



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

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MEMORANDUM

Date: Monday, April 15, 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 – Integrated Naloxone Access and Infrastructure –
7/1/2019 – 9/28/2020 (GMIS Codes IN20 and IN21)

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 20, 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 Thursday, April 18th at 2:30 pm. Participants dial into the bridge 1-855-405-1648 (toll free) and enter Meeting ID 53131#.

If you have questions, please contact Sara Morman at 614-995-1428 or e-mail at 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*

Integrated Naloxone Access and Infrastructure

SOLICITATION

FOR

FISCAL YEAR 2020-21

Budget Year 1: (7/1/2019 – 9/28/2019)

Budget Year 2: (9/29/2019 – 9/28/2020)

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

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

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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 April 25, 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: *Integrated Naloxone Access and Infrastructure*

C. Purpose: *The purpose of this funding is to support evidence-based, sustainable infrastructure for community naloxone distribution in Ohio in order to prevent overdose deaths.*

D. Qualified Applicants: *All applicants must be a public or non-profit agency in Ohio. Agencies with current Project DAWN (Deaths Avoided With Naloxone) programs are eligible to apply, but it is not required for an agency to operate a current Project DAWN program in order to be eligible for this funding. Applicants must have the ability to store and prescribe/personally furnish naloxone (including a current Terminal Distributor of Dangerous Drugs (TDDD) Category II or Category III license, or the ability to apply for one. Please note: If planning to apply for the TDDD, the license must be in place prior to the start of this project. If not in place, any previously issued NOA 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 20, 2019.**

E. Service Area: *Applicants may propose any service area within the state of Ohio (statewide, county-wide, regional, local). Multiple projects with overlapping service areas may be funded; however, geographic diversity and statewide reach may be prioritized over funding multiple programs within the same region.*

- F. Number of Grants and Funds Available:** *Federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), through the Ohio Department of Mental Health and Addiction Services (OhioMHAS), will support this subgrant program. Up to \$3.0 million will be awarded. Total number of applicants funded will be dependent on the specific allowable activities that are proposed within the submitted applications. The maximum award per project will be \$108,500.*

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 p.m. by Monday, May 20, 2019**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman at sara.morman@odh.ohio.gov; (614) 995-1428 with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 4 (131st General Assembly) and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.788.

- I. Goals:** The goals of this funding are: 1) to build evidence-based, sustainable infrastructure that will increase access to naloxone among Ohio residents (particularly Ohioans who are at high risk of overdose or are likely to be in a position to respond to an overdose); 2) to integrate naloxone access into other services reaching the same population; 3) to provide naloxone kits to Ohio residents; and 4) to expand culturally appropriate outreach to populations that use non-opioid illicit drugs, such as cocaine and methamphetamine, that may be contaminated with opioids (including racial and ethnic minority populations and gender and sexual minority populations).

- J. Program Period and Budget Period:** The program period will begin 7/1/2019 and end on 9/28/2020. The year 1 budget period for this solicitation is 7/1/2019 through 9/28/2019. The year 2 budget period for this solicitation is 9/29/2019 through 9/28/2020. A separate application is required for each budget period.

- 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

Since 2014, public health data reveal that racial and ethnic minority populations are increasingly negatively impacted by the opioid epidemic. However, this problem cannot be isolated from other health disparities and health inequities impacting these communities. Using all available information, applicants are required to:

- 1) Identify existing and emerging groups who experience a disproportionate burden of negative health outcomes or death due to the use of illicit drugs containing opioids.
- 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.

☒ X Applicable ☐ Not Applicable to Integrated Naloxone Access and Infrastructure

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; (614) 995-1428) for questions regarding this Solicitation.

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 of **Monday, May 20th at 4:00 p.m.** **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.

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 Substance Abuse and Mental Health Services Administration (SAMHSA) under the State Opioid Response (SOR) grant, Federal Award Identification Number H79TI081684, and CFDA number 93.788.”

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. Subrecipients must submit progress updates on a quarterly basis with a summary of activities completed during the previous quarter and anticipated activities that will take place during the coming quarter. **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>Year 1 Budget Period (IN20)</i>	
<i>Period</i>	<i>Report Due Date</i>
<i>July 1 – September 28, 2019</i>	<i>September 29, 2019</i>

<i>Year 2 Budget Period (IN21)</i>	
<i>Period</i>	<i>Report Due Date</i>
<i>September 29 – December 31, 2019</i>	<i>January 10, 2020</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>

July 1 – September 28, 2020	September 28, 2020
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- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients will be reimbursed on a quarterly basis. There is no option for monthly reimbursement for this funding opportunity.

