



Department  
of Health

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## MEMORANDUM

Date: April 1, 2019

To: Prospective Subrecipient Agencies

From: Jolene DeFiore-Hyrmer, Chief, Violence and Injury Prevention Section  
Office of Health Improvement and Wellness  
Ohio Department of Health

Subject: Competitive Solicitation Drug Overdose Prevention (DR20) Program- 9/1/2019 – 8/31/2020

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, May 13, 2019. 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 Friday, April 19 from 10 – 11 a.m. Webinar and conference line information will be provided to those who submit a Notice of Intent to Apply for Funding by Tuesday, April 16, 2019.

If you have questions, please contact Sara Morman at 614-995-1428 or e-mail at [sara.morman@odh.ohio.gov](mailto:sara.morman@odh.ohio.gov)



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

# **OHIO DEPARTMENT OF HEALTH**

## **OFFICE OF**

*Health Improvement and Wellness*

*Violence and Injury Prevention Section, Drug Overdose Prevention*

## **SOLICITATION**

## **FOR**

**FISCAL YEAR 2020**

**(9/1/2019 – 8/31/2020)**

**Local Public Applicant Agencies**

**Non-Profit Applicants**

**COMPETITIVE GRANT APPLICATION INFORMATION**

**100% Deliverable Funding**

**Revised 02/11/2019**

**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 Tuesday, April 16, 2019 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:** *Injury Prevention Section, Drug Overdose Prevention*

**C. Purpose:** *The purpose of this funding is to implement comprehensive sustainable interventions at the local level to prevent drug overuse, misuse, abuse, and overdose. The goal is to support local communities based on the needs identified within their community by providing resources for community coalitions and strategic plans, overdose fatality review boards, immediate community response plans and implementation of comprehensive sustainable systems in various settings to screen, identify and link at-risk populations with services. Additional goals include increasing community/clinical linkages and developing comprehensive services that support both providers and clients. In addition, this program is intended to integrate the use of data to inform implementation strategies and build in sustainability planning from the outset of the project.*

**D. Qualified Applicants:** *All applicants must be a local public or non-profit agency, please see Appendix D for additional eligibility and priority areas. Counties directly funded under the Centers for Disease Control and Prevention (CDC) Overdose Data to Action CDC-RFA-CE19-1904 are not eligible for these funds. If an NOA from CDC is directly issued to an Ohio county, any ODH NOA previously issued will be considered null and void. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training 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, May 13, 2019.**

**E. Service Area:** *Funded projects are intended to focus on high risk populations and their service providers within their county. Additional information on specific implementation settings is available in the appendices*

**F. Number of Grants and Funds Available:** *This program is funded through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action funding, CDC-RFA-CE19-1904. At least 15 counties will be funded with up to \$2.3 million available. Funding is available in 3 tiers and ranges from \$30,000 - \$140,000+. Additional information on*

available funding levels is available in Appendix D. |

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. by Monday, May 13, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman at [sara.morman@odh.ohio.gov](mailto:sara.morman@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 4 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.136*.
- I. Goals:** *To enhance and continue support for new and existing drug overdose prevention programs at the local level.*
- J. Program Period and Budget Period:** The program period will begin 9/1/2019 and end on 8/31/2022. The budget period for this application is 9/1/2019 through 8/31/2020.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities.
- **Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
  - **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions
  - **Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
  - **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 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health
  - **Standard 6.2:** Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
  - **Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
  - **Standard 10.2:** Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

**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 Drug Overdose Prevention 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:** *Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF.* Please contact Sara Morman, [sara.morman@odh.ohio.gov](mailto:sara.morman@odh.ohio.gov), 614-995-1428.

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**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, May 13, 2019 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 guidance on review criteria, eligibility, and prioritization of funding is available in Appendix D. Application scoring criteria is available in Appendix J. |

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.

- 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, [Office of Health Improvement and Wellness,] [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 [TBD upon funding from the Centers for Disease Control and Prevention], 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 reports must be completed in the ODH REDCap system with the confirmation submission page uploaded to GMIS.] **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

<i><b>Period</b></i>	<i><b>Report Due Date</b></i>
<i>Sept. 1 – November 30, 2019</i>	<i>December 15, 2020</i>
<i>Dec 1, 2019 – Feb. 29, 2020</i>	<i>March 15, 2020</i>
<i>March 1 – May 31, 2020</i>	<i>June 15, 2020</i>
<i>June 1 – August 31, 2020</i>	<i>September 15, 2020</i>

- 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:

<b><i>Period</i></b>	<b><i>Report Due Date</i></b>
<i>September 1 – 30, 2019</i>	<i>October 10, 2019</i>
<i>October 1 – 31, 2019</i>	<i>November 10, 2019</i>
<i>November 1 – 30, 2019</i>	<i>December 10, 2019</i>
<i>December 1 – 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – 31, 2020</i>	<i>February 10, 2020</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>

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

<b><i>Period</i></b>	<b><i>Report Due Date</i></b>
<i>Sept. 1 – November 30, 2019</i>	<i>December 10, 2019</i>
<i>Dec 1, 2019 – Feb. 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – May 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – August 31, 2020</i>	<i>September 10, 2020</i>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> 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, 2020. 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. Drug take back events and activities including drop boxes and drug disposal bags.
- 17. Direct treatment services.
- 18. Naloxone, fentanyl test strips, syringes or needles.

**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:

<b>Complete &amp; Submit Via Internet</b>
---

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

department only)  
12. Attachments as required by Program [See Appendix H for additional requirements.]

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, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive 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 [10] of the Solicitation for unallowable costs. 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 [9/1/2019] to 8/31/2020.

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:** See **Appendix H** for information on what to include in the application. |

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.

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

**Methodology:** See **Appendix H** for information to include in the application. |

- 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](http://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](http://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, May 13, 2019.**

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D.** General Guidance & Eligibility
- E.** Tier 1 Guidance
- F.** Tier 2 Guidance
- G.** Tier 3 Guidance
- H.** Application Instructions
- I.** Work Plan Instructions & Template
- J.** Score Sheet
- K.** Budget Justification Template |

Reimbursement  
Type  
Select one of the  
options below:  
  
☐ Monthly  
OR  
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Office of Health Improvement and Wellness

Submission Required

See Due Date Below

ODH Program Title:  
Drug Overdose Prevention (DR)

New Applicants must submit the GMIS  
Training 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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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 have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, at least two people from your agency are REQUIRED to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

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@odh.ohio.gov BY Tuesday, April 16, 2019.

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

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

## GMIS Training, User Access, Access Change or Deactivation Request

*One request per person.* Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. 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. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.*

Date: \_\_\_\_\_

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

☐ New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: \_\_\_\_\_

☐ Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Fax Number: \_\_\_\_\_

Employee Office Email Address: \_\_\_\_\_

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

Email Notifications: ☐ Yes    ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

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

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program: Drug Overdose Prevention**

**Budget Period: 9/1/2019 – 8/31/2020**

**# of Deliverables: 8**

**Use Budget Justification Scenario#: 3**

**X Deliverables Only**

### **Tier 1 Funding Deliverables**

#### **Deliverable – Objective 1: Local Community Coalition –**

Applicants are permitted to choose between three different strategies that best meet the needs of their community. Please specify which deliverable you're choosing in the narrative, work plan and budget justification.

##### **Choose One:**

**Objective 1a.** By August 31, 2020, subrecipient will submit agendas, sign-in sheets and meeting minutes from four meetings, identify key partners and establish a local community coalition. *Required Benchmarks:* Due quarterly Dec. 15, 2019; March 15, 2020; June 15, 2020; and August 31, 2020

**Objective 1b.** By August 31, 2020, subrecipient will submit a final evaluation report including results of member survey including member involvement and retention, coalition structure, function and communications, strengths, challenges, barriers, and an outline and plan for achieving identified coalition changes.

*Required Benchmarks:* Draft due March 15, 2020; Final due August 31, 2020

**Objective 1c.** By August 31, 2020, subrecipient will develop governance documents adopted by coalition and submit to ODH.

*Required Benchmarks:* Draft due March 15, 2020; Final due August 31, 2020

#### **Deliverable – Objective 2: State Coalition Involvement**

The subrecipient should actively participate in the designated state drug overdose prevention coalition and strategic planning support by completing the following required deliverables.

##### **Required Deliverables for Funding Tiers 1, 2 and 3:**

**Objective 2A:** By August 31, 2020 subrecipient will submit documentation to ODH Program Consultant of their participation in four state coalition meetings and volunteer for group projects. *Required Benchmarks:* Due quarterly Dec. 15, 2019; March 15, 2020; June 15, 2020; and August 31, 2020

**Objective 2B:** By August 31, 2020, subrecipient will provide documentation of state plan strategies that were customized for local implementation, in conjunction with the local coalition. *Required Benchmarks:* Draft due March 15, 2020; Final due August 31, 2020

##### **Required Deliverables for Funding Tier 3 only:**

**Objective 2C:** By August 31, 2020 subrecipient will submit documentation to ODH Program Consultant via GMIS demonstrating they served as Chair or Co-chair of subcommittee, including agendas and meeting minutes of meeting facilitated.

*Required Benchmarks:* Due quarterly Dec. 15, 2019; March 15, 2020; June 15, 2020; and August 31, 2020

#### **Deliverable – Objective 3: Local Strategic Planning**

The subrecipient should engage the local coalition partners to develop a community strategic plan. If a strategic plan exists, the subrecipient should identify which strategies will be implemented using this funding. Please specify if you're choosing strategic plan development or implementation in the narrative, work plan and budget

justification.

**Choose one:**

**Objective 3A:** By August 31, 2020, subrecipient will submit completed community strategic plan that demonstrates involvement from local coalition partners, and inclusion of state plan strategies that are customized for local use.

*Required Benchmarks:* Draft due March 15, 2020; Final due August 31, 2020

**Objective 3B:** By August 31, 2020, subrecipient will submit documentation of a strategic plan strategy or strategies implemented locally.

*Required Benchmarks:* Implementation Plan due March 15, 2020; Implementation Evidence due August 31, 2020

## **Tier 2 Funding Deliverables**

### **Deliverable – Objective 4: Overdose Fatality Review**

Applicants funded under Tier 2 must develop and/or maintain a local Overdose Fatality Review (OFR) committee. This involves convening a committee and entering OFR data into ODH database, analyzing results to inform prevention efforts, and sharing results with state and local partners.

**Objective 4A:** By August 31, 2020 subrecipient must develop and/or maintain an Overdose Fatality Review committee, enter OFR into ODH database, provide a summary, and documentation that summary was disseminated to county coalition, other interested stakeholders, and ODH.

*Required Benchmarks:* Meeting evidence due quarterly: Dec. 15, 2019; March 15, 2020; June 15, 2020; Final Summary and Dissemination Evidence due August 31, 2020

### **Deliverable – Objective 5: Community Response Plan**

Conduct monitoring and data surveillance activities in the form of development and/or maintenance of a community immediate response action plan; and integration of monitoring systems including EpiCenter and OD Maps. Identify response strategies and develop thresholds to scale up response.

**Objective 5A:** By August 31, 2020, subrecipients must submit letters of commitment from lead agencies, a draft community response plan, a final community response plan, and summary of any surge responses from the community partners to provide resources in impacted areas as a result of this monitoring activity.

*Required Benchmarks:* Commitment Letter due Dec. 15, 2019; Draft Plan due March 15, 2020; Final Plan due June 15, 2020; Summary of Response(s) due August 31, 2020

### **Deliverable – Objective 6: Implement Awareness Campaigns**

Utilize data to identify at-risk or highest need audiences within the county and implement social marketing messages to create awareness of the selected topic.

**Objective 6A:** By August 31, 2020, subrecipient must provide evidence of social marketing messages implemented inclusive of emerging and high-risk populations.

*Required Benchmarks:* Audience and Campaign identified March 15, 2020; Campaign Implementation Evidence due August 31, 2020.

### **Tier 3 Funding Deliverables**

#### **Deliverable – Objective 7: Comprehensive, Sustainable Systems – Setting 1**

Develop and implement comprehensive and sustainable systems. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone.

**Objective 7A:** By August 31, 2020, subrecipient will implement a comprehensive, sustainable system in conjunction with key implementation partner as demonstrated by participation agreement(s) with key partners; identification and development of data tracking mechanism; integrated policies and procedures demonstrating a comprehensive system as outlined in the proposal; and key sustainability measures and plan to achieve sustainability identified.

*Required Benchmarks:* Participation Agreement due Dec 15, 2019; Plan for data collection due March 15, 2020; Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due June 15, 2020; Sustainability measures and plan due June 15, 2020; Evidence of functioning comprehensive system inclusive of data and sustainability August 31, 2020.

### **Tier 3 Enhanced Funding Deliverables**

#### **Deliverable – Objective 8: Comprehensive, Sustainable Systems – Additional Settings 2 – 3**

Develop and implement comprehensive and sustainable systems. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone.

**Objective 8A:** By August 31, 2020, subrecipient will implement a comprehensive, sustainable system in conjunction with key implementation partner as demonstrated by participation agreement(s) with key partners; identification and development of data tracking mechanism; integrated policies and procedures demonstrating a comprehensive system as outlined in the proposal; and key sustainability measures and plan to achieve sustainability identified.

*Required Benchmarks:* Participation Agreement due Dec 15, 2019; Plan for data collection due March 15, 2020; Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due June 15, 2020; Sustainability measures and plan due June 15, 2020; Evidence of functioning comprehensive system inclusive of data and sustainability August 31, 2020.

