-Up Efforts – Implementation | Provided by applicant |
| 10B) Evaluation Report | Provided by applicant |
| 11B) Gaps Implementation | Provided by applicant |
| 12C) TA: Provide Technical Assistance to Sustaining Health Systems & EDs | Provided by applicant |
| 12D) TA: Provide Technical Assistance to Newly Identified Health Systems | Provided by applicant |
| 12E) TA: Serve as a Technical Advisor on Policy Strategies | Provided by applicant |
| 12F) TA: Review submitted draft policies and clinical practice guidelines | Provided by applicant |
| 12G) TA: Participate in ED/Health System team phone calls | Provided by applicant |
| 12H) TA: Participate in Site Visits for Sustaining EDs | Provided by applicant |
| 12I) TA: Participate in both Site Visits for new EDs launching EDCC services | Provided by applicant |
| 12J) TA: Provide ongoing Clinical insight and guidance to ODH | Provided by applicant |
| 12K) TA: Provide insight and feedback on ED Toolkit | Provided by applicant |
| 12L) TA: Naloxone Guidance | Provided by applicant |
| 12M) TA: Evaluation Guidance | Provided by applicant |
| 12N) TA: Participation in Statewide Collaborative | Provided by applicant |

**Appendix D**

## Application Review Form / Scoresheet

| Executive Summary | Maximum Score | Reviewer Score | Notes |
|---|---|---|---|
| Includes specific health systems/EDs | **5** | | |
| Includes expansion supporting strategies for each health system/ED | **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/EDs | **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/EDs 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** | | |

| 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 Required

| Specialized Expansion Development and Supporting Strategies | Maximum Score | Reviewer Score | Notes |
|---|---|---|---|
| ***For each deliverable being proposed, clearly states the following:*** | | | |
| Partners that will be involved in the activity | **5** | | |
| How partner and need was identified | **5** | | |
| What community (e.g. state, county, etc.) will benefit from the proposed activity | **5** | | |
| Does the activity support a newly identified health system/ED, previously funded pilot project, or other health system/ED with some existing capacity | **5** | | |
| How the proposed activity will fill a gap, support sustainability or increase readiness for a health system/ED | **5** | | |
| Applicant addresses **all** proposed deliverables completely | **10** | | |
| Applicants summarizes anticipated needs and continues support for enhancements, expansion, sustainability supports or specialized project work in Year 2 | **10** | | |
| Applicant demonstrates understanding of the purpose and use of the "Specialized Development and Supporting Strategies" component of the project | **10** | | |
| **Subtotal** | **55** | | |

## Methodology Optional

| Technical Assistance (Deliverable #12) | Maximum Score | Reviewer Score | Notes |
|---|---|---|---|
| Describes appropriate clinical and hospital experience level to provide technical assistance on the project | **10** | | |
| Describes ability and factors to consider when determining health system/ED readiness for project implementation | **10** | | |
| Demonstrates experience, ability, and high comfort level in facilitating across health systems to provide TA and facilitate project implementation | **10** | | |
| Demonstrates experience and ability to engage multiple community partners round this topic, includes specific examples | **10** | | |
| Describes support provided to ODH VIPS to implement this project and identify and advance any policy-related initiatives to support this work | **5** | | |
| Describes communication flow and process to implement clear communications across multiple partners involved in the project | **5** | | |
| **Subtotal** | **50** | | |

| 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 partnering agencies. | **5** | | |
| **Subtotal** | **5** | | |

## Summary Scores

| | Maximum Score | Reviewer Score |
|---|---|---|
| **Executive Summary** | **15** | |
| **Program Narrative** | **70** | |
| **Problem/Need** | **15** | |
| **Methodology** | **55 (105)** | |
| *Expansion & Supportive Strategies* | *55* | |
| *Technical Assistance (optional)* | *(50)* | |
| **Work Plan** | **15** | |
| **Budget Justification** | **25** | |
| **Public Health Impact Statement** | **5** | |
| **Letters of Support** | **5** | |
| **Total** | **205 (255)** | |

**Appendix E**

## Project Background, Guidance and Expectations

The goals of ODH in releasing funds for this program include enhancing Ohio's response to the Opioid crisis by creating a comprehensive system of care for patients who present in emergency departments with opioid addiction. Within each health system/emergency department setting, the following goals apply: 1) Identify patients with opioid use disorder by implementing a screening process in emergency departments; 2) Manage opioid use disorder by implementing evidence-based practices in emergency medicine; and 3) Transition patients to long-term care and supportive services using innovative processes that improve pathways to treatment. The end result should include sustainable policy and systems changes to integrate the above goals into clinical care standards of practice within each health system/emergency department. Particularly for ED sites within health systems with pilot EDCC service implementation, our goals with this funding is to see expansion of those comprehensive care services outside of pilot EDs to other ED sites within a given hospital system and improvements in processes for individual components of the EDCC model, as well as a solid framework for sustainability.

Applicants must be a local public or non-profit agency, or health system, with previous experience working with ODH on implementing comprehensive care services in the emergency department setting.

Deliverables are listed in Appendix C1. Deliverables 1 2 and 3 are required. Deliverables 4 through 12 are *a la carte* optional. If applying for Deliverable 12, applicants must indicate in the project narrative a specific professional with extensive clinical expertise in addiction medicine and experience in emergency department settings who is named for the technical advising role for that deliverable and this program application. All objectives under required deliverables, and objectives under chosen optional deliverables (indicated by allocating funds to said deliverables) are required.