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

Year 1 Budget Period (IN20)	
Period	Report Due Date
July 1 – September 28, 2019	October 10, 2019

Year 2 Budget Period (IN21)	
Period	Report Due Date
September 29 – December 31, 2019	January 10, 2020
January 1 – March 31, 2020	April 10, 2020
April 1 – June 30, 2020	July 10, 2020

Note: Obligations not reported on the 3rd quarter expenditure report of the Year 2 Budget Period 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 budget period must be submitted no later than October 10, 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 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. Fentanyl test strips;
17. Syringes and/or needles;
18. Inpatient services;
19. Incentives to participants;
20. Food

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:

<p>Complete & Submit Via Internet</p>
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1. Application Information
2. Project Narrative
3. Project Contacts
4. Year 1 and Year 2 Budgets
 - 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:

- a. Letter(s) of commitment from local health department(s) in the applicant's service area (required ONLY if applicant is not a local health department)
- b. Letter(s) of commitment from partnering organizations, agencies, and/or service providers
- c. Letter of commitment from the medical director who will authorize program staff to personally furnish naloxone pursuant to a protocol
- d. Staff position descriptions
- e. OPTIONAL: Letters of support from local community agencies (local drug coalition; local law enforcement agency; etc.)

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

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 two budget justification narratives (for Budget Year 1 and Budget Year 2) outlining how the deliverable will be met. (A budget justification example is included as Appendix H). in GMIS, budget year 1 must be uploaded to IN20 and budget year 2 narrative must be uploaded to IN21.
- 2. Other Direct Costs:** Submit budgets for this section and the necessary form(s) to support costs for the period 7/1/2019 to 9/28/2019 (Budget Year 1; IN20) and the period 9/29/2019 to 9/28/2020 (Budget Year 2; IN21).

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:

See Appendix F (RFP Application Instructions) for guidance.

- 1. Executive Summary**
- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel**
- 3. Problem/Need**
- 4. Methodology**

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

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

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments must be received on or before the application due date of **4:00 p.m. on or before May 20, 2019.**

III. APPENDICES

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Training Form
- C.** C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D.** Application Review Form
- E.** Required Grant Strategies and Guidance
- F.** RFP Application Instructions
- G.** Workplan Template
- H.** Budget Justification Example

Submission Required

See Due Date Below

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

NOTICE OF INTENT TO APPLY FOR FUNDING

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

ODH Program Title:
Integrated Naloxone Access and Infrastructure

Reimbursement
Type
☐ Quarterly
Note: there is no
option for monthly
reimbursement for this
funding opportunity.

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 ☐ County Agency ☐ Hospital ☐ Local Schools
(Check One) ☐ City Agency ☐ Higher Education ☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

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

Does your agency have at least two staff members who 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 April 25, 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., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program: Integrated Naloxone Access and Infrastructure

Year 1 Budget Period: 7/1/2019 – 9/28/2019 (IN20)

Year 2 Budget Period: 9/29/2019 – 9/28/2020 (IN21)

of Deliverables: 18

Use Budget Justification Scenario#: 3

X Deliverables Only

Funding Deliverables

Deliverable – Objective 1: Program Staff

The subrecipient should identify all personnel that will have responsibilities related to program operations. At least one staff person must be designated to be program coordinator that manages activities (administrative duties, naloxone management, and program operations oversight) required to maintain, expand, strengthen, and/or implement program. A role transition plan that covers essential program staff should be established to ensure that operations continue smoothly in the event of their absence or leave. If there is a change in program personnel, ODH must be notified promptly.

Required Deliverables:

<i>Year 1 Budget Period</i>	<i>Year 2 Budget Period</i>
<i>Objective 1A.</i> By September 28, 2019, subrecipient will submit a description and contact information for the designated program coordinator to ODH Program Consultant via GMIS, along with a list of staff members who are, or will be, involved in program operations, including anticipated number of weekly hours to be devoted to project.	None
<i>Objective 1B.</i> By September 28, 2019, subrecipient will submit role transition plan for essential program staff to ODH Program Consultant via GMIS.	

Deliverable – Objective 2: Program Documentation

The subrecipient should develop or update program guidance documents, including policies and procedures, and protocol(s) authorizing program staff to personally furnish naloxone. These documents must define the program goals, setting and hours, services offered, staff responsibilities, and specific procedures for program participants to receive naloxone medication and training.

Required Deliverable:

<i>Year 1 Budget Period</i>	<i>Year 2 Budget Period</i>
<i>Objective 2A.</i> By September 28, 2019, subrecipient will submit program documentation (including policies and procedures and naloxone protocol documents) to ODH Program Consultant via GMIS.	None

Deliverable – Objective 3: Outreach

The subrecipient should update or develop an outreach plan to raise awareness about the program and recruit participants within the target demographics, with a focus on health equity and outreach to underserved populations. The outreach plan should outline the following: collaboration with community-based organizations; objectives and strategies related to how program will be promoted; a timeline or description of projected milestones; persons responsible each strategy; and descriptions of messaging. Subrecipients should evaluate outreach efforts over the course of the program and submit a final outreach report.

Required Deliverables:

Year 1 Budget Period	Year 2 Budget Period
Objective 3A: By September 28, 2019, subrecipient will submit an outreach plan to ODH Program Consultant via GMIS.	Objective 3B: By September 28, 2020, subrecipient will submit a final outreach report to ODH Program Consultant via GMIS.

Deliverable – Objective 4: Program Evaluation

The subrecipient should create and execute a Targeted Evaluation Plan (TEP) to gain insight about program activities and support program improvement. Funded 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. Subrecipients should conduct evaluation throughout the duration of the award, with at least one targeted evaluation project active over the course of the project. Findings and conclusions should be in the form of a final evaluation report based on the subrecipient's TEP. The final report should include recommendations for program process improvement, implementation, and decision-making.