**Appendix C2**
**Name of Subgrant Program: Drug Overdose Prevention**
**Budget Period: 9/1/2019 - 8/31/2020**
**# of Deliverables: 10**
**Use Budget Justification Scenario #: 3**
**\_\_\_ Base Only**
**\_\_\_ Base and Deliverables**
**X Deliverables Only**
**Form# OFA-012**

	Applicants addressing counties with a population of 200,000 or less - Tier 1	Applicants addressing counties with a population of 200,000 or more - Tier 1	Applicants addressing counties with a population of 200,000 or less - Tier 2	Applicants addressing counties with a population of 200,000 or more - Tier 2	Applicants addressing counties with a population of 200,000 or less - Tier 3	Applicants addressing counties with a population of 200,000 or more - Tier 3	Applicants addressing counties with a population of 200,000 or less - Tier 3 Enhanced	Applicants addressing counties with a population of 200,000 or more - Tier 3 Enhanced
<b>Deliverable - Objective 1a, 1b, or 1c - choose one</b>								
Local Community Coalition	\$ 12,000	\$ 20,000	\$ 12,000	\$ 20,000	\$ 12,000	\$ 20,000		
<b>Deliverable - Objective 2A</b>								
State Coalition Involvement	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000		
<b>Deliverable - Objective 2B</b>								
State Plan Integration	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000		
<b>Deliverable - Objective 2C - Tier 3 Required only</b>								
State Level Coordination	\$ -	\$ -	\$ -	\$ -	\$ 2,000	\$ 2,000		
<b>Deliverable - Objective 3A or 3B - choose one</b>								
Community Strategic Plan	\$ 14,000	\$ 26,000	\$ 14,000	\$ 26,000	\$ 14,000	\$ 26,000		
<b>Deliverable - Objective 4A</b>								
Overdose Fatality Review	\$ -	\$ -	\$ 15,000	\$ 15,000	\$ 15,000	\$ 15,000		
<b>Deliverable - Objective 5A</b>								
Community Response Plan	\$ -	\$ -	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000		
<b>Deliverable - Objective 6A</b>								
Awareness Campaigns	\$ -	\$ -	\$ 5,000	\$ 5,000	\$ 10,000	\$ 10,000		
<b>Deliverable - Objective 7A</b>								
Comprehensive, Sustainable Systems	\$ -	\$ -	\$ -	\$ -	\$ 48,000	\$ 53,000		
<b>Deliverable - Objective 8A</b>								
Comprehensive, Sustainable Systems - ENHANCED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 30,000	\$ 40,000
<b>Total</b>	<b>\$ 30,000</b>	<b>\$ 50,000</b>	<b>\$ 60,000</b>	<b>\$ 80,000</b>	<b>\$ 115,000</b>	<b>\$ 140,000</b>	<b>\$ 145,000</b>	<b>\$ 180,000</b>

## Appendix D

### General Grant Guidance and Eligibility

**Background/Purpose:** The Ohio Department of Health (ODH) Violence and Injury Prevention Section (VIPS) is offering a 3-tiered funding opportunity to align local prevention and capacity-building activities under one funding opportunity. This solicitation replaces the previously named PD comprehensive subrecipient program and capacity-building contracts. The purpose of this funding opportunity is to provide increased resources to high-burden counties; offer resources for impacted counties; and align state and local drug overdose prevention efforts.

**Funding Eligibility and Prioritization:** Counties previously funded under GMIS Codes ID or PD comprehensive prevention subrecipient programs are eligible to apply for all funding tiers. Counties directly funded under the Centers for Disease Control and Prevention (CDC) Overdose Data to Action CDC-RFA-CE19-1904 are not eligible for these funds. If an NOA from CDC is directly issued to an Ohio county, any ODH NOA previously issued will be considered null and void. Applicants are eligible to apply for any funding tier based on needs identified within the county or region. However, awards will be based on a combination of factors, and this solicitation includes a weighted scoring criterion which can be viewed on page 23. The intent of this funding is to address areas of the state with the greatest fatal drug overdose rates. While all counties are eligible to apply, due to the available funding, counties in the 75<sup>th</sup> percentile and higher will be weighted according to the criteria. The criteria include number and rate of overdose deaths, along with indicators for prescribing behaviors. Communities may provide additional community-based data to demonstrate a compelling local need for reviewers to consider. ODH anticipates funding at least 15 counties based on approved budgets. In addition to the weighted scoring, ODH will be prioritizing funds for the highest burden counties. No applicant is guaranteed to receive the full funding level requested. Continuation years for this program will include the ability for counties funded at a lower tier to apply for additional funds in grant years 2 and 3, based on performance and emerging need. Past performance will be considered in making final funding determinations.

Tier	Required Activities	Annual Funding Level* for counties with a population less than 200,000	Annual Funding Level* for counties with a population greater than 200,000
<b>1 – Coalitions and Strategic Planning</b>	<ul style="list-style-type: none"> <li>Convene Community Coalition</li> <li>Involvement with Statewide Coalition</li> <li>Develop and/or Implement Community Strategic Plans</li> </ul>	\$30,000	\$50,000
<b>2 – Overdose Fatality Review, Community Response Planning, and Awareness Campaigns</b>	<ul style="list-style-type: none"> <li>All Tier 1 Activities</li> <li>Convene Overdose Fatality Review Committee</li> <li>Develop and Implement Immediate Community Response Plan</li> <li>Implement Awareness Campaigns</li> </ul>	\$60,000	\$80,000
<b>3 – Implement Comprehensive and Sustainable Systems</b>	<ul style="list-style-type: none"> <li>All Tier 1 and 2 Activities</li> <li>Implement a Comprehensive &amp; Sustainable System Project</li> </ul>	\$115,000	\$140,000
<b>3 – Implement Comprehensive and Sustainable Systems – ENHANCED</b>	<ul style="list-style-type: none"> <li>Implement an <b>additional</b> Comprehensive &amp; Sustainable System Project</li> </ul>	\$30,000	\$40,000

*\* Funding levels are intended to allow for compensation of key partners in Tiers 2 and 3 and for implementation of lower-cost strategies identified in community strategic plans.*



### Application Scoring Criteria and Process

All application materials will first be checked and reviewed by GSU to determine that applicants are eligible and all required attachments and information are included. Only complete applications and applications from agencies in compliance with the Grants Application Eligibility Matrix (GAEM) criteria. Applications will be reviewed by internal and external injury prevention and public health professionals who are not connected to any of the applicant agencies. Each grant will be reviewed by 3 reviewers, at least one of whom will be external. Reviewers will be briefed on the application requirements and provided with a copy of the RFP and all application materials meeting the review criteria. The reviewer scoring sheet is available in Appendix J.

#### Weighted Scoring:

In addition to the total reviewer scores, county needs will be considered in awarding the Prescription Drug Overdose Prevention subgrants through the application of additional weighting for those counties within the 75<sup>th</sup> percentile for specific drug overdose indicators. Additional points are noted below and the maximum number of points permitted from each county is in the table below.

Drug Overdose Indicators	Number of Available Points
2017 Census Population	0
Number of Unintentional Drug Overdose Deaths 2017	0
Unintentional Drug Overdose Age-Adjusted Death Rate 2017	0
Number of Unintentional Drug Overdose Deaths 2015 – 2017	4
Unintentional Drug Overdose Death Rate 2015 – 2017	5
Number of Suspected Drug Overdose ED Visits 2018	3
Suspected Drug Overdose Rate per 10,000 ED Visits 2018	3
Number of Drug Overdose Encounters 2017	3
Rate of Drug Overdose Encounters 2017	3
Number of Opioid Doses Dispensed 2017	3
Per Capita Opiate Doses 2017	3
Percent of Behavioral Health Enrollment for OUD	3

This formula allows for resources to be focused on high-burden areas of the state.

**Average Reviewer Score + Weighted need-based Score (if applicable) = Total Applicant Score**

Counties in the 75th Percentile for Drug Overdose Indicators															
2017 Census Population	Number of Unintentional Drug Overdose Deaths 2017 <sup>1</sup>	Unintentional Drug Overdose Age-adjusted Death Rate 2017 <sup>2</sup>	Number of Unintentional Drug Overdose Deaths 2015-2017 <sup>1</sup>	Unintentional Drug Overdose Age-adjusted Death Rate 2015-2017 <sup>2</sup>	Number of Suspected Drug Overdose ED Visits 2018 <sup>3</sup>	Suspected Drug Overdose Rate per 10,000 ED Visits 2018 <sup>4</sup>	Number of Overdose Encounters 2017 <sup>5</sup>	Rate of Overdose Encounters 2017 <sup>6</sup>	Number of Opioid Doses Dispensed 2017 <sup>7</sup>	Per Capita Opioid Doses 2017 <sup>8</sup>	Percent of Behavioral Health Enrollment that is for Opioid Use Disorder <sup>9</sup>	Points by County			
No Points	No Points	No Points	4 Points	5 points	3 point	3 point	3 point	3 point	3 point	3 point	3 point	Maximum of 30 points			
Franklin	Cuyahoga	Montgomery	Cuyahoga	Montgomery	Cuyahoga	Guernsey	Cuyahoga	Fayette	Franklin	Adams	Lawrence	Trumbull	30	Miami	10
Cuyahoga	Montgomery	Fayette	Hamilton	Clark	Franklin	Butler	Montgomery	Clark	Cuyahoga	Vinton	Hardin	Butler	27	Portage	10
Hamilton	Hamilton	Clark	Montgomery	Fayette	Hamilton	Ross	Franklin	Montgomery	Hamilton	Jackson	Gallia	Clark	27	Darke	5
Summit	Franklin	Clinton	Franklin	Butler	Montgomery	Marion	Hamilton	Clinton	Montgomery	Perry	Pickaway	Montgomery	27	Ashtabula	9
Montgomery	Butler	Trumbull	Summit	Trumbull	Lucas	Gallia	Butler	Butler	Summit	Pike	Jefferson	Ross	27	Huron	9
Lucas	Summit	Preble	Butler	Brown	Butler	Clark	Summit	Preble	Lucas	Hocking	Adams	Hamilton	24	Champaign	6
Butler	Lucas	Brown	Lucas	Preble	Summit	Fayette	Lucas	Trumbull	Butler	Marion	Crawford	Mahoning	21	Highland	6
Stark	Trumbull	Butler	Lorain	Clinton	Lorain	Lake	Clark	Gallia	Stark	Ross	Jackson	Richland	21	Jackson	6
Lorain	Lorain	Gallia	Trumbull	Adams	Stark	Lawrence	Trumbull	Highland	Trumbull	Trumbull	Trumbull	Lorain	18	Jefferson	6
Lake	Mahoning	Darke	Mahoning	Lawrence	Mahoning	Warren	Lorain	Huron	Mahoning	Clark	Pike	Summit	18	Madison	6
Mahoning	Clark	Lawrence	Stark	Ross	Lake	Trumbull	Warren	Greene	Lorain	Jefferson	Meigs	Erie	15	Pickaway	6
Warren	Lake	Adams	Clark	Richland	Clark	Hamilton	Mahoning	Erie	Lake	Highland	Brown	Columbiana	15	Fairfield	6
Delaware	Stark	Pike	Lake	Darke	Trumbull	Brown	Greene	Miami	Clark	Madison	Ross	Marion	20	Guernsey	6
Trumbull	Warren	Hamilton	Warren	Hamilton	Warren	Clinton	Lake	Brown	Warren	Clinton	Butler	Brown	17	Licking	6
Medina	Greene	Mahoning	Richland	Erie	Greene	Belmont	Stark	Ashtabula	Licking	Guernsey	Richland	Fayette	17	Athens	3
Licking	Richland	Erie	Greene	Summit	Richland	Williams	Richland	Ross	Portage	Brown	Marion	Gallia	17	Crawford	3
Greene	Columbiana	Jefferson	Portage	Gallia	Fairfield	Montgomery	Miami	Champaign	Fairfield	Huron	Fayette	Warren	19	Delaware	3
Portage	Fairfield	Marion	Columbiana	Pike	Ashtabula	Huron	Medina	Warren	Medina	Pickaway	Mahoning	Clinton	14	Hardin	3
Fairfield	Medina	Columbiana	Medina	Marion	Licking	Union	Ashtabula	Marion	Greene	Harrison	Montgomery	Greene	16	Harrison	3
Clark	Licking	Huron	Ross	Lorain	Marion	Auglaize	Portage	Hamilton	Delaware	Champaign	Athens	Lucas	16	Hocking	3
Wood	Miami	Shelby	Miami	Columbiana	Ross	Pike	Fayette	Richland	Ross	Gallia	Morrow	Pike	14	Meigs	3
Richland	Allen	Crawford	Erie	Mahoning	Columbiana	Preble	Erie	Madison	Columbiana	Washington	Lucas	Lake	16	Morrow	3
												Adams	11	Perry	3
												Cuyahoga	13	Vinton	3
												Franklin	13	Washington	3
												Lawrence	11	Auglaize	3
												Preble	11	Belmont	3
												Stark	13	Union	3
												Medina	10	Williams	3

<sup>1</sup>Number of Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death X40-X44). Sources: Ohio Dept. of Health, Office of Vital Statistics, Analysis by Injury

<sup>2</sup>Death rates per 100,000 population of Ohio residents from unintentional drug poisoning. US Census estimates. \* Rate is suppressed for <10 deaths.

<sup>3</sup>Number of emergency department visits for suspected drug overdose among Ohio residents ages 11 and older. Source: EpiCenter, Ohio's syndromic surveillance system.

<sup>4</sup>Rate per 10,000 emergency department visits for suspected drug overdose among Ohio residents ages 11 and older. Source: EpiCenter, Ohio's syndromic surveillance system.

<sup>5</sup>Number of opioid overdose inpatient, emergency room, urgent care, and observation encounters in Ohio facilities. \*\* number of encounters is less than 11 or county population is less than 20,000.

<sup>6</sup>Rate per 10,000 population of opioid overdose inpatient, emergency room, urgent care, and observation encounters in Ohio facilities. \*\* number of encounters is less than 11 or county population is

<sup>7</sup>Number of oral solid doses dispensed (bup & combinations included). Source: OARRS.

<sup>8</sup>Per Capital Opiate Doses. Source: OARRS.

<sup>9</sup>Percent of unique persons enrolled in the behavioral health system with an opiate diagnosis in state fiscal year (SFY) 2013 (Medicaid and Non-Medicaid). Source: Ohio Mental Health and Addiction Services.