See below for additional information on required and optional deliverables, their approximate or respective due dates, and how funding should be allocated:

| Required Deliverables | | | |
|---|---|---|---|
| **Deliverable** | **Due Date** | **Required?** | **Funding** |
| 1 Program Reporting | | Required | Set by applicant |
| *1A: Mid-Year, Year 1* | *7/31/2020* | *Required* | *Portion of above set by applicant* |
| *1B: End of Year, Year 1* | *9/15/2020* | *Required* | *Portion of above set by applicant* |
| *1C: Q1 Year 2* | *12/15/2020* | *Required* | *Portion of above set by applicant* |
| *1D: Q2 Year 2* | *3/15/2021* | *Required* | *Portion of above set by applicant* |
| *1E: Q3 Year 2* | *6/15/2021* | *Required* | *Portion of above set by applicant* |
| *1F: Q4 Year 2* | *9/15/2021* | *Required* | *Portion of above set by applicant* |
| 2 Site Visits | | Required | Set by applicant |
| *2A: Program Start* | *6/15/2020* | *Required* | *Portion of above set by applicant* |
| *2B: Year-End* | *8/31/2021* | *Required* | *Portion of above set by applicant* |
| 3 Participation in Statewide Collaborative | | Required | Set by applicant |
| *3A: Year 1* | *8/31/2020* | *Required* | *Portion of above set by applicant* |
| *3B: Year 2* | *8/31/2021* | *Required* | *Portion of above set by applicant* |
| **Optional Deliverables** | | | |
| **Deliverable** | **Due Date** | **Required?** | **Funding** |
| 4 Sustainability Supports | | Optional | Set by applicant |
| *4A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *4B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 5 Real Time Treatment Finder | | Optional | Set by applicant |
| *5A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *5B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 6 Linkages Platform | | Optional | Set by applicant |
| *6A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *6B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 7 Provider Engagement | | Optional | Set by applicant |
| *7A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *7B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 8 EHR/EMR Enhancements | | Optional | Set by applicant |
| *8A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *8B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 9 Scale-Up Efforts | | Optional | Set by applicant |
| *9A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *9B: Implementation* | *8/31/2021* | *Required if deliverable* | *Portion of above set by applicant* |

| | | | |
|---|---|---|---|
| | | *chosen* | |
| 10 Evaluation | | Optional | Set by applicant |
| *10A: Eval Plan* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *10B: Evaluation Report* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 11 Gaps in Linkages | | Optional | Set by applicant |
| *11A: Proposal* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *11B: Implementation* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| 12 Technical Assistance & Collaborative Advising | | Optional | Set by applicant |
| *12A: Review and guide Proposals and Plans for Deliverable Strategies for Sustaining EDs* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12B: Review and guide assessments for readiness for Newly Identified Health Systems* | *8/31/2020* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12C: Provide Technical Assistance to Sustaining Health Systems & EDs* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12D: Provide Technical Assistance to Newly Identified Health Systems* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12E: Serve as a Technical Advisor on Policy Strategies* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12F: Review and guide submission of draft policies and clinical practice guidelines* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12G: Participate in ED/Health System team phone calls* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12H: Participate in Site Visits for Sustaining EDs* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12I: Participate in both Site Visits for new EDs launching EDCC services* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12J: Provide ongoing Clinical insight and guidance to ODH* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12K: Provide insight and feedback on ED Toolkit* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |

| | | | |
|---|---|---|---|
| *12L: Naloxone Guidance* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12M: Evaluation Guidance* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |
| *12N: Participation in Statewide Collaborative* | *8/31/2021* | *Required if deliverable chosen* | *Portion of above set by applicant* |

The purpose of this funding centers on two main aspects; 1) to provide necessary support for hospital systems/EDs to sustain and expand on existing comprehensive care services and programs for patients who present in emergency departments with substance use disorder (deliverables 1-11); and 2) to provide technical assistance and play an advisory role to three key stakeholders: a) funded hospital systems looking to sustain and/or expand their Emergency Department Comprehensive Care Program, b) new health systems (funded through a separate RFP) that are working to implement a comprehensive care program within their emergency departments, and c) the Ohio Department of Health (deliverable 12).

Service areas are defined as health system emergency departments, and though a statewide reach is not required, preference is given to high need and high burden counties (please reference appendices H and I.

This project is being funded by federal funds through the Centers for Disease Control and Prevention, Overdose Data to Action funding. There will be three total possible number of awards, and awards will be based on the availability of funds and responses to the solicitation.

Total available funds per applicant is up to $400,000 each project year for deliverables 1-11. An additional $150,000 can be applied for, for deliverable 12 (technical assistance and collaborative advising). The max funding request is $550,000.

This application is for program period 5/1/2020 – 8/31/2022. The budget justification needs to cover the budget period of 5/1/2020 – 8/31/2021.

Additionally, please note that there will be a continuation RFP for Year 3, program period 9/1/2021 – 8/31/2022.

Applicants set the deliverable amounts amongst required and chosen optional 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.