Required Deliverables:

Year 1 Budget Period	Year 2 Budget Period
Objective 4A: By September 28, 2019, subrecipient will submit a Targeted Evaluation Plan to ODH Program Consultant via GMIS.	Objective 4B: By September 28, 2020, subrecipient will submit final program evaluation report to ODH Program Consultant via GMIS that describes the evaluation process, findings, and conclusions from the proposed Targeted Evaluation Plan.

Deliverable – Objective 5: Administrative Tasks

Throughout the duration of the program period, subrecipients must fulfill the administrative tasks necessary for tracking and monitoring program progress, performance metrics, data reporting, and state coalition participation.

Required Deliverables:

Year 1 Budget Period	Year 2 Budget Period
Objective 5A: By September 28, 2019, subrecipient will submit client intake form data via REDCap for all kits dispensed. Required Benchmarks: Due on the 5 th of every month, starting August 5, 2019, and ending September 5, 2019.	Objective 5A: By September 28, 2020, subrecipient will submit client intake form data via REDCap for all kits dispensed. Required Benchmarks: Due on the 5 th of every month, starting October 5, 2019, and ending September 28, 2020.
Objective 5B: By September 28, 2019, subrecipient will submit monthly naloxone	Objective 5B: By September 28, 2020, subrecipient will submit monthly naloxone

Appendix C1

distribution reports to ODH Program Consultant via GMIS. <i>Required Benchmarks:</i> Due on the 5 th of every month, starting August 5, 2019, and ending September 5, 2019.	distribution reports to ODH Program Consultant via GMIS. <i>Required Benchmarks:</i> Due on the 5 th of every month, starting October 5, 2019, and ending September 28, 2020.
Objective 5C: By September 28, 2019, subrecipient will attend quarterly subrecipient phone conferences. <i>Required Benchmarks:</i> Attendance is quarterly; dates to be determined.	Objective 5C: By September 28, 2020, subrecipient will attend quarterly subrecipient phone conferences. <i>Required Benchmarks:</i> Attendance is quarterly; dates to be determined.
Objective 5D: By September 28, 2019, subrecipient will submit quarterly progress report to ODH program consultant via GMIS.	Objective 5D: By September 28, 2020, subrecipient will submit quarterly progress report to ODH program consultant via GMIS. <i>Required Benchmarks:</i> Due quarterly on Oct. 10, 2019; Jan. 10, 2020; Apr. 10, 2020; Jul. 10, 2020, and Sept 28, 2020.
Objective 5E: By September 28, 2019, subrecipient will attend quarterly meetings for Prescription Drug Abuse Action Group (PDAAG) and one PDAAG subcommittee. Attendance must be in person. <i>Required Benchmarks:</i> Meeting is scheduled for August 2, 2019. Attendance will be documented via sign-in sheet.	Objective 5E: By September 28, 2020, subrecipient will attend quarterly meetings for Prescription Drug Abuse Action Group (PDAAG) and one PDAAG subcommittee. Attendance must be in person. <i>Required Benchmarks:</i> Due quarterly. OIPP Annual Meeting is scheduled for November 1, 2019; dates for meetings in 2020 to be determined. Attendance will be documented via sign-in sheet.

Deliverable – Objective 6: Implementation of Naloxone Distribution Strategies

Subrecipients should finalize participation agreements for each partner agency that was identified in the proposal. These agencies should be the same as those who provided a letter of commitment for the proposal. Agreements should define the level of involvement in the subrecipient's project(s) by detailing the agreed-upon roles and responsibilities. The proposed naloxone distribution strategies will be considered fully implemented once all necessary infrastructure is in place; all policies, procedures, protocols, and other documents are finalized; program operations are fully functioning; and naloxone is actively being distributed to community members using this strategy. Subrecipients will document implementation of each proposed strategy by completing the appropriate section in the quarterly progress report.

Required Deliverable:

<i>Year 1 Budget Period</i>	<i>Year 2 Budget Period</i>
	Objective 6A: By September 28, 2020, subrecipient will mark strategy 1 as fully implemented in the quarterly progress report. <i>(Required)</i>

Optional Deliverables:

<i>Year 1 Budget Period</i>	<i>Year 2 Budget Period</i>
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Appendix C1

Objective 6B: By September 28, 2019, subrecipient will submit participation agreements to ODH program consultant via GMIS for each partner agency identified in the proposal. <i>(Required only for subrecipients who identified one or more partner agencies)</i>	Objective 6C: By September 28, 2020, subrecipient will mark strategy 2 as fully implemented in the quarterly progress report. <i>(Required only for subrecipients who proposed two or more strategies)</i>
	Objective 6D: By September 28, 2020, subrecipient will mark strategy 3 as fully implemented in the quarterly progress report. <i>(Required only for subrecipients who proposed three or more strategies)</i>
	Objective 6E: By September 28, 2020, subrecipient will mark strategy 4 as fully implemented in the quarterly progress report. <i>(Required only for subrecipients who proposed four strategies)</i>

Deliverable - Objective 7: Distribution of Naloxone Kits

Subrecipients will distribute the number of kits associated with the tier they identified in the proposal. Number of kits distributed will be documented through the monthly distribution logs that are submitted to GMIS. Because the focus of the grant is community naloxone distribution, provided to law enforcement or first responders for the purposes of administration will not be counted toward this deliverable. **Only one** of the deliverables below will be paid, based on the tier proposed in the application.