Drug Overdose Indicators, by County of Residence																								
County	2017 Census Population		Number of Unintentional Drug Overdose Deaths 2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2017 <sup>2</sup>		Number of Unintentional Drug Overdose Deaths 2015-2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2015-2017 <sup>2</sup>		Number of Suspected Drug Overdose ED Visits <sup>3</sup>		Suspected Drug Overdose Rate per 10,000 ED Visits <sup>4</sup>		Number of Overdose Encounters 2017 <sup>5</sup>		Rate of Overdose Encounters 2017 <sup>6</sup>		Number of Opioid Doses Dispensed 2017 <sup>7</sup>		Per Capita Opioid Doses 2017 <sup>8</sup>		Percent of Behavioral Health Enrollment that is for Opioid Use Disorder <sup>9</sup>	
	Population	Rank	Number	Rank	Rate	Rank	Number	Rank	Rate	Rank	Number	Rank	Number	Rank	Number	Rank	Rate	Rank	Number	Rank	Per Capita	Rank	Percent	Rank
Adams	27,726	75	14	53	56.9	12	38	47	50.8	9	131	59	63.8	29	78	52	27.3	27	2,394,506	52	86.4	1	64.40%	6
Allen	103,198	25	39	22	40.9	33	88	23	31.3	35	382	24	57.8	47	276	23	26.0	34	4,441,015	30	43.0	51	44.06%	52
Ashland	53,628	45	3	74	*	61	12	76	9.0	78	82	71	34.4	80	73	57	13.7	58	1,652,649	66	30.8	82	41.20%	57
Ashtabula	97,807	27	26	36	30.1	48	86	25	32.0	34	436	18	63.4	31	346	19	34.1	15	4,208,025	31	43.0	52	36.60%	70
Athens	66,597	34	6	66	*	62	20	62	13.9	73	164	43	52.3	56	69	58	10.7	67	3,590,834	35	53.9	29	56.67%	20
Auglaize	45,778	48	6	67	*	63	19	64	14.9	71	160	45	68.0	20	37	72	8.1	74	2,112,578	58	46.1	47	40.00%	60
Belmont	68,029	33	18	45	29.3	50	56	39	30.1	40	94	67	70.3	15	76	55	10.8	66	3,503,214	37	51.5	36	52.69%	30
Brown	43,576	52	31	27	75.2	7	72	30	59.5	6	169	41	72.2	13	154	36	34.3	14	2,762,125	42	63.4	16	61.08%	12
Butler	380,604	7	260	5	74.1	8	666	6	63.8	4	1,945	6	97.3	2	2,047	5	55.6	5	19,649,298	7	51.6	35	60.48%	14
Carroll	27,385	76	6	68	*	64	14	72	21.7	59	56	74	47.9	64	27	73	9.4	72	1,070,480	76	39.1	64	29.73%	79
Champaign	38,840	61	17	47	48.9	23	33	51	31.1	37	136	54	60.1	39	132	43	32.9	17	2,349,161	53	60.5	20	47.40%	43
Clark	134,557	20	96	11	81.1	3	240	12	65.3	2	758	12	85.6	6	951	8	68.7	2	9,361,942	13	69.6	10	49.33%	38
Clinton	42,009	55	30	28	79.5	4	62	34	54.2	8	226	35	70.6	14	245	25	58.3	4	2,671,442	44	63.6	14	46.48%	46
Columbiana	103,077	26	48	17	49.8	19	117	18	40.1	21	397	22	58.7	43	201	32	18.6	45	5,212,491	22	50.6	37	42.05%	55
Coshocton	36,544	64	6	69	*	65	13	75	13.9	74	140	52	46.7	66	55	63	14.9	54	1,715,402	65	46.9	44	28.24%	80
Crawford	41,746	56	17	48	49.4	22	35	50	32.9	32	99	66	49.2	63	85	50	19.4	44	2,325,755	54	55.7	24	62.50%	7
Cuyahoga	1,248,514	2	598	1	47.7	24	1,420	1	37.9	24	4,722	1	57.8	46	3,459	1	27.0	29	42,508,030	2	34.0	76	34.71%	73
Darke	51,536	46	28	32	61.6	10	60	35	46.8	13	135	56	49.4	62	107	48	20.2	41	1,910,496	62	37.1	70	38.13%	69
Defiance	38,156	62	3	75	*	66	16	68	15.3	70	103	64	41.6	73	39	71	10.0	70	1,468,556	70	38.5	68	27.74%	81
Delaware	200,464	13	28	33	14.8	59	51	41	9.3	77	313	27	53.5	55	167	35	9.6	71	5,749,686	20	28.7	84	51.83%	34
Erie	74,817	32	32	24	51.9	16	92	22	46.4	15	279	31	55.5	51	290	22	37.6	12	4,121,822	32	55.1	26	31.39%	77
Fairfield	154,733	19	43	18	30.4	47	82	26	19.4	61	465	17	55.1	53	215	29	14.7	55	6,905,138	17	44.6	48	55.44%	23
Fayette	28,752	71	26	37	104.5	2	49	42	65.3	3	178	38	85.5	7	303	21	104.4	1	1,527,633	68	53.1	31	58.09%	17
Franklin	1,291,981	1	431	4	32.2	43	1,024	4	25.9	48	4,187	2	66.5	26	3,063	3	26.3	32	50,876,007	1	39.4	62	45.07%	48
Fulton	42,289	54	3	76	*	67	19	65	18.5	62	111	62	65.1	27	58	62	13.6	60	1,983,259	61	46.9	45	39.44%	64
Gallia	29,973	70	18	46	67.1	9	38	48	45.5	17	140	50	89.3	5	128	44	41.4	8	1,762,123	64	58.8	21	69.17%	3
Geauga	93,918	28	25	38	31.5	45	64	32	29.4	41	133	57	51.0	60	119	46	12.7	62	2,772,956	41	29.5	83	25.48%	83
Greene	166,752	17	63	15	40.8	34	150	16	33.2	30	629	15	62.9	34	608	13	37.6	11	6,053,746	19	36.3	72	46.90%	44
Guernsey	39,093	60	10	58	31.3	46	32	54	32.6	33	165	42	123.6	1	60	60	15.0	51	2,479,286	49	63.4	15	51.18%	36
Hamilton	813,822	3	444	3	56.3	14	1,097	2	46.5	14	3,414	3	72.3	12	2,516	4	31.4	20	33,591,906	3	41.3	58	52.27%	33
Hancock	75,754	31	32	25	46	28	64	33	30.4	38	206	36	63.5	30	115	47	15.4	50	2,418,976	51	31.9	78	46.52%	45
Hardin	31,364	69	9	61	*	68	24	60	27.7	46	82	70	39.4	79	42	70	13.1	61	1,526,559	69	48.7	40	70.17%	2
Harrison	15,216	81	5	71	*	69	10	78	23.8	55	23	83	26.5	84	**	79	**	79	939,981	79	61.8	19	44.37%	50
Henry	27,185	77	3	77	*	70	14	73	17.9	65	50	76	33.6	81	24	76	8.5	73	1,112,968	74	40.9	59	43.57%	54
Highland	42,971	53	13	55	35.1	41	28	57	25.4	49	175	39	60.7	38	175	33	40.1	9	2,811,168	40	65.4	12	54.38%	24
Hocking	28,474	72	8	62	*	71	16	69	22.5	57	90	68	32.9	82	43	68	14.6	56	2,035,762	60	71.5	6	52.34%	32
Holmes	43,957	51	2	81	*	72	6	81	N/A	81	34	81	26.2	85	16	78	3.8	78	632,508	83	14.4	85	17.45%	85

Drug Overdose Indicators, by County of Residence																								
County	2017 Census Population		Number of Unintentional Drug Overdose Deaths 2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2017 <sup>2</sup>		Number of Unintentional Drug Overdose Deaths 2015-2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2015-2017 <sup>2</sup>		Number of Suspected Drug Overdose ED Visits <sup>3</sup>		Suspected Drug Overdose Rate per 10,000 ED Visits <sup>4</sup>		Number of Overdose Encounters 2017 <sup>5</sup>		Rate of Overdose Encounters 2017 <sup>6</sup>		Number of Opioid Doses Dispensed 2017 <sup>7</sup>		Per Capita Opioid Doses 2017 <sup>8</sup>		Percent of Behavioral Health Enrollment that is for Opioid Use Disorder <sup>9</sup>	
	Population	Rank	Number	Rank	Rate	Rank	Number	Rank	Rate	Rank	Number	Rank	Number	Rank	Number	Rank	Rate	Rank	Number	Rank	Per Capita	Rank	Percent	Rank
Huron	58,494	41	27	35	49.7	20	53	40	33.2	31	260	32	68.8	18	237	26	39.7	10	3,701,659	33	63.3	17	48.68%	41
Jackson	32,449	68	10	59	34.2	42	26	58	28.8	43	147	49	66.7	25	87	49	26.2	33	2,504,010	48	77.2	3	62.41%	8
Jefferson	66,359	35	28	34	50.7	17	58	37	35.5	25	305	28	57.5	48	151	37	21.7	39	4,530,210	29	68.3	11	65.41%	5
Knox	61,261	37	15	51	25.6	55	30	56	17.8	67	160	46	59.0	42	77	53	12.6	63	2,652,572	45	43.3	49	33.20%	75
Lake	230,117	10	91	12	44.4	31	235	13	38.5	23	784	11	83.2	8	589	14	25.6	35	9,682,789	12	42.1	55	38.24%	68
Lawrence	60,249	39	32	26	60.9	11	82	27	50.1	10	9	85	79.7	9	**	80	**	80	2,898,694	38	48.1	41	78.82%	1
Licking	173,448	16	41	20	24.5	56	88	24	17.4	68	436	19	46.5	68	227	27	13.6	59	7,396,778	15	42.6	53	30.45%	78
Logan	45,325	49	15	52	36.7	40	37	49	30.3	39	139	53	40.7	76	76	56	16.6	48	2,632,411	47	58.1	23	47.98%	42
Lorain	307,924	9	133	9	46.4	26	342	8	40.1	20	1,051	8	61.5	36	867	10	28.8	25	11,927,306	11	38.7	67	39.56%	63
Lucas	430,887	6	153	7	38.3	36	428	7	35.4	27	1,997	5	67.1	23	1,169	7	26.5	31	22,558,254	6	52.4	33	55.46%	22
Madison	44,036	50	20	42	45	30	42	45	31.2	36	157	48	59.8	40	136	40	31.3	22	2,824,486	39	64.1	13	48.94%	40
Mahoning	229,796	11	112	10	52.7	15	255	10	40.0	22	925	10	63.0	32	643	12	26.9	30	12,622,572	10	54.9	27	57.89%	18
Marion	64,967	36	30	29	50.4	18	76	29	41.8	19	432	20	92.1	4	212	30	31.9	19	4,635,863	27	71.4	7	59.33%	16
Medina	178,371	15	42	19	27.8	53	110	19	23.9	54	378	25	50.0	61	352	18	20.4	40	6,200,578	18	34.8	75	45.44%	47
Meigs	23,080	78	4	72	*	73	16	70	29.1	42	105	63	66.7	24	60	61	25.2	37	1,200,739	72	52.0	34	61.21%	11
Mercer	40,873	58	7	64	*	74	15	71	14.3	72	74	73	44.9	70	46	67	11.3	64	1,284,495	71	31.4	80	39.16%	65
Miami	105,122	24	41	21	45.8	29	97	21	34.9	28	390	23	64.3	28	360	17	35.1	13	4,912,262	23	46.7	46	39.10%	67
Monroe	13,946	84	2	82	*	75	4	84	N/A	84	15	84	39.7	78	**	81	**	81	541,541	84	38.8	66	49.12%	39
Montgomery	531,542	5	521	2	106.7	1	1,080	3	73.5	1	2,467	4	70.1	17	3,285	2	61.4	3	29,435,256	4	55.4	25	57.75%	19
Morgan	14,709	82	2	83	*	76	6	82	N/A	82	42	79	41.1	75	**	82	**	82	776,048	82	52.8	32	39.13%	66
Morrow	34,994	66	11	57	38.3	37	20	63	23.2	56	133	58	41.4	74	52	65	14.9	53	1,645,161	67	47.0	43	56.15%	21
Noble	14,406	83	1	85	*	77	7	80	N/A	80	31	82	59.6	41	**	83	**	83	447,732	85	31.1	81	44.93%	49
Ottawa	40,657	59	7	65	*	78	26	59	25.1	51	118	61	58.0	45	77	54	18.6	46	2,167,031	57	53.3	30	40.09%	59
Paulding	18,845	80	3	78	*	79	3	85	N/A	85	46	78	46.6	67	**	84	**	84	787,500	81	41.8	57	25.29%	84
Perry	36,024	65	6	70	*	80	19	66	18.4	63	77	72	39.9	77	61	59	16.9	47	2,716,672	43	75.4	4	49.82%	37
Pickaway	57,830	42	17	49	32	44	33	52	19.8	60	185	37	56.5	50	141	38	25.3	36	3,629,599	34	62.8	18	67.89%	4
Pike	28,270	73	13	56	56.8	13	31	55	42.5	18	100	65	67.3	21	85	51	29.6	23	2,096,348	59	74.2	5	61.50%	10
Portage	162,277	18	39	23	28.1	52	121	17	27.8	45	344	26	55.4	52	316	20	19.6	43	6,911,712	16	42.6	54	35.65%	71
Preble	41,120	57	29	30	75.7	6	65	31	58.5	7	140	51	67.2	22	209	31	49.4	6	2,249,288	55	54.7	28	54.30%	26
Putnam	33,878	67	3	79	*	81	11	77	12.8	76	47	77	32.4	83	26	74	7.5	76	1,081,048	75	31.9	79	32.48%	76
Richland	120,589	22	49	16	46.5	25	153	15	47.0	12	503	16	61.4	37	390	16	31.3	21	4,880,981	24	40.5	60	59.57%	15
Ross	77,313	30	29	31	37.8	38	107	20	47.7	11	399	21	95.8	3	259	24	33.2	16	5,500,174	21	71.1	8	61.01%	13
Sandusky	59,195	40	23	39	42.3	32	57	38	35.5	26	160	47	53.6	54	174	34	28.6	26	2,478,788	50	41.9	56	43.91%	53
Seneca	55,243	44	19	44	38.9	35	33	53	22.1	58	240	34	56.9	49	124	45	21.9	38	2,633,152	46	47.7	42	54.31%	25
Shelby	48,759	47	21	41	49.5	21	44	43	34.9	29	174	40	62.9	33	135	41	27.3	28	1,844,834	63	37.8	69	44.31%	51
Stark	372,542	8	91	13	28.2	51	247	11	24.8	52	969	9	51.6	59	579	15	15.4	49	18,448,538	8	49.5	39	34.88%	72
Summit	541,228	4	239	6	46.4	27	710	5	45.9	16	1,921	7	61.8	35	1,567	6	28.9	24	23,384,528	5	43.2	50	39.79%	61