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

Other than meeting the requirements for specified deliverables, expectations with regards to the required and optional deliverables include, health systems being:

- Dedicated to evidence-based practices
- Engaged with community partners and the ODH facilitated statewide collaborative

- Proactive with addressing health disparities as it pertains to their target populations
- Motivated to work towards best practices, quality care, and accomplishing optimal standards beyond stop-gap measures
- Consistent in regular communication and participation in learning and sharing opportunities with other stakeholders in the statewide collaborative
- Optimistic in the impact their work will have on individual lives and our communities at large.

**Technical Assistance Guidance**

Applicants should expect to facilitate projects and provide technical assistance and guidance for all aspects of this project, including directly to the health systems/emergency departments funded through this RFP to sustain and/or expand EDCC services, as well as to new hospital systems and ED sites funded through a separate RFP for new implementation efforts of EDCC services, and with ODH VIPS on naloxone needs and policy-related priorities. Please note we approximate the time commitment as approximately 5-10hrs/week.

Additionally, outside of what is indicated as requirements for individual deliverables, our expectations as they pertain to the technical assistance and collaborative advising, is that identified clinical professional:

- Sets aside 5-10hours a week to dedicate time and expertise to meeting the indicated deliverables.
- Demonstrates dedication to the advancement of individual health systems in their launching and expansion of comprehensive care services
- Embodies the expertise and insight to serve as a truly engaged guiding force and resource to all teams and stakeholders in this statewide initiative

**Appendix F**

## 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. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once a notice of intent to apply for funding has been submitted. 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 the Ohio Department of Health (ODH), Violence and Injury Prevention Section (VIPS). If similar activities or activities within the same health system/ED are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

The following components are required:

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_2020"* – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Project Narrative (20-page max), – named *"Agency Name_Program Narrative_2020"* – 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 – elaborated on per required and chosen optional deliverable. If deliverable 12 is chosen the qualifications of the professional, demonstrating clinical expertise with hospital systems, addiction medicine and protocol implementation.
- Work Plan **(Appendix G): no page limit -** named *"Agency Name_ Workplan_2020"* – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Programmatic Budget **(Appendix J for deliverables format): no page limit** – named *"Agency name_Budget Justification_2020"* – 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 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_2020" – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Letters of Support **–** named *"Agency Name_LOS_2020"* – Please upload to the Program Narrative Section of GMIS as its own .pdf ***Must have Letters of Support from Local Health Departments*
- Job Roles/Descriptions & Responsibilities **– no page limit -** named *"Agency Name_Job Descriptions and Responsibilities_2020"* – Please upload to the Program Narrative Section of GMIS as its own .pdf
- Resumes & CVs **– no page limit -** named *"Agency Name_Resumes and CVs_2020"* – 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 systems/emergency departments you're proposing to work with and/or expand to. The deliverable areas in which you plan to focus for sustaining and/or expanding EDCC services and an introductory rationale for their selection.
- Please introduce any specialized development partners identified above for the entirety of this project.
- List your organizations previous and current efforts to build comprehensive systems in emergency departments 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**.**

#### Experience and Capacity

- Briefly summarize any existing work to implement comprehensive care in a health system/ED 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/EDs. 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/ED.
- Describe any existing relationships with health system/ED 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 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. Additionally, describe the capacity of your organization and its personnel to implement Culturally Linguisitc Appropriate Services (CLAS).

**Supplemental and Braided Funding**

- Please detail any similar existing efforts related to the EDCC model; elaborate and describe any additional funding applicant agency is receiving related to emergency department care, OUD in the hospital system, community linkages for overdose, naloxone, etc. Please provide details of how funding is being braided and assure that efforts are not being supplanted. If applicants plan to work in OD2A funded areas including Franklin, Cuyahoga and Hamilton, please elaborate as to how you are working with the LHDs. This grant is through CDC funding, the above-mentioned counties were similarly funded, thus if you're planning to apply to in those counties, please elaborate as to how would your activities be complementary, and not duplicative.

## Problem/Need

Include a narrative description of key factors related to the problem and need for the particular population, disparity and aspects of EDCC 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 has provided a set of indicators in Appendix H outlining overdose burden and emergency department visits and rates by county. Preference will be given to applications that address multiple high-burden areas. Additionally, preference will be given to underfunded region with high-burdens. 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 recent 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. In addition to the Program Narrative, applicants must also provide an annual plan by completing **Appendix G- Work Plan Template**.

**Specialized Development and Supporting Strategies**

For each required and chosen deliverable, describe the following: any proposed project year 1 activities; if the proposed activity will take place at a health system/ED level or as a statewide support; how the need for this activity was identified; partners or vendors that will be involved in the activity; and how the subrecipient will manage the work (eg. Contract, MOU, etc.).

Please also elaborate on year 2 initiatives (9/1/2020 – 8/31/2021) and how supportive strategies may vary, shift or expand during future programmatic years.

| | |
|---|---|
| Year 1 is a short 4-month period, 5/1/2020 – 8/31/2020 | *This RFP |
| Year 2 is a full 12-month period, 9/1/2020 – 8/31/2021 | *This RFP |
| Year 3 is a full 12-month period, 9/1//2021 – 8/31/2022 | *A continuation RFP |

**Technical Assistance**

Applicants should expect to facilitate projects and provide technical assistance and guidance for all aspects of this project, including directly to the health systems/emergency departments funded through this RFP to sustain and/or expand EDCC services, as well as to new hospital systems and ED sites funded through a separate RFP for new implementation efforts of EDCC services, and with ODH VIPS on naloxone needs and policy-related priorities. Please note we approximate the time commitment as approximately 5-10hrs/week.