Required Deliverable (choose only one):

Year 1 Budget Period	Year 2 Budget Period
None	Objective 7A: By September 28, 2020, subrecipient will distribute a total of 250 naloxone kits during the grant period and provide training to recipients (Tier 1).
	Objective 7B: By September 28, 2020, subrecipient will distribute a total of 500 naloxone kits during the grant period and provide training to recipients (Tier 2).
	Objective 7C: By September 28, 2020, subrecipient will distribute a total of 750 naloxone kits during the grant period and provide training to recipients (Tier 3).
	Objective 7D: By September 28, 2020, subrecipient will distribute a total of 1,000 naloxone kits during the grant period and provide training to recipients (Tier 4).
	Objective 7E: By September 28, 2020, subrecipient will distribute a total of 1,250 naloxone kits during the grant period and provide training to recipients (Tier 5).

Appendix C2

Form# OFA-012

Name of Subrecipient Program: Naloxone Infrastructure and Integration Access

Budget Period: 7/1/2019 - 9/28/2020

of Deliverables: 18

Use Budget Justification Scenario #: 3

☐ Base Only
☐ Base and Deliverables
☒ Deliverables Only

		Tier 1 Subrecipients (250 kits)	Tier 2 Subrecipients (500 kits)	Tier 3 Subrecipients (750 kits)	Tier 4 Subrecipients (1,000 kits)	Tier 5 Subrecipients (1,250 kits)
Deliverable – Objective 1A: Program Staff	\$	7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00
Deliverable – Objective 1B: Program Staff	\$	5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00	\$ 5,500.00
Deliverable – Objective 2A: Policies and Procedures	\$	7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00	\$ 7,500.00
Deliverable – Objective 3A: Outreach	\$	3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Deliverable – Objective 4A: Program Evaluation	\$	1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Deliverable – Objective 5A: Administrative Tasks	\$	500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Deliverable – Objective 5B: Administrative Tasks	\$	500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Deliverable – Objective 5C: Administrative Tasks	\$	500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Deliverable – Objective 5D: Administrative Tasks	\$	500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Deliverable – Objective 5E: Administrative Tasks	\$	500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Deliverable – Objective 6B: Implementation of Proposed Naloxone Distribution Strategies	\$	2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00
Year One Total	\$	30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00	\$ 30,000.00
Deliverable – Objective 4B: Program Evaluation	\$	2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Deliverable – Objective 5A: Administrative Tasks	\$	1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00
Deliverable – Objective 5B: Administrative Tasks	\$	2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Deliverable – Objective 5C: Administrative Tasks	\$	2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Deliverable – Objective 5D: Administrative Tasks	\$	2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Deliverable – Objective 5E: Administrative Tasks	\$	2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
Deliverable – Objective 6A: Implementation of Proposed Naloxone Distribution Strategies	\$	8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00
Deliverable – Objective 6C: Implementation of Proposed Naloxone Distribution Strategies (Optional)	\$	8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00
Deliverable – Objective 6D: Implementation of Proposed Naloxone Distribution Strategies (Optional)	\$	8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00
Deliverable – Objective 6E: Implementation of Proposed Naloxone Distribution Strategies (Optional)	\$	8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00	\$ 8,000.00
Deliverable – Objective 7: Distribution of Naloxone Kits (based on selected tier)	\$	7,500.00	\$ 15,000.00	\$ 22,500.00	\$ 30,000.00	\$ 37,500.00
Year Two Total	\$	53,000.00	\$ 60,500.00	\$ 68,000.00	\$ 75,500.00	\$ 83,000.00
Total Program Budget						

Appendix D: Application Review Form
Ohio Department of Health Violence and Injury Prevention Section
Integrated Naloxone Access and Infrastructure

Applicant Agency: _____ Service Area Served: _____ Applicant Number: _____ Recommended for Funding: Y N	Requested Budget: _____ Reviewer Name/Number: _____ Tier Selected by Applicant: _____ <i>Agency must receive a minimum score of 70% to be considered for funding.</i>		
Overall Scoring Summary			
Section	Maximum Score	Reviewer Score	Notes
Executive Summary	10		
Project Narrative: Description of Applicant Agency/Documentation of Eligibility/Personnel	25		
Project Narrative: Problem/Need	15		
Project Narrative: Methodology <ul style="list-style-type: none"> General Strategy 1 (required) Strategy 2 (optional) Strategy 3 (optional) Strategy 4 (optional) 	<i>Select one:</i> 45 (one proposed strategy) 65 (two proposed strategies) 85 (three proposed strategies) 105 (four proposed strategies)		
Workplan	30		
Budget	15		
Letters of Support/Letters of Commitment	Yes/No		
Total Score			

Special Conditions/Notes:

Section: Executive Summary	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Outlines program goals and objectives <input type="checkbox"/> Describes the naloxone distribution strategies that the applicant is proposing to implement <input type="checkbox"/> Provides justification of the activities chosen <input type="checkbox"/> Lists partner agencies <input type="checkbox"/> States proposed naloxone distribution tier <input type="checkbox"/> States total amount of funding requested	2 2 2 2 1 1 		
Total Executive Summary:	10		

Project Narrative: Description of Applicant Agency/Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Notes
<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	2		
<input type="checkbox"/> Describes agency's experience and history in providing naloxone and harm reduction services; if applicable, describes current program(s)	4		
<input type="checkbox"/> Describes capacity of organization/staff to communicate to diverse audiences	3		
<input type="checkbox"/> Lists personnel who will be involved in the program and describes roles, relationships, and hours per week dedicated to the program	5		
<input type="checkbox"/> Describes personnel or equipment insufficiencies and plans for hiring and training staff	3		
<input type="checkbox"/> Demonstrates staff expertise in harm reduction principles/strategies and/or plans for training	4		
<input type="checkbox"/> Demonstrates program-wide commitment to cultural competency	4		
Total Applicant Agency/Documentation of Eligibility/Personnel:	25		
Project Narrative: Problem/Need	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Identifies, describes, and provides data about the health concern(s) that will be addressed by the program	5		
<input type="checkbox"/> Identifies the target population for the program and describes segments of the target population who experience a disproportionate health burden or who are at increased risk	5		
<input type="checkbox"/> Describes other agencies or organizations also addressing this problem; describes gaps in naloxone access in the community and	5		

explains how the proposed project will remedy these gaps			
Total Description of Problem/Need	15		
Project Narrative: Methodology			
<i>Methodology – General</i>	<i>Maximum Score</i>	<i>Reviewer Score</i>	<i>Notes</i>
<input type="checkbox"/> Describes how program activities are designed to address health disparities and/or inequalities	5		
<input type="checkbox"/> Describes activities to designate program coordinator, describe staff, and submit role transition plan	3		
<input type="checkbox"/> Describes activities to update/develop and submit required program documentation	3		
<input type="checkbox"/> Describes activities to update/develop and submit required outreach plan	3		
<input type="checkbox"/> Describes activities to submit required outreach reports	4		
<input type="checkbox"/> Describes activities to accomplish required administrative tasks	4		
<input type="checkbox"/> Describes activities to submit a Targeted Evaluation plan, execute the plan during the grant period, and submit a final evaluation report	3		
<input type="checkbox"/> Identifies tier of naloxone funding that indicates number of kits that will be dispensed to community members during the grant period	Yes/No (no score)		
<input type="checkbox"/> Selected tier indicates a reasonable goal for number of kits distributed that is appropriate to the proposed strategies	Yes/No (no score)		
<i>Methodology – Strategy 1 (required)</i>	<i>Maximum Score</i>	<i>Reviewer Score</i>	<i>Notes</i>

<input type="checkbox"/> Summarizes basic operations of the proposed strategy <input type="checkbox"/> Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population <input type="checkbox"/> Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach <input type="checkbox"/> Indicates how the strategy will be evaluated <input type="checkbox"/> Identifies partner agencies or organizations	7 7 3 3 Yes/No (no score)		
<i>Methodology – Strategy 2 (optional)</i>	<i>Maximum Score</i>	<i>Reviewer Score</i>	<i>Notes</i>
<input type="checkbox"/> Summarizes basic operations of the proposed strategy <input type="checkbox"/> Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population <input type="checkbox"/> Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach <input type="checkbox"/> Indicates how the strategy will be evaluated <input type="checkbox"/> Identifies partner agencies or organizations	7 7 3 3 Yes/No (no score)		
<i>Methodology – Strategy 3 (optional)</i>	<i>Maximum Score</i>	<i>Reviewer Score</i>	<i>Notes</i>

<input type="checkbox"/> Summarizes basic operations of the proposed strategy <input type="checkbox"/> Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population <input type="checkbox"/> Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach <input type="checkbox"/> Indicates how the strategy will be evaluated <input type="checkbox"/> Identifies partner agencies or organizations	7 7 3 3 Yes/No (no score)		
<i>Methodology – Strategy 4 (optional)</i>	<i>Maximum Score</i>	<i>Reviewer Score</i>	<i>Notes</i>
<input type="checkbox"/> Summarizes basic operations of the proposed strategy <input type="checkbox"/> Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population <input type="checkbox"/> Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach <input type="checkbox"/> Indicates how the strategy will be evaluated <input type="checkbox"/> Identifies partner agencies or organizations	7 7 3 3 Yes/No (no score)		
Total Project Narrative: Methodology			NOTE: maximum score for this section will be 45, 65, 85, or 105 depending on the number of strategies proposed

Section: Workplan	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Includes all required objectives	3		
<input type="checkbox"/> Specifies person/agency responsible for activities	3		
<input type="checkbox"/> Specifies timeline, including start and end dates for the activities	3		
<input type="checkbox"/> Includes evaluation measures	3		
<input type="checkbox"/> Describes specific activities needed to complete each objective and steps proposed for each activity	18		
Total Workplan	30		
Budget	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Budget justifications are logically tied to program objectives and activities	10		
<input type="checkbox"/> Correct budget justification scenarios utilized (specified in Appendix C2)	3		
<input type="checkbox"/> Project is sufficiently funded to be feasibly accomplished	4		
Total Budget	15		