Drug Overdose Indicators, by County of Residence																								
County	2017 Census Population		Number of Unintentional Drug Overdose Deaths 2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2017 <sup>2</sup>		Number of Unintentional Drug Overdose Deaths 2015-2017 <sup>1</sup>		Unintentional Drug Overdose Age-adjusted Death Rate 2015-2017 <sup>2</sup>		Number of Suspected Drug Overdose ED Visits <sup>3</sup>		Suspected Drug Overdose Rate per 10,000 ED Visits <sup>4</sup>		Number of Overdose Encounters 2017 <sup>5</sup>		Rate of Overdose Encounters 2017 <sup>6</sup>		Number of Opioid Doses Dispensed 2017 <sup>7</sup>		Per Capita Opioid Doses 2017 <sup>8</sup>		Percent of Behavioral Health Enrollment that is for Opioid Use Disorder <sup>9</sup>	
	Population	Rank	Number	Rank	Rate	Rank	Number	Rank	Rate	Rank	Number	Rank	Number	Rank	Number	Rank	Rate	Rank	Number	Rank	Per Capita	Rank	Percent	Rank
Trumbull	200,380	14	135	8	77.8	5	335	9	62.9	5	637	13	73.7	11	922	9	43.8	7	14,207,863	9	70.9	9	61.52%	9
Tuscarawas	92,297	29	22	40	26.8	54	44	44	18.1	64	256	33	45.6	69	135	42	14.6	57	4,665,638	26	50.6	38	33.66%	74
Union	56,741	43	10	60	17.8	58	22	61	13.5	75	120	60	68.2	19	53	64	10.1	69	2,206,060	56	38.9	65	53.90%	27
Van Wert	28,217	74	8	63	*	82	17	67	24.2	53	83	69	58.4	44	43	69	15.0	52	1,017,044	78	36.0	74	40.40%	58
Vinton	13,092	85	2	84	*	83	5	83	N/A	83	38	80	41.7	72	**	85	**	85	1,032,347	77	78.9	2	53.49%	28
Warren	228,882	12	81	14	37.1	39	181	14	28.5	44	631	14	75.3	10	693	11	32.6	18	8,469,692	14	37.0	71	42.03%	56
Washington	60,418	38	14	54	29.9	49	42	46	27.3	47	163	44	43.4	71	49	66	7.9	75	3,549,993	36	58.8	22	53.00%	29
Wayne	116,038	23	20	43	20.8	57	80	28	25.2	50	288	29	52.0	58	227	28	19.8	42	4,575,604	28	39.4	61	39.57%	62
Williams	36,784	63	4	73	*	84	14	74	15.6	69	135	55	70.2	16	25	75	6.6	77	1,191,917	73	32.4	77	26.81%	82
Wood	130,492	21	17	50	14.8	60	60	36	17.8	66	287	30	52.3	57	141	39	11.2	65	4,728,150	25	36.2	73	52.41%	31
Wyandot	22,029	79	3	80	*	85	9	79	N/A	79	55	75	47.8	65	24	77	10.6	68	862,495	80	39.2	63	51.57%	35
<sup>1</sup> Number of Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death X40-X44). Sources: Ohio Dept. of Health, Office of Vital Statistics, Analysis by Injury Prevention Program.																								
<sup>2</sup> Death rates per 100,000 population of Ohio residents from unintentional drug poisoning. US Census estimates. * Rate is suppressed for <10 deaths.																								
<sup>3</sup> Number of emergency department visits for suspected drug overdose among Ohio residents ages 11 and older. Source: EpiCenter, Ohio's syndromic surveillance system.																								
<sup>4</sup> Rate per 10,000 emergency department visits for suspected drug overdose among Ohio residents ages 11 and older. Source: EpiCenter, Ohio's syndromic surveillance system.																								
<sup>5</sup> Number of opioid overdose inpatient, emergency room, urgent care, and observation encounters in Ohio facilities. ** number of encounters is less than 11 or county population is less than 20,000. Source: OHA Public Data Release,																								
<sup>6</sup> Rate per 10,000 population of opioid overdose inpatient, emergency room, urgent care, and observation encounters in Ohio facilities. ** number of encounters is less than 11 or county population is less than 20,000. Source: OHA																								
<sup>7</sup> Number of oral solid doses dispensed (bup & combinations included). Source: OARRS.																								
<sup>8</sup> Per Capital Opiate Doses. Source: OARRS.																								
<sup>9</sup> Percent of unique persons enrolled in the behavioral health system with an opiate diagnosis in state fiscal year (SFY) 2013 (Medicaid and Non-Medicaid). Source: Ohio Mental Health and Addiction Services.																								

## Appendix E

### Tier 1: Coalitions and Strategic Planning

Successful prevention requires building local partnerships to assure sustainability of efforts. All funded projects will be responsible for working with a functioning, local coalition comprised of appropriate, multi-disciplinary and representative community stakeholders. For all key partners identified in the work plan, a letter of agreement from the partner describing the partnership and responsibilities to carry out the work plan **must** be provided with this application.

#### **Local Community Coalition**

The activities within this section are intended to allow communities to either start a new coalition or to enhance an existing coalition by conducting an evaluation or implementing a formal structure. Please select the activity that is the best opportunity to increase visibility, efficiency, and effectiveness for the community coalition to move their objectives forward.

**Establish a new coalition**, this year one activity is to establish a functional coalition dedicated to the prevention of drug overdose. Projects establishing new coalitions in project year 1 will be required to evaluate their coalitions during year 2 of the project.

- a. Establish a multidisciplinary coalition comprised of appropriate and relevant key community stakeholders focused on overdose prevention. This includes members from diverse communities including racial and ethnic minority populations, people with disabilities and representatives from affected populations. Seek the involvement of groups like the Urban Minority Alcohol Drug Abuse Outreach Programs (UMADAOP).
- b. The coalition should meet at least 4 times before August 31, 2020. Meeting agendas and notes should be developed as evidence of these meetings. Coalition development strategies and meetings should be clearly documented in the activities of the project year 1 work plan.

**Evaluate an existing coalition**, expansion and evaluation of the coalition is a year 1 activity for communities with an existing coalition that needs to identify areas of strengths and weaknesses prior to undertaking a formal structure and strategic plan. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH per the attached deliverable timeframes. ODH can provide a coalition evaluation that is customized for the applicant county. Applicants should strongly consider utilizing the ODH-provided coalition evaluation in order to optimize implementation timeframes for project year 1.

- a. Conduct an evaluation of your existing coalition during year 1 using guidance provided by ODH. Evaluation results must be provided to ODH Program Consultant per the timeframes in the attached deliverables in Appendix C1.
- b. The coalition should meet in person no less than quarterly, and should meet at least 4 times before August 31, 2020. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Expand coalition focused on overdose prevention by at least 3 key stakeholders per year. Meetings should be held in accessible locations to ensure that all community members can participate, including those with disabilities.

**Develop governance structure and documents for existing coalition**, development of governance documents is a potential year 1 activity for applicants. This should be considered for community coalitions with partners that regularly attend and provide input into coalition meetings. This process is intended to be completed with input from coalition members. Should an applicant decide to formalize

the structure and membership requirements a formal by-laws document should be developed. Additional guidance on the topics to be addresses is outlined below. Having a formal coalition structure provides stability when moving to a strategic planning phase and should represent consensus of key partners and participants.

- a. Develop and adopt a formal by-laws document for your coalition addressing the following aspects of the coalition: mission, vision, purpose, and description; member terms and responsibilities; meeting schedule and participation expectations; order of business including decision making, leadership, officers and responsibilities; and community organizations with designated representatives. The final document should be provided to the ODH Program Consultant per the attached deliverables in Appendix C1.
- b. The coalition should meet in person no less than quarterly and should meet at least 4 times before August 31, 2020. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations to ensure that all community members can participate, including those with disabilities.

**Note:** *If applicant demonstrates all coalition and partnership building activities outlined above are already in place, then a letter of support from the coalition stating the intent to begin strategic planning and/or to support implementation of the activities outlined the applicant proposal should be submitted with the application.*

#### **Involvement with Statewide Coalition & Implementation of State Plans**

Applicants should plan for and demonstrate a willingness to be involved in identified statewide efforts for drug overdose prevention. The ODH Violence and Injury Prevention Section (VIPS) facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. As a community receiving funding to work on this issue, these strategies, successes, lessons learned and emerging best practices should not be completed in a vacuum. Successful applicants should plan for an increased role in the OIPP by 1) actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls; and 2) identifying implementation projects in the designated state plan and modifying/aligning local plans. Additional guidance on activities is below. Additionally, applicants funded under Tier 3 will be required to serve as a chair or co-chair of

**Actively participate in subcommittee as evidenced by regular attendance at meetings and conference calls and input offered on the selected topic**, applicants with fewer years' experience in injury prevention can gain insight and build relationships by actively participating in a related subcommittee. Applicants should plan to be in attendance at three in-person meetings. Funded applicants are expected to volunteer for projects and follow through on implementation of group projects.

**Identify implementation strategies of the state plan and align proposed local strategies; and participate in statewide efforts related to local strategies**, identify state plan priorities and activities that can be accomplished locally and modify local plans to include state activities. If the coalition is moving toward implementation of the strategic plan, implement and provide feedback and information on successes and barriers on conference calls and during quarterly in person meetings.

**Tier 3 Requirement: Serve as chair or co-chair of subcommittee to work on related goals or goals of interest within the Prescription Drug Abuse Action Group strategic plan**, facilitate three conference calls with peers to coordinate implementation of strategic plan priorities. Please consider alignment and priorities of local community plans which can be supportive of implementation of state strategic

plan.

### **Community Strategic Planning**

**Develop strategic plan**, once a coalition is established, partners should develop a strategic plan for their coalition to identify and fill gaps in prevention efforts for overdose in their community. Strategic planning should be conducted in collaboration with coalition members and other interested community members.

- a. The resulting strategic plan should include the activities proposed in this application; outline how coalition member organizations will support implementation; and identify roles for coalition members and member organizations. The final document should be provided to the ODH Grants Consultant per the attached deliverable timeframes.
- b. The coalition should meet in person no less than quarterly and meet at least 4 times before August 31, 2020. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan.

<b>Required Objective – Tier 1: Coalitions and Strategic Planning: By August 31, 2020, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.</b>		
<b>Tier 1: Coalitions and Strategic Planning</b>	<b>Required Strategies</b>	<b>Activity Pick List:</b>
	<b>Develop, Maintain, and Enhance a Local Community Coalition*</b> <i>* Counties without an existing coalition must establish a new coalition in project year 1. Counties with established coalitions should identify a logical next step for their coalition and provide evidence as to why that option was selected, <b>only one activity is required.</b></i>	Establish a community coalition comprised of partners with an interest in reducing fatalities associated with drug overdose
		Conduct an evaluation of XYZ Coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations – present results and utilize results to inform future member recruitment and retention planning
		In conjunction with a functioning coalition, formalize the coalition governance and structure by developing and implementing formal by-laws, leadership roles, etc.
	<b>Involvement with Statewide Coalition &amp; Alignments of State &amp; Local Plans</b>	<b>Required:</b> Actively participate in Prescription Drug Abuse Action Group (PDAAG) as evidenced by regular attendance at meetings and conference calls
		<b>Required:</b> Identify strategies of the state plan that can be implemented locally and modify local plans; and participate in statewide efforts related to local strategies; and at implementation phase, offer feedback and input on the activities <b>Please note: Strategies can and should be customized to meet identified local needs.</b>
		<b>Tier 3 Required:</b> Serve as chair or co-chair of a PDAAG subcommittee
	<b>Strategic Planning</b>	<b>Required:</b> In conjunction with a formal coalition, develop a community strategic plan related to drug overdose prevention; ensure alignment with state plans; Moving toward implementation, identify and share barriers to strategies at the state level



## Appendix F

### Tier 2: Overdose Fatality Review, Community Response Planning, and Awareness Campaigns

To be considered for Tier 2 funding, applicants must include a narrative and work plan on how they plan to accomplish Tier 1 activities, and all following Tier 2 activities related to conducting surveillance and monitoring activities. Required activities include: 1) development of and/or maintenance of an Overdose Fatality Review (OFR) committee and 2) development and/or maintenance of a community immediate response action plan.

#### **Develop (or maintain) a county or multi-county Overdose Fatality Review (OFR) committee**

To identify the circumstances surrounding overdose deaths to inform prevention, applicants must form an OFR committee. In project year 1, ODH will provide model policies and templated implementation materials for applicants to customize for use within their county.

- **Convene an OFR Committee:** The reviews should be conducted by representatives from the coalition. The coroner's office will assist in the identification of cases and accessing prescription history reports. Additional stakeholders and potential data owners (e.g., treatment centers, law enforcement, health care providers, etc.) will be invited to participate in the review of cases in a confidential setting.
- **Enter OFR data into ODH-provided database** from death certificates, coroner reports, autopsy, toxicology, prescription monitoring program (Ohio Automated Rx Reporting System) and other data as available (e.g., medical records, law enforcement/criminal records, substance abuse or mental health information). The database will contain the drugs involved in the death, circumstances of death (e.g., witnessed, EMS called, etc.) and any other available and informative details of the decedent's history (e.g., history of substance abuse treatment), that may inform future prevention efforts.
- **Provide ODH with a written summary of de-identified OFR data and disseminate written summary with the county coalition and stakeholders.** Funded applicants will be expected to analyze their findings and provide information to their coalition, community, and ODH regarding the findings. A critical component includes utilizing the findings to ensure prevention strategies are reaching the most impacted populations.

**Applicants must include a letter of support from the county coroner** ensuring access to coroner data and prescription monitoring program data from the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS). Coroners may access these data in the course of investigating a drug overdose death: <http://www.pharmacy.ohio.gov/Documents/Pubs/Special/OARRS/Coroner%20Use%20of%20the%20Ohio%20Automated%20Rx%20Reporting%20System.pdf>

*Please note:* Relevant information relating to a decedent's prescription history must be included as part of the coroner's report or obtained by the coroner. OFR participants may not have access to the decedent's OARRS report.

#### **Develop a local immediate community response action plan**

To mobilize local efforts to respond to any identified increases in overdoses, funded applicants must develop and implement a local immediate community response plan. The purpose is to mobilize local efforts to respond to sudden increases in overdoses. Detection of overdoses can be tracked and reviewed through the

use of the OD Maps application and hospital emergency department and urgent care data in EpiCenter. OD Maps is a free application that can be utilized by first responders to track visits to community members experiencing an overdose. The system makes available fatal and non-fatal overdose information along with number of naloxone doses administered. EpiCenter is Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events. The system has traditionally been used to monitor pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. EpiCenter gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring. The system was recently enhanced to include the ability to identify anomalies when overdose visits increase within a county in an effort to provide local health departments with more timely information to respond appropriately. The purpose of this community action plan is to act as a catalyst for action among local partners (i.e. first responders aware of increase in overdoses and provided with additional naloxone; law enforcement informed of increase overdoses and provided with naloxone, etc.) and source for situational monitoring for acute illness events. For the purposes of the application, submit information on the process to develop a local immediate community response plan. Applicants should identify key partners in their community through letter of support that will take the lead on implementation of OD Maps and tracking and monitoring of EpiCenter data. The expectation is for development of a monitoring of the two systems; communications plans between response and leadership agencies at the local level, including the coroner, public safety and leadership office; and plans and procedures for responding to sudden increases, including response teams that can go into impacted areas with leave-behind naloxone kits, fentanyl test strips, clean syringes, education, and engagement or linkage with treatment services. *Please note:* These supplies cannot be purchased from these funds but would need to be leveraged from local funding sources.

- **Develop an immediate community response action plan to utilize syndromic surveillance data, OD maps and other locally identified data:** OD Maps is a free application available for us by first responders to capture fatal and non-fatal overdoses along with the number of naloxone doses administered. EpiCenter alerts and provides surveillance data to local jurisdictions on increases in emergency visits for drug-related admissions (overdoses, detox, withdrawals). The plan must address the following: 1) use and monitoring of the two systems (including integration and review of OFR data as it becomes available), 2) communications plans between local agencies and local leadership to alert and activate an increased presences in impacted communities; 3) verification and investigation of EpiCenter data; 4) Specific details on what increased presence in the community will mean to the county, including utilization of response teams, re-direction or re-purposing of existing quick response teams to address the emergent situation, or specific roles for each partner during the response; 5) resource identification and allocation; and 6) support of key partners within the community to implement the community response immediately.