- Identify professional with clinical expertise in addiction medicine and complementary experience with facilitating the implementation of protocols in hospital EDs
- Describe experience and expertise in providing technical assistance on this topic.
- Describe the process for assessing health system/ED readiness to implement the process. What factors will you consider in assessing health systems/EDs.
- Affirm your ability to work across various health systems and emergency departments to support implementation efforts and provide technical assistance.
- Discuss ability to engage community providers of treatment, peer recovery coaches, and community health workers as part of the implementation of this project.
- Discuss the factors you would consider when identifying the naloxone needs of any given health system/ED.
- Provide introductory insight on how chosen technical advisor could serve ODH VIPS on issues related to policy as well as statewide clinical guidance for the EDCC projects.
- Discuss the logistical factors including information and communication flow between the applicant, ODH, the health system and other community partners.

# Instructions for Budget Justification

This project is being funded by federal funds through the Centers for Disease Control and Prevention, Overdose Data to Action funding. There will be three total possible number of awards, and awards will be based on the availability of funds and responses to the solicitation.

Total available funds per applicant is up to $400,000 each project year for deliverables 1-11. An additional $150,000 can be applied for, for deliverable 12 (technical assistance and collaborative advising). The max funding request is $550,000.

This application is for program period 5/1/2020 – 8/31/2022 as is the budget period. The budget justification needs to cover the budget period of 5/1/2020 – 8/31/2021.

Additionally, please note that there will be a continuation RFP for Year 3, program period 9/1/2021 – 8/31/2022.

Applicants set the deliverable amounts amongst required and chosen optional 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.

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

Please see Appendix C1 and C2 as to how applicants can allocate funding across deliverables.

And please reference Appendix J for the budget justification template.

**Appendix G**

**Work Plan Template**

| 2020 Emergency Department Comprehensive Care Project<br>Annual Work Plan Template | | | | |
|---|---|---|---|---|
| **Organization Name:** | | | | |
| **Deliverable:** | | | | |
| **Activity** | **Partners Identified** | **Steps Proposed** | **Timeline** | **Performance Measures/Outcomes** |
| | | | | |
| | | | | |
| **Deliverable:** | | | | |
| **Activity** | **Partners Identified** | **Steps Proposed** | **Timeline** | **Performance Measures/Outcomes** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Overdose & ED Visit Data