Background & Goal

Like many other states, Ohio has experienced a surge in fatal drug overdoses over the last decade. Between 2007 and 2017, annual unintentional overdose fatalities involving opioids increased from 631 to 4,162.¹ The increased prevalence of fentanyl and its analogues in the heroin supply has been a major contributor to the rising overdose death rate, and these drugs are increasingly mixed with non-opioid illicit drugs such as cocaine and methamphetamine. In 2017, 70% of unintentional drug overdose deaths involved fentanyl or carfentanil.²

Access to naloxone, a medication that can reverse overdoses caused by opioids – including prescription opioids, heroin, and fentanyl – is crucial to preventing death among Ohioans who use both legal and illicit drugs. Encouragingly, the rate of increase in overdose deaths dropped from 2016-2017 compared to 2015-2016, and the number of unintentional overdose deaths declined during the second half of 2017.³ Drug overdose fatality rates can continue to decrease if the most at-risk population has access to naloxone. When supported and funded appropriately, take-home naloxone programs are cost-effective and reduce fatal overdoses.^{4,5,6}

The goal of this funding is to reach the most at-risk population through sustainable and evidence-based community naloxone distribution programs, particularly those which integrate naloxone access with existing direct services, including:

- Prevention services
- HIV and HCV testing
- HIV prevention and treatment
- Bloodborne pathogen prevention services
- Linkage to mental and behavioral health treatment
- Linkage to evidence-based treatment for substance use disorder

The primary target population for this project is people who use illicit drugs, including: illegal opioid drugs such as heroin and fentanyl; non-opioid drugs such as methamphetamine and cocaine, which may be contaminated with fentanyl analogues; and prescription opioids, especially those purchased on the black market which may also contain illicit fentanyl. Not only is this group most likely to administer naloxone during an overdose event or need naloxone themselves, they are also the highest priority population for most harm-reduction-related direct services. The secondary target population includes any person who may be able to assist an individual who is apparently experiencing, or at risk of experiencing, an opioid overdose.

¹ Ohio Department of Health. Number of Unintentional Drug Overdose Deaths by Year, Ohio. Ohio Public Health Data Warehouse, 2019.

² Ohio Department of Health. 2017 Ohio Drug Overdose Data: General Findings.

³ Ohio Department of Health. 2017 Ohio Drug Overdose Data: General Findings.

⁴ Coffin PO, Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intern Med.* 2013 Jan 1;158(1):1-9.

⁵ Walley AY, Xuan Z, Hackman HH, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ.* 2013 Jan 30;346:f174.

⁶ Albert S, Brason F, Sanford C, et al. Project Lazarus: Community-based overdose prevention in rural North Carolina. *Pain Medicine.* 2011;12:77.

Grant Eligibility and Guidance

All local public health agencies and not-for-profit organizations are eligible for this funding. Naloxone for these projects will be provided by Ohio Department of Health through local health departments. A letter of commitment outlining the partnership and management of naloxone between the applicant (if non-profit organization or non-local health department agency) and local health department is required.

This funding is intended to assist applicants in meeting the needs of local communities by supporting an existing program and/or supporting expansion into new distribution approaches. Projects designed to reach Ohio's most at-risk populations will be prioritized for funding.

Distribution Strategies and Settings

The intent of this funding is to support organizations and agencies that currently operate a Project DAWN or other community naloxone program, **and** organizations and agencies that do not currently have a naloxone program. Expectation is for the applicant to identify up to four distinct strategies to implement, expand, and/or strengthen access to naloxone. Incorporating naloxone access into existing direct services is strongly encouraged. Examples of distribution strategies include:

- Maintaining infrastructure within existing naloxone access/distribution program
- Developing infrastructure for new or additional permanent naloxone access sites at key locations in the community, including:
 - Community centers
 - Federally Qualified Health Centers
 - Community-based organizations serving racial and ethnic minorities
 - Community-based organizations serving LGBTQ populations
 - Businesses (pawn shops, barbershops, etc.)
 - Centers for Independent Living
 - Homeless shelters
 - Faith-based organizations
 - Not-for-profit organizations
- Integrating naloxone distribution into existing services, including:
 - Bloodborne Pathogen Prevention Programs
 - HIV/STI/Hepatitis testing and prevention
 - Substance use treatment and recovery services and re-entry programs (including medication-assisted treatment service sites)
- Partnering with court systems to distribute naloxone (e.g. drug courts, family courts, re-entry programs)
- Partnering with correctional facilities/detention centers to provide naloxone prior to release
- Working with law enforcement or fire departments to set up naloxone leave-behind programs
- Equipping Quick Response Teams to distribute naloxone
- Mail-order naloxone
- Street outreach
- Mobile naloxone delivery
- Distributing naloxone kits through a peer volunteer network

- Implementing policy or systems changes to facilitate co-prescribing of naloxone with opioids

At least one, and not more than four, strategies must be clearly identified in the proposal.