***\* If the applicant is not a local health department designee with access to the EpiCenter syndromic surveillance data from ODH, the applicant must include a letter of support from the local health department entity stating their intent to work collaboratively to provide timely information from the system.***

### **Implement Awareness Campaigns**

The Ohio Department of Health (ODH) has developed social marketing campaigns for use by local agencies to address different aspects of the evolving drug overdose issue. The Take Charge Ohio campaign is available

with a focus on supporting prescriber and patient interactions by educating Ohioans on the appropriate use of pain medication and lower expectations of receiving a prescription for an opioid. Audiences for this campaign include health care providers and the general public. Ohio's drug supply has been adulterated with fentanyl causing increases in fatalities related to poly-substance use. Due to these increases, ODH is in the process of developing harm reduction messaging to reach at-risk populations and their influencers. Key audiences for this messaging include people who use drugs, people who inject drugs, and those professionals who work with them including staff members at syringe access programs, drug courts, community naloxone distribution sites, etc. Additionally, ODH is interested in promoting the availability and use of naloxone. Messaging is currently being updated and will be available for use by local partners and agencies. Key audiences for this campaign include friends and families of people with opioid use disorder and the general public.

To select and implement social marketing messages, partners should utilize their OFR data and findings to identify key demographics including age, race, geographic location, and any other key factors to target messaging. The approach should be inclusive of emerging populations with increased risk and applicants should include how they've identified message dissemination channels utilizing the impacted population. Other state and local data can also be utilized. Applicants may also utilize all campaigns in the manner most appropriate to their local projects.

<b>Required Objective – Tier 2: Overdose Fatality Review, Community Response Planning, and Awareness Campaigns:</b> <i>By August 31, 2020, XYZ Agency will implement a local surveillance and monitoring activities to engage partners and focus local response.</i>		
<b>Tier 2: Overdose Fatality Review &amp; Community Response Planning:</b>	<b>Required Strategies</b>	<b>Activity List*:</b> <i>* All activities below are required.</i>
	<b>Develop and/or Maintain Overdose Fatality Review</b>	<b>Required:</b> Develop and/or Maintain an Overdose Fatality Review committee to identify specific circumstances to inform prevention activities and share findings/reports with ODH and coalition annually
	<b>Develop and/or Maintain an Immediate Community Response Plan</b>	<b>Required:</b> Through letter of commitment identify lead agencies to utilize and monitor OD Maps and EpiCenter. Report to ODH on utilization and implementation of the community response plan
		<b>Required:</b> A functioning community response plan including the component listed above
		<b>Required:</b> Identification of response and partner involvement to sudden increases in overdoses
	<b>Implement Awareness Campaigns</b>	<b>Required:</b> Utilizing developed social marketing messaging, identify and implement an awareness campaign that is identified as a need in the county

## Appendix G

### Tier 3: Implement Comprehensive and Sustainable Systems

To be considered for Tier 3 funding, applicants must include a narrative and work plan on how they plan to accomplish all Tier 1 and 2 activities, along with plans on how to address the activities under the comprehensive and sustainable systems. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone. Applicants are expected to build a sustainable system in at least one setting each year of the grant funding. Proposals that don't contain comprehensive activities and a sustainability plan will not be funded for Tier 3. Additional funds will be available for applicants demonstrating the partnerships and capacity to address more than one setting in their community. Applicants should work in conjunction with identified partners in the following settings:

- Health Care Providers – Integration and Supports
  - Primary Care
  - Emergency Departments/Acute Care Setting
  - Clinical/Specialty Setting (i.e. Surgical, Dental, FQHC, Orthopedic, Pharmacy)
- Public Safety and Public Service Agencies
  - Specialized Dockets (including family and drug courts)
  - Jails
  - First Responders – Law Enforcement and Emergency Medical Services
  - Home Visiting Programs and Child Protective Services Agencies
- Harm Reduction Settings
  - Syringe Access Programs
  - Naloxone Distribution Programs
  - Infectious Disease Testing Programs

**Please note:** While many of the activities listed in the tables below may be partially implemented (or a policy in place without the activities occurring consistently) the goal of this funding is to work toward full, consistent implementation of all of the activities in a way that supports the provider and client and is sustainable.

In each identified setting, the following are required strategies:

**Data to Inform Activities** – Data and evaluation should be included in the process to build and implement a sustainable system. Suggestions for data sources are included below and activities to ramp up data collection should be outlined as part of the proposal and included in the work plan. Outcomes of these data systems should be used to tailor and inform the prevention strategies and monitor the project implementation in subsequent grant years. For the purposes of the application, please include strategies that are feasible and likely to be accomplished in year 1. Projects can be updated or adapted once data sources are available with input and review from your ODH Grant Consultant.

**Programmatic Partnerships & Activities** – These activities should be focused on working with partners in an identified setting to create: integrated identification and screening processes; linkages or onsite induction of evidence-based treatment options; integrated, onsite provision of naloxone; induction of case management or peer support services; referrals and linkages to other wraparound services; and integrated tracking of data and outcomes.\*

*\* Ideally, all of the component listed above would be included, however, applicants should identify and propose activities*

that are feasible within the timeframe and budget in conjunction with potential partners. Funding will be allocated and funding increased based on the level of commitment from partners as demonstrated in letters of support.

**Sustainability** – Preference will be given to applicants demonstrating commitments from partners to sustain these efforts after the grant funding expires. Funding levels will increase based on the number and type of settings proposed by applicants. A key component is to work alongside the identified partner to identify sustainability measures that can be implemented.

#### **Guidance for Selecting a Comprehensive Sustainable System Setting:**

Choose one setting from the table below (i.e. Primary Care is one setting under the Health Care Providers – Integration & Supports). At least one activity should be identified in the Required Strategies of Data to Inform Activities and Sustainability. Several activities should be selected under the Programmatic Partnerships and Activities Required Strategy. The selected activities under this strategy should form as comprehensive system as possible to include integrated screening and identification processes, integrated onsite availability of naloxone, induction of case management or peer support services, integrated systems to link to treatment and wraparound services, and any other procedure or process identified by the applicant and implementation partner. Applicants are permitted to work with settings that are in various levels of readiness, but the setting should express commitment to implement the strategies through a letter of support. Additional funds will be allocated to applicants addressing more than one setting, however, the expectation is for one new setting to be set up each grant year to be implemented and become sustainable by the end of the 3-year grant project.

**Required Objective:** *By September 30, 2020, XYZ Agency will implement a comprehensive and sustainable system in “ABC setting” on conjunction with “Implementation Partner.”*

<b>Health Care Providers – Integration &amp; Supports</b>		
<b>Health Care Setting Options</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>Primary Care</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Utilize the OARRS Peer Review Module to develop monitoring standards to align and inform the activities proposed below</li> <li>- Identify and utilize existing reports from EHR to monitor and track performance and inform activities proposed below</li> <li>- Utilize quality measures provided by CDC as a framework for tracking – link to QI measures below</li> </ul>
	<b>Programmatic Partnerships &amp; Activities</b> <i>– Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i>	<ul style="list-style-type: none"> <li>- Implement Opioid Use Disorder risk identification and screening policies and procedures</li> <li>- Implement policies and procedures to support responsible prescribing and adherence to state rules and guidelines</li> <li>- Implement policies and procedures to increase office-based induction of Medication Assisted Treatment (MAT)</li> <li>- Implement policies and procedures for a coordinated care program with patients on long-term opioid therapy</li> <li>- Implement a case management/patient navigator system for clients on MAT or positively identified with Substance Use Disorder</li> <li>- Enhance referral process to include warm hand-off and case management services</li> </ul>

	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Research and identify CPT codes to determine potential reimbursement streams</li> <li>- Develop and implement billing procedures for new/enhanced services being offered</li> <li>- Integrate work flows and/or order sets into the electronic health record</li> </ul>
<b>Resources:</b>		
	<p><b>CDC Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain*</b>  <a href="https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html">https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</a>  <i>* Customized version inclusive of Ohio prescribing rules available July 2019</i></p> <p><b>CDC Quality Improvement and Care Coordination: QI Measures – At-a Glance –</b>  <a href="https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html">https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</a></p> <p><b>State Medical Board of Ohio – Overview: Regulations for Chronic and Subacute Opioid Prescriptions –</b> <a href="https://med.ohio.gov/Overview-Regulations-for-Chronic-and-Subacute-Opioid-Prescriptions">https://med.ohio.gov/Overview-Regulations-for-Chronic-and-Subacute-Opioid-Prescriptions</a></p> <p><b>SBIRT: Coding for Reimbursement –</b> <a href="https://www.samhsa.gov/sbirt/coding-reimbursement">https://www.samhsa.gov/sbirt/coding-reimbursement</a></p> <p><b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States –</b> <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a></p>	
<b>Health Care Setting Options</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>Emergency Departments/Acute Care Setting</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Utilize the OARRS Peer Review Module to develop monitoring standards to align and inform the activities proposed below</li> <li>- Identify and utilize existing reports from EHR to monitor and track performance and inform activities proposed below</li> <li>- Utilize quality measures provided by CDC as a framework for tracking – link in resources below</li> </ul>
	<p><b>Programmatic Partnerships &amp; Activities</b>  <i>– Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i></p>	<ul style="list-style-type: none"> <li>- Establish protocols and procedures to screen and identify those at risk for a drug overdose including those with injection-related infections (skin and soft tissue infections, endocarditis, and osteomyelitis)</li> <li>- Implement policies and procedures for induction of Medication Assisted Treatment (MAT) for post-overdose patients prior to release</li> <li>- Develop patient support structures for post-overdose and positively screened patients including peer supporters, patient navigators, and case management services</li> <li>- Implement policies and procedures for integrated, onsite provision of naloxone to post-overdose patients</li> <li>- Integrate policies and procedures for warm hand offs to appropriate treatment settings</li> </ul>

	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Identify and categorize real-time treatment availability in surrounding areas, utilizing a web-based platform</li> <li>- Research and identify CPT codes to determine potential reimbursement streams</li> <li>- Develop and implement billing procedures for new/enhanced services being offered</li> <li>- Integrate work flows and/or order sets into the electronic health record</li> </ul>
<b>Resources:</b>		
	<p><b>CDC Vital Signs: Opioid Overdoses Treated in Emergency Departments*</b>  <a href="https://www.cdc.gov/vitalsigns/opioid-overdoses/">https://www.cdc.gov/vitalsigns/opioid-overdoses/</a>  <i>* Online toolkit for Ohio EDs available September 2019</i></p> <p><b>CDC Quality Improvement and Care Coordination: QI Measures – At-a Glance –</b>  <a href="https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html">https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</a></p> <p><b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States –</b> <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a></p>	
<b>Health Care Setting Options</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>Clinical/Specialty Settings (i.e. Surgical, Dental, FQHC, Orthopedic, Pharmacy)</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Utilize the OARRS Peer Review Module to develop monitoring standards to align and inform the activities proposed below</li> <li>- Identify and utilize existing reports from EHR to monitor and track performance and inform activities proposed below</li> <li>- Utilize quality measures provided by CDC as a framework for tracking – link in resources below</li> </ul>
	<p><b>Programmatic Partnerships &amp; Activities</b>  <i>– Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i></p>	<ul style="list-style-type: none"> <li>- Develop and implement policies and procedures to guide prescribing in a clinical specialty practice*</li> <li><i>* Policies and procedures should be inclusive of Ohio’s prescribing rules and any special considerations for the selected setting</i></li> <li>- Develop and implement policies and procedures for pro-active provision of naloxone from pharmacy to those with opioid prescriptions</li> <li>- Integrate systems, policies, and procedures for screening and identification of at-risk patients</li> <li>- Implement policies and procedures for integrated, onsite provision of naloxone to at-risk patients</li> <li>- Integrate policies and procedures for warm hand offs to appropriate treatment settings</li> <li>- Integrate patient education into practice setting, utilizing Take Charge Ohio materials</li> </ul>

	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Research and identify CPT codes to determine potential reimbursement streams</li> <li>- Identify and categorize co-pay costs for naloxone from private insurers</li> <li>- Develop and implement billing procedures for new/enhanced services being offered</li> <li>- Integrate work flows and/or order sets into the electronic health record</li> </ul>
<b>Resources:</b>		
	<b>Michigan Opioid Prescribing Engagement Network – Surgical Prescribing Guidance -</b> <a href="https://opioidprescribing.info/">https://opioidprescribing.info/</a> <b>CDC Quality Improvement and Care Coordination: QI Measures – At-a Glance –</b> <a href="https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html">https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</a> <b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States –</b> <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a>	

<b>Public Safety &amp; Public Service Agencies</b>		
<b>Public Safety &amp; Service Setting</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>Specialized Dockets Including Family and Drug Courts</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Create participant tracking database and train those in public safety or public service setting on data collection procedures</li> <li>- Identify existing data system that can be adapted to track participants</li> </ul>
	<b>Programmatic Partnerships &amp; Activities – <i>Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i></b>	<ul style="list-style-type: none"> <li>- Integrate family-centered approach with family peer mentors utilizing the Ohio START model and available trainings</li> <li>- Integrate efforts of courts, treatment centers, child welfare services, and service agencies utilizing the court as a hub to improve family outcomes</li> <li>- Integrate provision of naloxone to court participants and their friends and family</li> <li>- Develop treatment to employment projects with local employers and people in recovery</li> </ul>
	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies</li> <li>- Identify existing data systems to modify for integrated participant tracking</li> <li>- Applicants can provide seed funds to agencies while working to identify a billable model</li> </ul>
<b>Resources:</b>		