| County | Vital Statistics Mortality Data | | | | | | ED Visits for Suspected Drug Overdose | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2018 | | | 2016-2018 | | | 2019 | | |
| | Number | AA Rate | Order | Number | AA Rate | Order | Number | Overdoses per 10,000 ED Visits | Order |
| Adams | 11 | 40.5 | 25 | 37 | 48.6 | 14 | 120 | 68.4 | 26 |
| Allen | 15 | 15.4 | 58 | 85 | 30.2 | 46 | 349 | 52.6 | 54 |
| Ashland | 4 | * | - | 10 | 7.9 | 84 | 63 | 27.4 | 87 |
| Ashtabula | 22 | 22.2 | 51 | 87 | 31.7 | 42 | 472 | 71.4 | 21 |
| Athens | 5 | * | - | 17 | 11.1 | 81 | 159 | 52.2 | 56 |
| Auglaize | 1 | * | - | 11 | 9.7 | 82 | 103 | 44.6 | 75 |
| Belmont | 18 | 32.5 | 37 | 56 | 31.4 | 43 | 54 | 63.1 | 34 |
| Brown | 26 | 65.7 | 2 | 75 | 61.9 | 4 | 156 | 69.3 | 24 |
| Butler | 176 | 50.9 | 9 | 647 | 61.5 | 6 | 1,849 | 95.5 | 3 |
| Carroll | 4 | * | - | 13 | 20.3 | 69 | 38 | 33.0 | 82 |
| Champaign | 10 | 27.9 | 43 | 37 | 34.4 | 37 | 110 | 52.1 | 58 |
| Clark | 72 | 62.6 | 5 | 241 | 66.7 | 2 | 709 | 79.5 | 11 |
| Clermont | 78 | 40 | 27 | 265 | 45.6 | 21 | 769 | 80.2 | 10 |
| Clinton | 13 | 30 | 41 | 55 | 46.9 | 17 | 217 | 73.2 | 16 |
| Columbiana | 35 | 39.6 | 29 | 122 | 43.8 | 24 | 465 | 70.7 | 22 |
| Coshocton | 7 | * | - | 17 | 18.6 | 73 | 145 | 49.1 | 61 |
| Crawford | 14 | 43.8 | 20 | 39 | 38.5 | 31 | 107 | 54.7 | 49 |
| Cuyahoga | 443 | 35.5 | 31 | 1588 | 42.6 | 26 | 4,579 | 56.2 | 46 |
| Darke | 18 | 39.8 | 28 | 65 | 49.3 | 13 | 140 | 52.3 | 55 |
| Defiance | 6 | * | - | 15 | 14.9 | 76 | 106 | 46.7 | 67 |
| Delaware | 28 | 13.6 | 59 | 67 | 11.5 | 80 | 327 | 54.0 | 51 |
| Erie | 25 | 45.2 | 17 | 94 | 50.2 | 12 | 254 | 62.4 | 36 |
| Fairfield | 25 | 17.7 | 55 | 91 | 21.4 | 68 | 437 | 48.4 | 63 |
| Fayette | 8 | * | - | 41 | 54.5 | 9 | 160 | 78.9 | 12 |
| Franklin | 476 | 35.6 | 30 | 1221 | 30.6 | 45 | 4,691 | 74.8 | 15 |
| Fulton | 7 | * | - | 20 | 20.1 | 70 | 99 | 58.9 | 41 |
| Gallia | 17 | 62.8 | 4 | 46 | 56.6 | 7 | 103 | 72.6 | 18 |
| Geauga | 12 | 16.2 | 57 | 61 | 27.8 | 51 | 147 | 56.5 | 45 |
| Greene | 49 | 32.9 | 36 | 156 | 34.2 | 39 | 675 | 67.0 | 29 |
| Guernsey | 8 | * | - | 31 | 30.7 | 44 | 213 | 92.5 | 4 |
| Hamilton | 357 | 45.1 | 18 | 1119 | 47.3 | 15 | 3,369 | 72.0 | 20 |
| Hancock | 23 | 34.3 | 35 | 74 | 35.5 | 35 | 198 | 59.8 | 39 |
| Hardin | 5 | * | - | 21 | 25.9 | 57 | 111 | 54.5 | 50 |
| Harrison | 4 | * | - | 10 | 24.3 | 64 | 32 | 37.7 | 80 |
| Henry | 10 | 42.3 | 22 | 18 | 23.5 | 65 | 60 | 44.8 | 73 |
| Highland | 5 | * | - | 24 | 21.8 | 67 | 171 | 61.4 | 38 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Hocking | 11 | 43.5 | 21 | 24 | 32.7 | 40 | 116 | 42.5 | 76 |
| Holmes | 4 | * | - | 10 | 9.2 | 83 | 33 | 26.8 | 88 |
| Huron | 16 | 31.8 | 38 | 59 | 37.6 | 33 | 279 | 76.4 | 14 |
| Jackson | 13 | 44.5 | 19 | 30 | 34.3 | 38 | 138 | 66.4 | 31 |
| Jefferson | 27 | 48.3 | 12 | 69 | 42.4 | 27 | 247 | 46.7 | 68 |
| Knox | 4 | * | - | 27 | 16.5 | 74 | 122 | 44.6 | 74 |
| Lake | 71 | 34.7 | 34 | 256 | 41.7 | 28 | 786 | 83.7 | 9 |
| Lawrence | 30 | 54.9 | 8 | 89 | 54.4 | 10 | 10 | 91.8 | 5 |
| Licking | 40 | 22.4 | 49 | 99 | 19.4 | 72 | 373 | 39.7 | 79 |
| Logan | 10 | 26.8 | 45 | 39 | 32.5 | 41 | 145 | 40.3 | 78 |
| Lorain | 101 | 35 | 33 | 380 | 44.5 | 23 | 893 | 56.1 | 47 |
| Lucas | 166 | 40.8 | 24 | 476 | 39.5 | 30 | 2,040 | 68.3 | 27 |
| Madison | 6 | * | - | 41 | 29.3 | 48 | 194 | 76.7 | 13 |
| Mahoning | 98 | 48.1 | 13 | 293 | 46.9 | 17 | 982 | 64.9 | 33 |
| Marion | 29 | 50.5 | 10 | 83 | 46.4 | 19 | 436 | 96.8 | 2 |
| Medina | 35 | 23.6 | 48 | 118 | 26 | 56 | 383 | 51.1 | 60 |
| Meigs | 14 | 62.9 | 3 | 27 | 44.6 | 22 | 85 | 59.7 | 40 |
| Mercer | 2 | * | - | 14 | 13.7 | 78 | 81 | 47.0 | 66 |
| Miami | 28 | 31.7 | 39 | 108 | 39.6 | 29 | 354 | 67.2 | 28 |
| Monroe | 5 | * | - | 8 | * | - | 10 | 28.7 | 86 |
| Montgomery | 275 | 55.4 | 7 | 1116 | 75.6 | 1 | 2,591 | 72.5 | 19 |
| Morgan | 4 | * | - | 10 | 26.7 | 53 | 43 | 41.6 | 77 |
| Morrow | 7 | * | - | 24 | 26.7 | 53 | 140 | 46.1 | 71 |
| Muskingum | 35 | 45.8 | 14 | 63 | 28.2 | 50 | 229 | 46.3 | 70 |
| Noble | 4 | * | - | 6 | * | - | 41 | 57.8 | 44 |
| Ottawa | 13 | 41.6 | 23 | 34 | 35.1 | 36 | 122 | 62.0 | 37 |
| Paulding | 3 | * | - | 6 | * | - | 31 | 31.8 | 83 |
| Perry | 13 | 40.2 | 26 | 25 | 25 | 62 | 66 | 29.5 | 85 |
| Pickaway | 20 | 35.4 | 32 | 43 | 25.8 | 58 | 188 | 58.4 | 42 |
| Pike | 14 | 55.6 | 6 | 34 | 46.1 | 20 | 129 | 89.0 | 7 |
| Portage | 28 | 18.7 | 54 | 113 | 25.6 | 59 | 455 | 62.7 | 35 |
| Preble | 11 | 29.7 | 42 | 61 | 55.2 | 8 | 147 | 72.8 | 17 |
| Putnam | 3 | * | - | 10 | 12.1 | 79 | 53 | 37.6 | 81 |
| Richland | 51 | 45.5 | 16 | 168 | 52 | 11 | 555 | 70.5 | 23 |
| Ross | 37 | 50.5 | 10 | 106 | 47.1 | 16 | 493 | 121.3 | 1 |
| Sandusky | 17 | 31.2 | 40 | 62 | 38.3 | 32 | 156 | 52.2 | 57 |
| Scioto | 47 | 68.3 | 1 | 133 | 63.5 | 3 | 339 | 85.8 | 8 |
| Seneca | 13 | 27.7 | 44 | 37 | 25.4 | 60 | 235 | 55.0 | 48 |
| Shelby | 10 | 21.9 | 52 | 46 | 35.8 | 34 | 143 | 52.9 | 53 |
| Stark | 74 | 22.3 | 50 | 262 | 26.6 | 55 | 857 | 46.0 | 72 |
| Summit | 128 | 24.7 | 46 | 665 | 43 | 25 | 2,118 | 68.6 | 25 |
| Trumbull | 79 | 45.8 | 14 | 325 | 61.6 | 5 | 995 | 91.1 | 6 |
| Tuscarawas | 10 | 13.1 | 60 | 46 | 19.5 | 71 | 262 | 48.9 | 62 |
| Union | 9 | * | - | 26 | 15.6 | 75 | 89 | 52.0 | 59 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Van Wert | 4 | * | - | 20 | 28.7 | 49 | 66 | 47.3 | 65 |
| Vinton | 4 | * | - | 8 | * | - | 46 | 53.8 | 52 |
| Warren | 40 | 18.8 | 53 | 179 | 27.8 | 51 | 542 | 65.4 | 32 |
| Washington | 13 | 24.7 | 46 | 47 | 30.1 | 47 | 114 | 31.4 | 84 |
| Wayne | 18 | 17.5 | 56 | 74 | 24.4 | 63 | 359 | 66.6 | 30 |
| Williams | 8 | * | - | 21 | 22.7 | 66 | 108 | 58.3 | 43 |
| Wood | 14 | 11.3 | 61 | 52 | 14.9 | 76 | 254 | 47.7 | 64 |
| Wyandot | 7 | * | - | 14 | 25.4 | 60 | 51 | 46.6 | 69 |
| **Ohio** | **3764** | **34.1** | | **12668** | **38.3** | | **41481** | **65.0** | |