If the applicant agency currently operates a Project DAWN program or other community naloxone distribution program, the agency may select “maintain current program infrastructure” as a strategy. This will allow them to direct award funds toward strengthening current program operations and supporting existing naloxone distribution infrastructure such as staffing costs. If the agency proposes multiple strategies, only one of them may be to maintain current program infrastructure.

Required Activities

1. Program Staff

- Identify personnel to coordinate program. If necessary, staff may be hired to assist with and/or supervise program operations.
 - Personnel role recommendations:
 - Program Coordinator – administration; budget management and control; program reporting to ODH; management of naloxone inventory and purchasing
 - Community Liaison/Outreach Specialist – recruit program participants; facilitate the development and maintenance of partnerships with community stakeholders and residents; assist with the execution of marketing strategies; promote service(s) and provide information at community events
 - Naloxone distribution specialist; train program clients and personally furnish naloxone
 - Applicants may utilize available resources found in Appendix E2 if new or existing staff require additional training in harm reduction and/or cultural competency. Alternative training may be used depending on the needs of the staff.
- Develop a role transition plan for when essential personnel vacate a position. This plan shall be utilized to ensure the continuation of program operations. The plan should include the following:
 - Job description
 - Role accountabilities and expectations
 - Training requirements, if any
 - Program operation guidelines
 - Description of how hand-off duties between current and succeeding staff personnel will be coordinated, including communication with ODH.

2. Program Documentation

- Develop or update operation guidance documents appropriate for each proposed strategy setting and in accordance with Ohio Revised Code:

- Policies and procedures
 - Roles and responsibilities for each participating agency and/or organization
 - Program setting and hours of location
 - Services offered
 - Staff responsibilities
 - Storage and inventory procedures
 - Procedures for program participants to receive naloxone training and medication
- Protocol authorizing one or more individuals to personally furnish naloxone
 - This document enables naloxone access programs to operate without a medical director (physician) on site
 - See Appendix E3 for more information
- Some subrecipients may have one comprehensive set of guidance documents that covers the entire naloxone distribution program. Alternatively, if the program employs multiple naloxone distribution strategies that differ significantly, it may be appropriate to have separate sets of documentation for each.

3. Outreach

- Update or develop an outreach plan to raise awareness about the program and recruit participants within the target demographic. Outreach strategies must incorporate cultural competency and social determinants of health at all levels of the intervention.
 - The pursuit of innovative marketing and outreach strategies is highly encouraged. While the outreach plan will likely have a marketing component, it should not be simply a media plan but should also include additional strategies for raising awareness about naloxone within the proposed service area and facilitating contact and access to potential program clients.
 - Outreach should focus on the target population(s) for the program. When conducting outreach to individuals who use illicit drugs, strategies should target not only people who use opioids, but also people who use non-opioid drugs such as cocaine or methamphetamine which may be adulterated with opioids such as fentanyl.
 - Outreach should include target awareness strategies for racial and ethnic minorities who may be unaware of the extent of the opioid epidemic in their communities. Subrecipients should emphasize meaningful collaboration with community-based organizations (including those which serve racial and ethnic minority populations) that have a demonstrated record of service and are trusted by local residents. These may include agencies that have experience with addiction issues as well as religious organizations; social services organizations; and fraternities and sororities.
 - Outreach strategies should be data-driven. Information collected during program operations, including geospatial data and mapping techniques, should be used to identify underserved populations and/or geographic areas that can be targeted for outreach.
- The submitted outreach plan should outline the following:

- collaboration with community-based organizations
- objectives and strategies
- a timeline or description of projected milestones
- persons responsible for each strategy
- descriptions of messaging, including:
 - strategies to address stigma and shame often associated with substance use
 - description of how proposed messaging is culturally and linguistically appropriate for the target population
 - description of how messages will be tailored to meet the needs of people with low literacy levels, people with disabilities, and local communities for whom English is a second language
- At the conclusion of the project period, submit a final outreach report evaluating the effectiveness of the strategies proposed in the plan and implemented over the course of the program. The report should use program data, including data on geographical distribution of naloxone kits, to evaluate whether specific outreach strategies have been successful in engaging the target population(s) and achieving health equity goals.

4. Program Evaluation

- The Ohio Department of Health expects all applicants to conduct evaluation throughout the duration of the award, with at least one Targeted Evaluation Project (TEP) active over the course of the project. The TEP is designed to evaluate one component of the program in depth. The evaluation can be formative, process-oriented, or outcome-oriented and should be designed to obtain new insight about program activities and support ongoing program improvement.
- Present the findings and conclusions from the TEP and other evaluation activities in a final report. The report should include recommendations for program process improvement, implementation, and decision-making.