	<b>Ohio START Program – Sobriety, Treatment and Reducing Trauma –</b> <a href="http://www.osatg.org/ohio-start.html">http://www.osatg.org/ohio-start.html</a> <b>Supreme Court of Ohio – Family Dependency Treatment Courts –</b> <a href="http://www.supremecourt.ohio.gov/JCS/specDockets/familyDependency/default.asp">http://www.supremecourt.ohio.gov/JCS/specDockets/familyDependency/default.asp</a> <b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States –</b> <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a>	
<b>Public Safety &amp; Service Setting</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>Jails</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Create participant tracking database and train those in setting on data collection procedures</li> <li>- Identify existing data system that can be easily adapted to track participants</li> </ul>
	<b>Programmatic Partnerships &amp; Activities – Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</b>	<ul style="list-style-type: none"> <li>- Integrate opioid use disorder screenings into intake processes</li> <li>- Develop system and procedures to offer uninterrupted access to Medication Assisted Treatment (MAT) for those receiving treatment prior to incarceration</li> <li>- Integrate processes to connect positively screened individuals with treatment resources and wraparound services</li> <li>- Develop systems, policies and procedures to begin evidence-based MAT prior to release</li> <li>- Develop systems, policies and procedures to offer all three forms of FDA-approved MAT</li> <li>- Integrate policies and procedures to integrate provision of naloxone to at-risk individuals upon release</li> </ul>
	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Applicants can provide seed funds to agencies while working to identify billing models</li> </ul>
<b>Resources:</b>		
	<b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States –</b> <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a>	
<b>Public Safety &amp; Service Setting</b>	<b>Required Strategies</b>	<b>Activities for Consideration</b>
<b>First Responders – Law Enforcement (LE) and Emergency Medical Services (EMS)</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Implement use of HIDTA OD maps to identify data points and set baselines</li> <li>- Utilizing HIDTA OD maps – prioritize areas for community paramedicine visits</li> </ul>
	<b>Programmatic Partnerships &amp; Activities: Proposed activities should be developed in conjunction with the identified partner, several activities</b>	<ul style="list-style-type: none"> <li>- Build systems to implement pre-arrest or pre-trial diversion programs into an area currently without those options</li> <li>- Implement community paramedicine programs for those with opioid use disorder</li> <li>- Integrate use of leave-behind naloxone kits for those who refuse EMS transport</li> <li>- Utilizing real-time treatment finders, connect individuals with treatment services</li> </ul>

	<i>listed should be selected to create a comprehensive system</i>	<ul style="list-style-type: none"> <li>- Integrate provision of leave-behind naloxone kits to friends or family after law enforcement visit</li> </ul>
	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Identify applicable billing codes for EMS visits</li> <li>- Applicants can provide seed funds to agencies while working to identify billing models</li> <li>- Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies</li> </ul>

**Resources:**

	<b>Journal of Emergency Medicine Services –</b> <a href="https://www.jems.com/articles/print/volume-42/issue-11/features/the-community-paramedicine-approach-to-the-opioid-epidemic.html">https://www.jems.com/articles/print/volume-42/issue-11/features/the-community-paramedicine-approach-to-the-opioid-epidemic.html</a>
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Public Safety & Service Setting	Required Strategies	Activities for Consideration
<b>Home Visiting Programs &amp; Child Protective Service Agencies</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Develop and implement local data sharing agreements to allow for sharing of information between programs</li> </ul>
	<b>Programmatic Partnerships &amp; Activities – Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</b>	<ul style="list-style-type: none"> <li>- Integrate family-centered approach with family peer mentors utilizing the Ohio START model and available trainings</li> <li>- Integrate efforts of courts, treatment centers, child welfare services, and service agencies utilizing the selected agency as a hub to improve family outcomes</li> <li>- Develop policies and procedures for non-adversarial collaboration and communication across systems</li> <li>- Implement case management or family-centered peer mentoring program</li> <li>- Facilitate provision of naloxone to at-risk families or individuals</li> </ul>
	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Applicants may provide seed funding for projects while billing models are identified</li> </ul>

**Resources:**

	<b>HRSA’s Home Visiting Program: Supporting Families Impacted by Opioid Use Disorder and NAS</b> <a href="https://www.flmiechv.com/hrsa-release-new-home-visiting-resource-for-supporting-families-impacted-by-opioids-nas/">https://www.flmiechv.com/hrsa-release-new-home-visiting-resource-for-supporting-families-impacted-by-opioids-nas/</a> <b>Ohio START Program – Sobriety, Treatment and Reducing Trauma –</b> <a href="http://www.osatg.org/ohio-start.html">http://www.osatg.org/ohio-start.html</a>
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<b>Harm Reduction</b>		
Harm Reduction Settings	Required Strategies	Activities for Consideration –
<b>Syringe Access/ Naloxone Distribution/ Infectious Disease Testing</b>	<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Develop and implement local data sharing agreements to allow for sharing of information between programs</li> <li>- Create participant tracking database and train those in setting on data collection procedures</li> <li>- Identify existing data system that can be easily adapted to track</li> </ul>

Programs		participants
	<b>Programmatic Partnerships &amp; Activities</b> – <i>Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i>	<ul style="list-style-type: none"> <li>- Identify services within the community and develop a plan to work toward integration of services, these services include but are not limited to:               <ul style="list-style-type: none"> <li>○ Free sterile needles and syringes, safe disposal of needles and syringes,</li> <li>○ Referral to health services (onsite or through warm hand offs),</li> <li>○ Referral to substance use disorder treatment including medication assisted treatment (onsite or through warm hand offs),</li> <li>○ HIV and hepatitis testing and linkage to treatment,</li> <li>○ Tools to prevent HIV and hepatitis including condoms, counseling, and PrEP,</li> <li>○ Hepatitis A and B vaccinations,</li> <li>○ Overdose Treatment and education, and</li> <li>○ Provision of Naloxone and education.</li> </ul> </li> <li>- In conjunction with partners, determine processes for integrating the above-mentioned services for clients in one location.</li> <li>- Implement comprehensive, responsible screenings and identification of clients who may be ready for treatment</li> <li>- Build systems to connect clients to the various services and to wraparound services</li> <li>- Identify roles for staff members including but not limited to case managers and peer recovery coaches</li> <li>- Identify facilitators and barriers to providing comprehensive services onsite</li> </ul>
	<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Identify applicable billing codes for SBIRT, case management, etc.</li> <li>- Applicants can provide seed funds to agencies while working to identify billing models</li> <li>- Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies</li> </ul>
<b>Resources:</b>		
	<b>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States</b> – <a href="https://www.cdc.gov/drugoverdose/states/index.html">https://www.cdc.gov/drugoverdose/states/index.html</a>	

## Appendix H

### 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, Violence and Injury Prevention Section. If similar activities or activities within the same category 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:

- A. Executive Summary: 1-page limit** – named “Agency Name\_ Executive Summary\_2020”
- B. Program Narrative: 20-page limit** – named “Agency Name\_Program Narrative\_2020”
  - 1. Description of Applicant Agency and Documentation of Eligibility**
  - 2. Problem/Need**
  - 3. Methodology Narrative**
    - a) **Tier 1: Coalitions & Strategic Planning**
    - b) **Tier 2: Overdose Fatality Review, Community Response Plan & Awareness Campaign**
    - c) **Tier 3: Implement Comprehensive Sustainable Systems**
  - 4. Sustainability Plan**
  - 5. Evaluation – Targeted Evaluation Project**
  - 6. Programmatic Budget Summary**
- C. Work Plan (Appendix I): no page limit** - named “Agency Name\_ Workplan\_2020”
- D. Budget Justification (Appendix K): no page limit** – named “Agency name\_Budget Justification\_2020”
- E. Resumes and Position Descriptions – no page limit** - named “Agency Name\_Job Descriptions and Resumes\_2020”
- F. Letters of Support – no page limit** – named “Agency Name\_LOS\_2020”

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

### Instructions for Executive Summary

#### **A. 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 funding option you’re applying for (Tier 1, 2, or 3) and the rationale for the funding tier selected.

- The activities you're proposing to implement and roles of key implementation partners. If applying for Tier 3, list the setting(s) being addressed and key implementation partners.
- List current community efforts to address overdose prevention and existing gaps.
- State the total funds that are being requested and how they will primarily be used.

## Instructions for Program Narrative

### B. Program Narrative

#### 1. 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 in and Capacity to Address Drug Overdose Prevention

- Briefly summarize any existing drug overdose prevention efforts managed by your agency.
- Provide information on other sources of grant and local funding your agency has for existing drug overdose prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- Describe other experience by your agency in managing and conducting injury prevention programs. If none, briefly describe experience in managing and conducting another population-based public health program.

##### Personnel

- **Tier 3 Requirement Only: Funded projects must employ one full time staff assigned as the Drug Overdose Prevention Coordinator whose sole duties are to administer this program and related grant activities.** Provide information on how this requirement will be fulfilled in the narrative.
- 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 drug overdose prevention activities.
- 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.
- How many program staff within your agency work on drug overdose prevention-related efforts?

##### 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.
- Applicants should demonstrate that staff have experience or will be trained in the **Core Competency Areas for Violence and Injury Prevention Professionals** as defined by the Safe States Alliance/SAVIR National Training Initiative at: <http://www.safestates.org>. Please describe plans to assure that staff are working toward achieving the Core Competency Areas. Resources for training

are provided at <http://www.safestates.org> . Budget may include costs associated with staff training related to the core competency areas.

- Is (or will) your agency/staff (become) a member(s) of Safe States Alliance?  
<http://www.safestates.org>  
Yes \_\_\_\_\_ No \_\_\_\_\_

### **Contracts**

- 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**

- 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.

## **2. Problem/Need:**

*Use this section to identify and describe the local health status concern that will be addressed by the program.  
**Do not restate national and state data.***

### **Description of the Drug Overdose Problem**

- Provide local data to justify the funding tier the applicant is applying for.
- Describe the drug overdose factors the program will address. Include descriptions of local prescription drug overdose rates and related risk factors.
- Provide support as to why this is a problem in your community at this time (include local data, not just national and state data). Describe any primary (self-collected, needs assessment, etc.) and secondary (existing) data that describes the problem and justifies the need for your program, at the funding tier selected.

### **Disparities**

- Explicitly describe segments of the target population who experience a disproportionate burden of the local drug overdose rates (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies).

### **Planning Process**

- Indicate if a needs assessment has been completed within the past two years. Provide a brief summary of the needs assessment process, and any results identifying drug overdose prevention as a priority.

### **Existing Programs and Gaps in Programming**

- Include a description of other agencies/organizations also addressing this problem in your community.
- Describe potential gaps in drug overdose prevention programs and services in the community. How will the proposed project fill these gaps, and not duplicate existing efforts by partners.

### Barriers

- Describe any barriers/anticipated barriers in implementing drug overdose prevention activities and strategies for overcoming these issues.

## 3. Methodology Narrative

Include a narrative description of your project methodology including your overall goal in this section as instructed below. **Refer to Appendices E, F and G to complete this section.** In addition to the Program Narrative, applicants must also provide an annual plan by completing **Appendix I- Work Plan Template**.

### Overall Project Description

- List long-term objective in SMART format – preferred format available in Appendices E, F and G.
- Describe how program activities will address drug overdose prevention disparities in your community, and how health equity for those populations can be achieved. Disparities may be based on race/ethnicity, disability, sex, socio-economic status, geography, sexual orientation, age etc. While fatalities related to unintentional overdose are primarily among white males age 34 – 55, additional considerations for achieving health equity among those with substance use disorder include: stigma, barriers in access to treatment services, and co-occurring mental health diagnosis. Please review the CDC Guidance and information at the websites below for strategies to achieve health equity and include similar strategies in your proposal. Preference will be given to applicants that completely identify disparate populations and fully integrate strategies to address disparate populations in their proposals.

*Resources:*

<https://www.cdc.gov/minorityhealth/index.html>

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/>

<https://www.cdc.gov/minorityhealth/strategies2016/index.html>

<https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>

- Provide rationale for why the funding tier and particular strategies and activities chosen are appropriate to the community.
- Describe the setting(s) or location(s) for your proposed activities; i.e., community, harm reduction, healthcare.
- Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures.
- If proposing additional activities in addition to those outlined on the “Activities for Consideration,” include a description of the evidence-based strategies you have selected and rationale for why these were chosen. Include a reference that validates the effectiveness of the strategies.

**a) Tier 1 Coalitions and Strategic Planning** - Each Drug Overdose Prevention project is required to develop a coalition or expand an existing one through this grant in order to implement the required strategies. Additionally, applicants must commit to participating in action groups and supporting state plans related to drug overdose. See **Appendix E- Tier 1 Guidance**

- List the Required Objective that is customized to the county applicant. **Required Objective:** *By August 31, 2020, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.*
- Do you have an existing coalition, or will you be developing a new one?

If **COALITION EXISTS**, complete this section:

- Describe your Drug Overdose Prevention coalition/partnerships. Include a description of the structure including leadership (e.g. Chair, co-chairs, executive committee, etc.) and other committees. **Attach a list of coalition members or proposed coalition members with representing agencies.** Attach a copy of any existing bylaws or governance documents.
- Describe coalition members from diverse communities including people with disabilities and racial and ethnic minority populations.
- Describe changes to your coalition over the past year (e.g., has it grown or become smaller, has the structure or leadership changed, have the changes been positive or provided challenges). Describe any concerns or challenges you have faced in further developing and growing your coalition. How have you addressed these challenges?
- Describe planned coalition activities and initiatives during 2019. Describe the role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe applicant plans for required year 1 activities, including statement of which activity applicant is proposing for year 1. Include current status of coalition, commitment from members to implement proposed strategy in the proposal; identify if governance document exist, if they're up to date, and any plans to make improvement or updates. If completing an evaluation in year 1, resources and a template will be made available from ODH for the applicant's use in completing the coalition evaluation.

If **COALITION IS NEW**, complete this section:

- Describe plans to develop your community PDO prevention coalition. Describe recruitment efforts, organizations to be contacted and potential coalition structure.
- Describe plans to recruit coalition members from diverse communities including people with disabilities, racial and ethnic minority populations, as well as members from populations affected by drug overdose.
- Describe the proposed role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe applicant plans for required year 1 activities, including statement of which two activities applicant is proposing for year 1. Include current status of coalition, commitment from members to implement proposed strategies in the proposal; identify if governance document exist, if they're up to date, and any plans to make improvement or updates; provide status of a strategic plan for the coalition and discuss plans to pursue strategic planning and commitment from coalition. If completing an evaluation in year 1, resources and a template will be made available from ODH for the applicant's use in completing the coalition evaluation.



## State Coalition Support

- Describe applicant commitment to supporting state coalition and state plans. Include a statement on how applicant will engage coalition to modify and customize state plan strategies for local implementation.
- If possible, include information about applicant agency's current involvement with the state coalition, and discuss approach to integrating state plan and local initiatives.
- Provide letter of support from local coalition to inform the state coalition of barriers and needs for implementation of strategies.

## Strategic Planning

- Provide current status of a strategic plan for the coalition and describe coalition involvement in development of the strategic plan. If a community strategic plan exists address the following:
  - Plans and approach to reviewing and analyzing the state plan to identify state-level priorities that can be modified and customized for the local implementation efforts.
  - Describe any planned implementation efforts to be undertaken with these funds.
- If the community doesn't have a strategic plan that has been developed in conjunction with the community coalition, address the following:
  - Describe any previous strategic planning efforts undertaken by the coalition, and the barriers and successes encountered.
  - Identify or describe plans to engage a facilitator to assist with the strategic planning process.
  - Describe the process applicant will use to develop a strategic plan with the community coalition and to modify and customize the state plan for local use.