Below is the first page of the **2018 Ohio Drug Overdose Data: General Findings**
The full 12-page .pdf version can be downloaded here.
The full URL: https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2018-ohio-drug-overdose-report

Ohio Department of Health

# 2018 Ohio Drug Overdose Data: General Findings

## FAST FACTS

- In 2018, 3,764 Ohioans died from unintentional drug overdoses, which was a 22.5% decrease from 2017.
- Illicit fentanyl or fentanyl analogs were involved in 72.6% of 2018 overdose deaths, often in combination with other drugs.
- Deaths related to natural and semi-synthetic opioids (e.g. oxycodone, hydrocodone) decreased by 42.0% from 2017 to 2018.
- In 2018, black non-Hispanic males had the highest drug overdose death rate in Ohio compared to other sex and race/ethnicity groups.

## Unintentional Drug Overdose Deaths in Ohio

- From 2017 to 2018, the rate of unintentional drug overdose deaths decreased by 22.7%, making it the lowest overdose death rate since 2015.
- Beginning in the second quarter of 2017, the number of unintentional overdose deaths began to decrease, and this trend continued into the first half of 2018. However, the number of deaths began to increase in the second half of 2018, with much of the increase occurring in the third quarter. Deaths began to decrease again in the fourth quarter of 2018.

**Figure 1. Number and Age-Adjusted Rate of Unintentional Drug Overdose Deaths by Year, Ohio, 2009-2018**

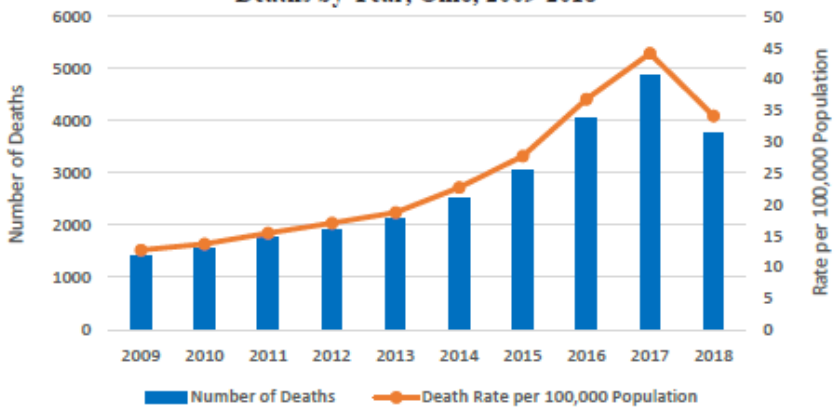
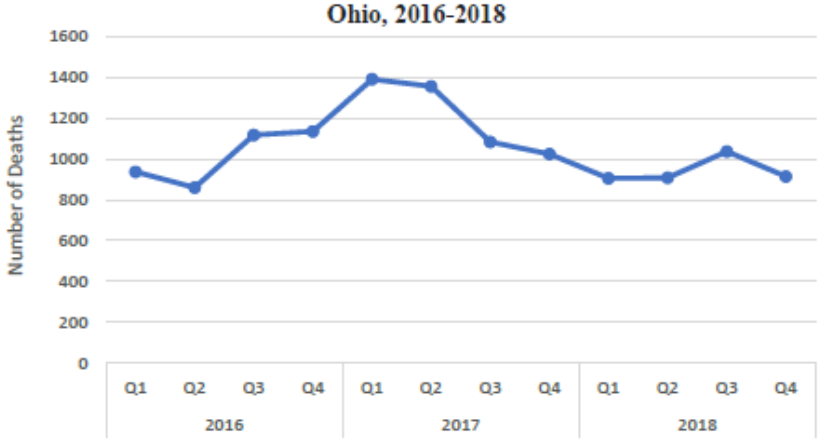