**b) Tier 2: Overdose Fatality Review, Community Response Planning, and Awareness Campaigns –** Projects must be data-driven and seek to utilize collected data to inform risk factors and prevention strategies.

- List the Required Objective that is customized to the county applicant. **Required Objective:** *By August 31, 2020, XYZ Agency will implement a local surveillance and monitoring activities to engage partners and focus local response.*
- Describe the process that will be used to develop an Overdose Fatality Review (OFR) committee (specific guidance will be provided by ODH in year 1, but application reviewers need information on the process). Describe any experience convening data users. Include a description of how your coalition or key members of your coalition will be engaged in the OFR Process. Note: Applicants must include a letter of support from county coroner.
- Describe the process to develop and implement a local immediate community response plan. Applicants should identify key partners in their community through letter of support that will take the lead on implementation of OD Maps and tracking and monitoring of EpiCenter data. Describe how partners will work together to create a plan addressing the following: development of a monitoring plan of the two systems; communications plans between response and leadership agencies at the local level, including the coroner, public safety and leadership office; and plans and procedures for responding to sudden increases, including response teams that can go into impacted areas with leave-behind naloxone kits, fentanyl test strips, clean syringes, education, and engagement or linkage with treatment services. *Please note:* These supplies cannot be purchased from these funds but would need to be leveraged from local funding sources.

- Describe how data will be utilized to identify high risk or high burden populations, locations, and geographic locations within the county. Identify the available ODH social marketing messaging that will be utilized for the awareness campaign. Discuss how target populations will be included to identify message dissemination channels. Describe any previous experience working with the identified high-risk population. Provide details on implementation of awareness campaign.

### c) Tier 3: Implement Comprehensive and Sustainable Systems

- List the required objective that is customized to the county applicant. **Required Objective:** *By September 30, 2020, XYZ Agency will implement a comprehensive and sustainable system in ABC setting in conjunction with Implementation Partner(s).*

For each comprehensive, sustainable system proposed by the applicant, include the following:

- Describe the proposed setting and identify the key implementation partner or partners, include a letter of support from key partners.
- If not proposing a setting identified in Appendix G, please provide information and justification on how proposed setting was identified and what gaps this project would fill in the county or region.
- Identify and describe how data or a data system will be developed or utilized to track progress and inform implementation efforts of this project. Include commitment from key implementation partner(s) to utilize the proposed data to inform activities.
- Identify and describe the programmatic partnerships and activities that will be implemented to create a comprehensive system. Describe how the selected activities, when combined, will achieve a comprehensive system with the inclusion of screening,
- Describe the current status of the proposed work within the identified setting, discuss the gaps in the current system with your implementation partner, and how this project will enhance the current system, describe the process to create policies, procedures, approvals and environmental changes needed to create this system with your key implementation partner.
- Describe resulting benefits of these system changes for both the key implementation partner and the clients or patients they serve.
- Describe the activities selected to create sustainability for the proposed comprehensive system. Describe any initial funding provided with these funds in order to offer seed funding for this project. Describe the potential for identifying a billing model and note if this is a feasible expectation in the selected setting.
- Describe any contractual agreements or MOUs to be entered into with the key implementation partner, including any funding that will be provided to the partner, and what portions of the project the funding will be used for.
- Describe information sharing and project result dissemination avenues, including promoting the developed model to similar settings within the community.

#### **4. Sustainability Plan**

This sustainability section should be focused on the proposed program in its entirety, inclusive of the tiers the applicant is applying for. If applying for Tier 1, respond to the prompts below with respect the coalition and strategic plans, etc. If applying for Tier 3, the sustainability of your proposed comprehensive setting should be described in the section above. Sustainability means ensuring that an effort or change is lasting. It does *not* necessarily require securing additional funding for a program that would otherwise end, although leveraging funding can be an effective sustainability strategy. Sustainability can be achieved by changing individual, organizational, system or institutional policies, practices, norms, attitudes, etc.

- Include a description of how you will sustain drug overdose prevention activities in your county if funding is no longer available through ODH.
- Include a description of how additional funding or in-kind contributions may be leveraged through use of the ODH grant funds. Please be as specific and detailed as possible.

#### **5. Evaluation – Targeted Evaluation Project**

ODH expects all recipients to evaluate their work under this solicitation through targeted evaluation projects. The purpose of the targeted evaluation projects is to help applicants obtain new insights about their program activities and support program improvement. Applicants will determine the topic, methods, scale, scope, and duration of their targeted evaluation projects, based on their capacity and program needs, in consultation with ODH. The evaluation work could be formative, process, or outcome oriented; quality improvement projects also could meet this requirement. ODH expects all applicants to conduct evaluation throughout the duration of the award, with at least one targeted evaluation project active always, and at least two targeted evaluation projects implemented over the period of the project.

**Applicants are required to provide a brief description of their first proposed targeted evaluation project (TEP) including:**

- Topic, strategy, or intervention that the applicant intends to evaluate;
- Rationale for selecting that topic, strategy, or intervention;
- Key evaluation questions for the first targeted evaluation project;
- Approximate duration and timeline for the first targeted evaluation project.

#### **6. Programmatic Budget Summary**

This funding is deliverables-based, and the required budget narrative should follow the template provided. However, for the purposes of the application please summarize how the requested funds will be allocated within the project including the following:

- Salary for Personnel to implement identified strategies along with names of staff, if known.
- Implementation funds and known strategies those will be directed to.
- Key implementation partners with proposed compensation and contracts to be initiated.

## Appendix I

### Work Plan Instructions and Template

Use these instructions to complete the Template Annual Work Plan available below. Each county will receive an Excel document that can be updated to include their specific proposed activities. **Complete the annual work plan template for each funding Tier you're applying for.**

For the purposes of this application, please provide a detailed 12-month work plan for project year 1 which covers **9/1/2019 – 8/31/2020**. Applicants must include required activities for each funding tier. Review **Appendices E, F, and G** for guidance on required activities.

1. **Long Term Outcome Objective:** Complete at least one (1) long term outcome objective that should remain consistent for each category. A suggested long-term outcome objective is: **By September 30, 2022, XYZ Organization and XYZ Community Coalition will reduce drug overdose fatalities by xx% in XYZ County.**
2. **Required Objectives**
  - Required program objectives are listed in **Appendices E, F, and G.**
  - Customize each required objective to reflect county-specific activities.
  - Complete the appropriate Annual Work Plan section for each required objective for each funding tier the agency is applying for.
  - Required objectives should have an annual timeframe and build logically toward the long-term outcome objective.
3. **Community or Location:** Describe the community setting or location for the intervention.
4. **Activities:** For each Required Strategy write the required Activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives.
5. **Person and Agency Responsible:** Identify the person and agency responsible for completing the activities.
6. **Timeline – Start and end date:** Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. **Do not list the entire project year as the start and end dates;** consider the length of time each implementation step will take to accomplish and note those dates here.
7. **Priority Population:** List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve objectives

8. **Status:** Please select an option that most accurately describes the current status of the project being proposed.
9. **Steps Proposed:** Please list out any additional steps needed to achieve each activity.
10. **Evaluation Measures for Success:** Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins.

**Complete the work plan template for each funding tier, save all objectives in one file and name “*agency name\_Annual Work Plan\_2020*”. Please attach the Excel file in GMIS 2.0.**

**2019 -2020 Injury Prevention Program  
ANNUAL WORK PLAN 2019-2020**

<b>County/Counties:</b>		<b>Agency:</b>	
<b>Grant#:</b>		<b>Contact Name:</b>	
<b>Project Title:</b>			

**SECTION I - ANNUAL WORK PLAN (2019 - 2020)**

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter each selected required objective and the activities you plan to implement for each step**

**Tier 1**

**Convene Community Coalition**

<b>Long Term Objective:</b>	
<b>Required Objective</b>	Insert the selected required objective here
<b>Community or Location:</b>	

**Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):**

**0%**

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
		Start	End				

<b>Involvement with Statewide Coalition</b>							
<b>Long Term Objective:</b>							
<b>Required Objective</b>	1. Actively participate in Prescription Drug Abuse Action Group (PDAAG) as evidenced by regular attendance at meetings and conference calls. 2. Identify strategies of the state plan that can be implemented locally and modify local plans; and participate in statewide efforts related to local strategies; and at implementation phase, offer feedback and input on the activities.						
<b>Community or Location:</b>							
<b>Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):</b>							<b>0%</b>
<b>Activity</b>	<b>Person and Agency Responsible</b> (list all partners)	<b>Timeline (Month/Year)</b>		<b>Priority Population(s)</b> Specify	<b>Status</b> Select from Drop-Down	<b>Steps Proposed</b> (Describe the significant activities/steps proposed for each process objective)	<b>Evaluation Measure</b> (How do you know you have been successful?)
		<b>Start</b>	<b>End</b>				

					Menu		
<b>Develop or Implement Community Strategic Plan</b>							
<b>Long Term Objective:</b>							
<b>Required Objective</b>	1. In conjunction with a formal coalition, develop a community strategic plan related to drug overdose prevention; ensure alignment with state plans; 2. Moving toward implementation, identify and share barriers to strategies at the state level						
<b>Community or Location:</b>							
<b>Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):</b>							<b>0%</b>
<b>Activity</b>	<b>Person and Agency</b>	<b>Timeline (Month/Year)</b>	<b>Priority Population(s)</b>	<b>Status Select</b>	<b>Steps Proposed</b> (Describe the significant	<b>Evaluation Measure</b> (How do	



	<b>Responsible</b> (list all partners)	<b>Start</b>	<b>End</b>	Specify	from Drop- Down Menu	activities/steps proposed for each process objective)	you know you have been successful?)

## Tier 2

### Develop an Overdose Fatality Review Committee

Long Term Objective:

Required Objective

Develop and/or Maintain an Overdose Fatality Review committee to identify specific circumstances to inform prevention activities and share findings/reports with ODH and coalition annually

Community or Location

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):

0%

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop- Down	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

					Menu		

### Develop/Maintain a Community Response Plan

Long Term Objective:

Required Objective

1. Through letter of commitment identify lead agencies to utilize and monitor OD Maps and EpiCenter. Report to ODH on utilization and implementation of the community response plan.
2. A functioning community response plan including the component listed above.
3. Identification of response and partner involvement to sudden increases in overdoses

Community or Location

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):

0%

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

					Menu		

## Implement Awareness Campaigns

Long Term Objective:

Required Objective

Utilizing developed social marketing messaging, identify and implement an awareness campaign that is identified as a need in the county

Community or Location

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):

0%

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				


## Tier 3

### Implement Comprehensive and Sustainable Systems

#### Data to Inform Activities

Long Term Objective:

Required Objective:

Insert the selected required objective here

Community or Location:

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):

0%

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				


### Programmatic and Partnership Activities

Long Term Objective:

Required Objective:

Insert the selected required objectives here. Please choose enough to create a comprehensive system

Community or Location:

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):

0%

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				

Sustainability							
Long Term Objective:							
Required Objective:	Insert the selected required objective here						
Community or Location:							
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End				


Copy and Paste row 76-115 to add an additional setting

## Appendix J – Reviewer Score Sheet

### Ohio Department of Health, Violence and Injury Prevention Section, Drug Overdose Prevention Project

<b>Applicant Agency:</b> _____		<b>Requested Budget:</b> _____	
<b>County Served:</b> _____		<b>Reviewer Name/Number:</b> _____	
<b>Applicant Number:</b> _____		<b>Tier Selected by Applicant:</b> 1   2   3   Recommended for Funding Y N	
<b>Overall Scoring Summary:</b>			
<b>Section</b>	<b>Maximum Score</b>	<b>Reviewer Score</b>	<b>Notes</b>
Executive Summary	10		
Program Narrative: <ul style="list-style-type: none"> <li>• Applicant Agency – 10 points</li> <li>• Problem/Need – 10 points</li> <li>• Methodology – Up to 60 points               <ul style="list-style-type: none"> <li>○ Tier 1—20 total</li> <li>○ Tier 2—40 total</li> <li>○ Tier 3—60 total</li> </ul> </li> <li>• Sustainability Plan – 10 points</li> <li>• Targeted Evaluation Plan – 10 points</li> </ul>	Tier 1- 60 Tier 2 - 80 Tier 3 - 100		
Workplan <ul style="list-style-type: none"> <li>• Tier 1 Objectives:               <ul style="list-style-type: none"> <li>○ Coalition Building and Strategic Planning</li> </ul> </li> <li>• Tier 2 Objectives:               <ul style="list-style-type: none"> <li>○ Overdose Fatality Review and Community Response Planning</li> </ul> </li> <li>• Tier 3 Objectives:               <ul style="list-style-type: none"> <li>○ Implement Comprehensive and Sustainable Systems</li> </ul> </li> </ul>	Tier 1-30  Tier 2-60  Tier 3-80		
Targeted Evaluation Plan (TEP)	25		
Budget Review – inclusive of Programmatic Budget Summary	15		
<b>Total Score</b>	Tier 1-150 Tier 2-190		



**Special Conditions/Notes:**

<b>Section: Executive Summary</b>	<b>Maximum Score 10</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> Describes the injury problems the program will address, including descriptions of local injury rates and related injury risk factors. Provides justification of the injury problems chosen.	2		
	3		
<input type="checkbox"/> Outlines program goals and objectives including selected Tiers.	2		
<input type="checkbox"/> Briefly describes who the project is serving, includes demographics, location of project activities and role of partners/coalitions.	2		
	1		
<input type="checkbox"/> Describes how the project will be evaluated.			
<input type="checkbox"/> Provides the total funds requested and how they will be used.			
<b>Total Executive Summary:</b>			
<b>Section: Program Narrative (100 Total Points Available) – Applicant Agency (10), Problem/Need (20), Methodology (up to 60), and Sustainability (10)</b>			
<b>Program Narrative: Applicant Agency</b>	<b>Maximum Score 10</b>	<b>Reviewer Score</b>	<b>Notes: for Tier 3 use the numbers in parentheses</b>
<input type="checkbox"/> Discusses eligibility to apply and summarizes agency's structure as it relates to this program and as lead agency, how it will manage the program	1		

<input type="checkbox"/> Summarizes existing injury prevention efforts; provides information on other sources of funding for existing injury prevention efforts and how this funding will be used to expand other areas; describes other experience by the agency in managing injury prevention programs OR describes the agency's experience in managing other population-based public health programs.	3 (2)		
<input type="checkbox"/> Lists all personnel working on the grant. Includes relationship between program staff members, applicant agency staff members and other partners and agencies they will be working on the grant. Includes number of program staff in agency that work on injury prevention-related efforts.	2  (1)  2 (1)		
<input type="checkbox"/> Tier 3 Only) Includes hiring of new staff member for grant efforts	2		
<input type="checkbox"/> Includes position description and resumes for all staff working on the grant	(1)		
<input type="checkbox"/> Includes on-going training and details about training on core competency issues. Includes a statement that ensures all involved program staff will have experience or receive training in concepts of population-based injury prevention and control	<b>No score:</b> <b>Y/N</b>  <b>Y/N</b>		
<input type="checkbox"/> Includes background information about contract agency or individuals and all work to be conducted, if applicable			