**Figure 2. Number of Unintentional Drug Overdose Deaths by Quarter, Ohio, 2016-2018**




Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44). 1

# BUDGET JUSTIFICATION EXAMPLE (Deliverables 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**

**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]

## Sample Program Reporting

**Data Component**

| **General Baseline Data** |
|---|
| Total number of ED visits |
| Number of ED visits for overdose[1] as primary or secondary diagnosis |
| Of which: Number of visits indicated as *Treat & Release (T&R)* |
| Of which: Number of visits in which patients left *Against Medical Advice (AMA)* |
| Of which: Number of visits in which patients ELOPED |
| Of which: Number of visits in which patients were *observed*/visit was indicated as *observation* |
| Of which: Number of visits in which patients were *admitted*/visit was indicated as *admission* to the hospital directly from the ED |
| Number of **non**-overdose[1] ED visits for patients with primary or secondary diagnoses of opioid abuse, use, or dependence[2] |
| Number of prescribers[3] in the ED |
| Of which: Number of prescribers[3] DATA 2000/x-waiver trained in the ED |
| Of which: Number of prescribers[3] prescribing MAT[4] in the ED[(*)] |
| Of which: Number of prescribers[3] who encountered patients admitted for overdose[1] or with opioid abuse, use, or dependence[2] |
| **Training** |
| Number of prescribers[3] trained on any component of the comprehensive model/approach for this EDCC project and OUD. This includes trainings such as: Data 2000/x-waiver, 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[5] trained on any component of the comprehensive model/approach for this EDCC project and/or OUD. This includes trainings pertaining to: SBIRT, motivational interviewing, other screening protocols, PRS collaboration, stigma, addiction medicine, ED etiquette etc. **Please elaborate and indicate trainings in notes section**. |
| **Screening** |
| Number of patients screened for Opioid Use Disorder (OUD) in the ED |
| Number of patients identified with Opioid Use Disorder (OUD) through screening process |
| **Treatment** |
| Number of ***referrals***[6] to **treatment**[7] |
| Number of *patients* *referred*[6] specifically to **MAT**[4] |
| Of which: Number of *post-overdose*[1] *patients* *referred*[6] specifically to **MAT**[4] |
| Number of *patients* *warmly handed-off*[8] to **treatment**[7] |
| Of which: Number of *post-overdose*[1] *patients* *warmly handed-off*[8] to **treatment**[7] |
| Number of *patients* with **MAT**[4] induction in the ED |
| **Linkages** |
| Number of Peer Recovery Support (PRS) coaches operating in the ED |
| Number of ***referrals***[6] to **risk reduction or wrap-around services**[9] |
| Number of *patients* *warmly handed-off*[8] to **risk reduction or wrap-around services**[9] |
| Of which: Number of *post-overdose*[1] *patients* *warmly handed-off*[8] to **risk reduction or wrap-around services**[9] |
| **Naloxone** |

| |
|---|
| Number of patients who received a **naloxone kit**[10] |
| Of which: Number of post-overdose[1] patients who received a **naloxone kit**[10] |
| Number of patients who received a **prescription** for naloxone |
| Of which: Number of post-overdose[1] patients who received a **prescription** for naloxone |
| Number of naloxone **prescriptions** filled[11] |
| Number of naloxone **kits** and **prescriptions** refused[12] |

| **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 ED 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] *The OUD-Related CPT/ICD10 codes for* ***opioid use, abuse or dependence*** *include the F11 & neonatal/newborn subsets (included on the next tab of this document). This metric should* ***not*** *include individuals that had a primary or secondary T40 diagnosis code for overdose/poisoning/adverse effects.* |
| [3] ***Prescribers*** *includes providers with prescribing privileges in the ED and may include MD & DO Physicians, Nurse Practitioners (NPs), Physician Assistants (PAs), Advanced Practice Registered Nurses (APRNs), Advanced Practice Providers (APPs) etc.* |
| [4] ***MAT*** *includes methadone, buprenorphine, suboxone, and naltrexone but does not include naloxone.* |
| [5] ***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 etc.* |
| [6] *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 ED visits or may be referred to multiple treatment or wraparound services. Again, please report the number of referrals here.* |
| [7] *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.* |
| [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 ED 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 ED 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/pfeprimarycare/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, child care, educational, vocational, family housing, transportation, food security, health insurance, financial and legal assistance and services etc. 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.*

[10] *This does not include kits given to family and friends. If you would like to report on such please do so in the comments section.*

[11] *Naturally, reporting on this metric will only be possible for the internal health system pharmacies, and may underreport actual number of scripts filled if/when patients fill scripts elsewhere. This is an acknowledged limitation.*

[12] *We recognize that this may not be easily extractable from the EMR, however, given trends seen across projects, this is important data for us to collect and track. We understand this may require chart reviews by indicating which patients were eligible (those with primary or secondary diagnoses for overdose or opioid use/abuse/dependence), and subtracting those that received a kit or prescription, and then reviewing notes as to whether staff offered naloxone (kit or script) and if the patient was indicated to have refused such or eloped etc.*

[*] *This metric will include those prescribers that are and are not waiver trained, to account for the non-waivered prescribers that are prescribing vivitrol.*

**Narrative/Qualitative Component**

The following are content sections:

I Grantee Report Submission Details

II Deliverable Updates

III Overall Project Updates

i. Highlights, Facilitators, Accomplishments

ii. Challenges, Concerns, Setbacks, Barriers

iii. Additional qualitative & anecdotal comments

IV Annual Summary

***Please note: In order to fully meet program reporting requirements, a data/quantitative submission as well as an updated work plan is required for complete submission of Program Reports due in line with what is listed on page 9 of the RFP***

****Please also note this is a sample draft for the RFP and minor changes may be made to Program Reporting requirements, which will be shared at the start of the project in May 2020****

## I. Grantee Report Submission Details

| County / Grantee | |
|---|---|
| **Agency:** | |
| Primary Contact | Name: |
| | Phone: |
| | Email: |

| Subgrantee / Contractor | |
|---|---|
| **Agency:** | |
| Primary Contact | Name: |
| | Phone: |
| | Email: |

| Project Site(s) / Location(s) |
|---|
| City(ies): |
| Hospital System: |
| System Site(s): |

| Report Submission | |
|---|---|
| **Person Completing Report:** | *Name, Agency, Email* |
| **Reporting Period:** | *Please indicate from the project reporting periods below.* |

| | Reporting Period | Report Due Date |
|---|---|---|
| **Year 1** | | |
| **Q1:** | 5.1.20 – 6.15.20 | 7.31.20 |
| **Q2:** | 6.16.20 – 8.31.20 | 9.15.20 |
| **Year 2** | | |
| **Q1:** | 9.1.20 – 11.30.20 | 12.15.20 |
| **Q2:** | 12.1.20-2.28.21 | 3.15.21 |
| **Q3:** | 3.1.21-5.31.21 | 6.15.21 |
| **Q4:** | 6.1.21 -8.31.21 | 9.15.21 |

***Please follow the above dates and be in touch with Krystal Sarcone 614-728-8016 krystal.sarcone@odh.ohio.gov with any questions or challenges.***

## II. Deliverable Updates

Each individual deliverable will be listed…. For example:

**Deliverable 1**: Program Reporting

### Objective 1A: Mid-Way - Year 1

By July 31st, 2020 subrecipients will submit both narrative and quantitative program reports to ODH, as well as updates to their annual workplan. Data submission must be at least 60% complete.

**Status:** Choose an item.
**Comments:** Click or tap here to enter text.

### Objective 1B: Year End – Year 1

By September 15th, 2020 subrecipients will submit both narrative and quantitative program reports to ODH. Data submission must be at least 80% complete.

**Status:** Choose an item.
**Comments:** Click or tap here to enter text.

**Deliverable 2**: Site Visits

### Objective 2A: Program Start Site Visit

By May 15th, 2020 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will coordinate and facilitate a ½ day program launch site visit, inclusive of relevant tours, and meetings with key stakeholders and program staff.

**Status:** Choose an item.
**Comments:** Click or tap here to enter text.

### Objective 2B: Year-End Site Visit

By August 31st, 2021 in conjunction with ODH VIPS and identified health systems/ED partners, subrecipient will coordinate and facilitate a year-end ½ day site visit, inclusive of relevant tours, and meetings with key stakeholders and program staff.

**Status:** Choose an item.
**Comments:** Click or tap here to enter text.

## III. Overall Updates

*Please use the space below to elaborate on challenges, concerns, highlights, accomplishments or any additional relevant information pertaining to project development including partnership development or changes in administration etc. over the past quarter.*

a. Highlights, facilitators, accomplishments etc.

Click or tap here to enter text.

b. Challenges, concerns, setbacks, barriers etc.

Click or tap here to enter text.

c. Additional comments, important information etc.

Click or tap here to enter text.

## IV. Annual Summary

**Please provide a narrative response to the below prompts.**

*This annual summary is due at the year-end Program Report that is due 9.15.20 but should reflect the entire term of the project work, not just the last quarter.*

- Major Achievements:
- Measurable Accomplishments:
- Challenges and Lessons Learned:
    - What would be some recommendations and advice you'd give to other projects, sites, or initiatives looking to implement a comprehensive care approach to OUD in the ED setting?
- In what ways and to what extent were outcomes met or unmet in this project?
- Please describe how and if any partnerships developed throughout this project?