<input type="checkbox"/> THE FACILITIES AND RESOURCES ARE ADEQUATE TO CARRY OUT THE PROJECT OBJECTIVES  <input type="checkbox"/> QUALIFICATIONS OF STAFF ARE ADEQUATE TO MEET PROJECT OBJECTIVES			
<b>Program Narrative: Problem/Need</b>	<b>Maximum Score 10</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> Describes injury problems and includes description of local injury rates and related injury risk factors.  <input type="checkbox"/> Explicitly describes segments of the target population who experience a disproportionate burden of local injury rates  <input type="checkbox"/> Indicates if a needs assessment has been completed within the past two years. Includes a brief summary. Describes how prescription drug abuse was identified as a priority  <input type="checkbox"/> Specifically links disparities to health equity strategies.  <input type="checkbox"/> Includes a description of other work addressing the need in the community and justifies the program  <input type="checkbox"/> Describes potential gaps in services in the community  <input type="checkbox"/> Describes any barriers in implementing activities and strategies for overcoming these issues  <input type="checkbox"/> PROJECT NARRATIVE DEMONSTRATES THE NEED FOR PROJECT	2  1  1  2  1  1  2  <b>No score: Y/N</b>		
<b>Program Narrative: Methodology – Coalition building and strategic planning (20) OFR and CRP (20), Comprehensive and Sustainable Systems (20)</b>			
<b>Tier 1: Coalition Building and Strategic Planning</b>	<b>Maximum Score 20</b>	<b>Reviewer Score</b>	<b>Notes: for Tier 3 use the numbers in parentheses</b>
<b>Existing Coalition:</b>			

<input type="checkbox"/> States required SMART Objective	1		
<input type="checkbox"/> Describes current status of coalition including structure/leadership/governance documents, and current strategic plan	2		
<input type="checkbox"/> Describes or includes list of current coalition members. A letter of support is attached for key partners.	1		
<input type="checkbox"/> Describe coalition members from diverse communities including racial and ethnic minority populations.	2		
<input type="checkbox"/> Describes changes to the coalition over the past year.	1		
<input type="checkbox"/> Describes concerns or challenges in building coalition. Describes how they have addressed challenges.	1		
<input type="checkbox"/> Describes activities for evaluating the coalition OR establishing by-laws/governance documents OR letter outlining that both partnership building activities have been completed	2		
<b>New Coalitions:</b>	1		
<input type="checkbox"/> States Required SMART Objective Describes plans to develop your community injury prevention coalition.	2		
<input type="checkbox"/> Describes recruitment efforts, organizations to be contacted and potential coalition structure.	2		
<input type="checkbox"/> Describe plans to recruit coalition members from diverse communities including racial and ethnic minority populations.	1		
<input type="checkbox"/> Describes the proposed role of key coalition members and partners related to your project activities. A letter of support from each key partner is included.	2		
<input type="checkbox"/> Describes anticipated concerns or challenges in building coalition and strategies to overcome these challenges	2		
<input type="checkbox"/> Describes planned coalition activities and initiatives during year one	1		
	2		

<b>Statewide Coalition Involvement:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Designates representative for quarterly meetings of the Ohio Injury Prevention Partnership and the Prescription Drug Abuse Action Group</li> <li><input type="checkbox"/> Describes plan for active participation in PDAAG and a subcommittee</li> <li><input type="checkbox"/> Activities aligned with state priorities are described</li> <li><input type="checkbox"/> (Tier 3 only) Subcommittee and priorities identified</li> </ul> <b>Strategic Planning:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Outlines plan to involve local coalition with planning activities and commitment to implementation</li> <li><input type="checkbox"/> Plans to align with state strategic plan goals</li> <li><input type="checkbox"/> Identifies anticipated barriers with implementation of statewide goals</li> </ul>	2 (1) (1)  2  1 2		
<b>Tier 2: Overdose Fatality Review (OFR), Community Response Planning and awareness campaigns</b>	<b>Maximum Score 20</b>	<b>Reviewer Score</b>	<b>Notes:</b>
<b>Overdose Fatality Review:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> States required activity</li> <li><input type="checkbox"/> Specific data owners have been identified and included in the OFR committee</li> <li><input type="checkbox"/> Letter of support for the committee from County Coroner is included</li> <li><input type="checkbox"/> Policy will be established to ensure confidentiality</li> </ul> <b>Immediate Community Response Plan:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> States required activities</li> <li><input type="checkbox"/> Letters of commitment include identifying who is responsible for ODMaps and EpiCenter Tracking</li> <li><input type="checkbox"/> Outlines process for developing a new plan, or updating an existing plan</li> <li><input type="checkbox"/> Plan to structure as a policy/procedure and include with other emergency response procedures</li> </ul> <b>Awareness Campaigns:</b>	1  2  1 2  1  2 3  2  1		

<input type="checkbox"/> Includes provision to use developed media <input type="checkbox"/> Identifies messaging targeted specifically at high-risk individuals and groups <input type="checkbox"/> Includes messaging about the availability of naloxone	3 2		
<b>Tier 3: Implement Comprehensive and Sustainable Systems</b>	<b>Maximum Score 20</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> States required objective tailored to the setting or settings <input type="checkbox"/> Identifies what data will be used to inform each activity in a given setting <input type="checkbox"/> Creates sustainable infrastructure addressing screening, the furnishing of naloxone and linkages to treatment <input type="checkbox"/> Addresses the feasibility of implementing reimbursement streams and billing models. <input type="checkbox"/> Selected strategies are correlated with identified gaps <input type="checkbox"/> Describes how the selected strategies when combined achieve a comprehensive system	1 2 4 3  3 3 4		
<b>Program Narrative: Sustainability Plan</b>	<b>Maximum Score 10</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> Includes focus on entire program, (inclusive of all applicable tiers) <input type="checkbox"/> Describes how efforts will be sustained if program funding were no longer available <input type="checkbox"/> Demonstrates effort will be made to institutionalize changes and/or program policies, practices, norms, attitudes at the organizational or institutional level. <input type="checkbox"/> Describes how additional funding could be leveraged through the use of ODH funding. Description is specific and detailed	2  3  2  3		
<b>Program Narrative: Targeted Evaluation Project</b>	<b>Maximum Score 10</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> Details the topic, strategy or intervention that the applicant intends to evaluate <input type="checkbox"/> Rationale is provided for selecting that topic	1  3		

<input type="checkbox"/> Key evaluation questions have been identified <input type="checkbox"/> Defines timeline for the implementation project <input type="checkbox"/> Describes evaluation as either formative, process or outcomes oriented	3 1 2		
<b>Total Project Narrative:</b>			
<b>Section: Workplan</b>	<b>Maximum Score 30</b>	<b>Reviewer Score</b>	<b>Notes</b>
<b>Annual Workplan: Tier 1: Convene Community Coalition</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> Lists the Required objectives <input type="checkbox"/> Describes how partners will be selected and recruited to participate in your local coalition <input type="checkbox"/> Includes a specific timeline for each coalition building/maintenance activity, not just the start and end dates of the grant <input type="checkbox"/> Lists the population targeted for participation in the local coalition <input type="checkbox"/> Describes the outputs of each meeting and how it will be used <input type="checkbox"/> Includes sufficient detail to describe the steps needed to complete the objective	1 2 1 2 2 2		
<b>Annual Workplan Tier 1: Involvement with Statewide Coalition</b>	<b>Maximum Score 10</b>		<b>Notes: For Tier 3 use the scoring in parentheses</b>
<input type="checkbox"/> List the Required objectives <input type="checkbox"/> Describes the activities associated with participation in the Ohio Injury Prevention Partnership (OIPP) and the Prescription Drug Abuse Action Group (PDAAG) <input type="checkbox"/> (Tier 3) Identifies responsibilities of PDAAG subcommittee chairmanship	1 1 (1) 1		



<input type="checkbox"/> Includes a specific timeline for each activity, not just the start and end dates of the grant <input type="checkbox"/> Identifies the partners engaged in adopting state policy goals <input type="checkbox"/> Lists the population targeted for behavior change as a result of each intervention selected <input type="checkbox"/> Describes the outputs of each activity, and how success of each strategy will be measured	2 2 (1) 2		
<b>Annual Workplan Tier 1: Develop/Implement community strategic plan</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> List the Required objectives <input type="checkbox"/> Describes the proposed steps for developing and implementing a community strategic plan <input type="checkbox"/> Includes a specific timeline for each proposed step, not just the start and end dates of the grant <input type="checkbox"/> Identifies how coalition will engaged in planning activities <input type="checkbox"/> Describes the intended changes in local data based on implementation of plan <input type="checkbox"/> Includes sufficient detail to illustrate alignment with state goals and objectives	1 2 1 2 2 2		
<b>Annual Workplan: Tier 2: Overdose Fatality Review and Community Response Plan</b>	<b>Maximum Score 30</b>	<b>Reviewer Score</b>	<b>Notes</b>
<b>Annual Workplan Tier 2: Develop/Maintain an Overdose Fatality Review Committee</b>	<b>Maximum Score 10</b>		
<input type="checkbox"/> List the Required objectives <input type="checkbox"/> Describes how committee members will be selected and recruited to participate in your OFR <input type="checkbox"/> Describes process for case selection and review	1 2 2		

<input type="checkbox"/> Describes the outputs of each meeting and how conclusions/recommendations will be used to advance prevention strategies  <input type="checkbox"/> Letter of support from county coroner includes providing specific details for case review  <input type="checkbox"/> Intention to share aggregate data and conclusions with ODH annually is included as a step	2  2  1		
<b>Annual Workplan Tier 2: Develop/Maintain A Community Response Plan</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> List the Required objectives  <input type="checkbox"/> Describes who will be responsible for maintaining ODMaps and EpiCenter Data and issuing the alert  <input type="checkbox"/> Describes process for case validation and community-wide alert  <input type="checkbox"/> Describes plan for review and updating of plan as necessary  <input type="checkbox"/> Letters of support from partner agencies include specific responsibilities in the event of a validated alert  <input type="checkbox"/> Intention to document appropriately in state systems is included as a step	1  2  2  2  2  1		
<b>Annual Workplan Tier 2: Implement Awareness Campaigns</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> Describes how data will be used to identify high-risk individuals and groups  <input type="checkbox"/> Identifies appropriate messaging for each targeted group  <input type="checkbox"/> Determines messaging channels including traditional and non-traditional media  <input type="checkbox"/> Provide details on how campaign effectiveness will be	3  2  2  3		

measured			
<b>Annual Work Plan: Tier 3: Implement Comprehensive and Sustainable Systems</b>	<b>Maximum Score 30</b>	<b>Reviewer Score</b>	<b>Notes: You may choose to score sections separately for each setting</b>
<b>Annual Workplan Tier 3: Data to inform activities</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> Includes required program objective.	1		
<input type="checkbox"/> Describes who will be responsible for collecting and maintaining appropriate data to inform activities	1		
<input type="checkbox"/> Identifies appropriate data sources and/or data collection tools to use for measuring potential change	3		
<input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population.	2		
<input type="checkbox"/> Includes specific timelines for data collection timepoints (at minimum baseline collection, annual collection for report to ODH)	1		
<input type="checkbox"/> Includes sufficient detail to demonstrate intention to enhance data collection as the project progresses	2		
<b>Annual Workplan Tier 3: Programmatic and Partnership Activities</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> Clearly identifies primary setting for comprehensive system	1		
<input type="checkbox"/> Describes each selected strategy separately and includes steps for implementation of each	3		
<input type="checkbox"/> Describes the desired intermediate and ultimate populations targeted for behavior change for each intervention	1		
<input type="checkbox"/> Includes specific timelines for each activity not the entire grant period	1		
<input type="checkbox"/> Describes the outputs of each activity and how the success of each strategy will be measured	2		
<input type="checkbox"/> Includes sufficient detail to illustrate how strategies are	2		

aligned for comprehensive system change			
<b>Annual Workplan Tier 3: Sustainability</b>	<b>Maximum Score 10</b>		<b>Notes</b>
<input type="checkbox"/> List the Required objectives	1		
<input type="checkbox"/> Clearly demonstrates the steps required to set up sustainable system infrastructure and maintenance	2		
<input type="checkbox"/> Provides financial guidance in terms of cost-benefit analyses and in developing billable modalities	2		
<input type="checkbox"/> Considers funding for linkage to treatment and wrap-around services for the ultimate high-risk populations	2		
<input type="checkbox"/> Includes strategy to sustainably furnish naloxone	1		
<input type="checkbox"/> Addresses unique challenges related to specific setting chosen	1		
<b>Total Annual Workplan:</b>			
<b>Targeted Evaluation Project</b>	<b>Maximum Score 25</b>	<b>Reviewer Score</b>	<b>Notes</b>
<input type="checkbox"/> Includes evaluation topic or strategy	3		
<input type="checkbox"/> Provides rational for selecting evaluation topic	4		
<input type="checkbox"/> Describes specific steps for evaluating selected topic including specific timeline for data gathering (at minimum baseline, data collection timeline, duration of project and annual reporting to ODH)	4		
<input type="checkbox"/> Plan includes a well-crafted logic model	4		
<input type="checkbox"/> At least 3 key evaluation questions are outlined	3		
<input type="checkbox"/> Data sources are identified and/or described	4		
<input type="checkbox"/> Includes short, intermediate and long-term outcome evaluation			
<b>Total Targeted Evaluation Project</b>			

Budget – inclusive of programmatic budget summary	Maximum Score 15	Reviewer Score	Notes
<input type="checkbox"/> Budget justification is logically tied to program objectives and activities	6		
<input type="checkbox"/> Objectives are sufficiently funded to be feasibly accomplished	5		
<input type="checkbox"/> Correct Budget Justification scenario utilized, as identified in RFP on Appendix C2	4		
<b>Total Budget</b>			

## BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

### NOTES:

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

### OTHER DIRECT COSTS

#### Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO)

(Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

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

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

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

- Deliverable – Objective 1
 

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

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

- Deliverable – Objective 2

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

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

- Deliverable – Objective 3

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

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

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

- Deliverable – Objective 1

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

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

- Deliverable – Objective 2

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

Objective D \$16,500

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

- Deliverable – Objective 3
  - Objective A \$28,750
  - Objective B \$8,750
  - Objective C \$1,750
  - Objective D \$38,050

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

**Total Other Direct Costs \$Total**

**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]