5. Administrative Tasks

- For each naloxone kit that is dispensed or personally furnished, collect data using the Ohio Department of Health-provided Client Intake Form and submit data to ODH online according to established procedures.
- Complete the monthly naloxone distribution report and submit to ODH by the 5th day of each month (see Appendix E5). Data reported will include the following:
 - Monthly Distribution Log
 - Number of kits provided to community members, according to funding source
 - Number of individuals trained
 - Number of known overdoses that were reversed using naloxone distributed through the program
 - Place Matters Health Equity Spreadsheet

- Geographic locations of kits distributed
- Attend quarterly subrecipient conference calls.
- Submit quarterly progress reports to ODH. A template for this report will be provided to funded subrecipient agencies after award decisions are made.
- Attend quarterly meeting of Prescription Drug Abuse Action Group (PDAAG) in person and participate in at least one PDAAG subcommittee. PDAAG is part of the Ohio Injury Prevention Partnership (OIPP) and is an ODH-coordinated multi-disciplinary work group focused on reducing the misuse of prescription drugs and overdose. Participants engage in sharing information and resources concerning opioid use and overdose across the state.

6. Implementation of Naloxone Distribution Strategies

- Implement each of the proposed naloxone distribution strategies. A strategy will be considered fully implemented once all necessary infrastructure is in place; all policies, procedures, protocols, and other documents are finalized; program operations are fully functioning; and naloxone is actively being distributed to community members using this strategy. Subrecipients will document implementation of each proposed strategy by completing the appropriate section in the quarterly progress report.
- [REQUIRED ONLY IF ONE OR MORE PARTNER AGENCIES WERE IDENTIFIED IN THE PROPOSAL] Develop a participation agreement with each implementation partner agency and/or organization. These partner agencies and organizations should be the same as those who provided a letter of commitment for the applicant's proposal.
 - Agreements should define the level of involvement in the subrecipient's project(s) by detailing the agreed-upon roles and responsibilities.

7. Distribution of Naloxone Kits

- Distribute the required number of naloxone kits in accordance with established legal methods (prescribing kits to individuals; personally furnishing kits to individuals pursuant to a protocol; or providing kits to service entities) and provide training to program clients.
 - During the application process, applicants must select a distribution tier that reflects the minimum number of kits that they commit to distributing during the grant period:
 - Tier 1: 250 kits
 - Tier 2: 500 kits
 - Tier 3: 750 kits
 - Tier 4: 1,000 kits
 - Tier 5: 1,250 kits
 - The required number of kits for each tier refers to the number of kits that will be distributed through the entire program (including both new naloxone distribution strategies implemented through the grant, in addition to any previously existing naloxone distribution methods as described in the "Description of Applicant Agency" section of the application narrative).

- The Ohio Department of Health will provide each subrecipient with the number of naloxone kits in its selected tier. Kits contain two doses of Narcan Nasal Spray; one face shield for rescue breathing; one pair of nitrile gloves; and a storage bag. Alternatively, subrecipients may choose to order two-packs of Narcan Nasal Spray instead of the pre-assembled kits. Subrecipient agencies may purchase additional naloxone if desired.
- If, during the course of the grant, the subrecipient's program ends up distributing additional naloxone beyond the tier specified in the proposal, additional funding and/or naloxone may be provided to the subrecipient, contingent upon available funding.
- Because the primary purpose of this funding is community naloxone distribution, naloxone kits provided to law enforcement or first responders *to be administered* in cases of suspected overdose will not count as "kits distributed" for the purpose of the grant deliverable. However, if a law enforcement officer or first responder *personally furnishes a naloxone kit to a community member* pursuant to a protocol, that kit would be counted toward the project deliverable.

Additional Information

- Appendix E2: Training Resources
- Appendix E3: "Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol"
- Appendix E4: Setting-Specific Guidance
- Appendix E5: Ohio Department of Health Naloxone Monthly Distribution Log - 2019

TRAINING RESOURCES

Cultural Competency – *TRAIN Learning Network*

Cultural competency is the ability to effectively communicate and interact with people of different cultures. This includes being respectful and responsive to cultural and linguistic needs, differences in beliefs and values, and perceptions. Culture transcends race and ethnicity; it can refer to gender, sexual orientation, education, and more.

TRAIN Learning Network offers several free online courses for cultural competency. Below are a few of the available trainings; however, you are free to pursue other training modules that meet the needs of your staff. Please note, a user account must be created to access content on TRAIN Learning Network.

Diversity and Cultural Competency in Public Health Settings – Basic Level

<https://www.train.org/main/course/1005191/>

Exploring Cross Cultural Communication

<https://www.train.org/main/course/1018020/>

Practicing Cross Cultural Communication: Community Health Worker Program

<https://www.train.org/main/course/1064378/>

To search for other courses on TRAIN Learning Network, please visit www.train.org

Harm Reduction Online Training Institute – *Harm Reduction Coalition*

This site contains online tools that include different training modules regarding harm reduction principles, overdose & response, and engaging people who use drugs.

For more information, please visit: <https://harmreduction.org/our-resources/online-training-institute/>

Introduction to Motivational Interviewing – *Bill Matulich, PhD*

Motivational Interviewing (MI) is an approach used to address addiction and the management of physical health conditions such as diabetes and heart disease. This intervention helps people become motivated to change the behaviors that are preventing them from making healthier choices. It can also prepare individuals for further, more specific types of therapies.

To view the 17-minute video training by Dr. Matulich, please visit:

<https://www.youtube.com/watch?v=s3MCJZ7OGRk>

For more information on MI, please visit: <https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing>

Screening, Brief Intervention and Referral to Treatment (SBIRT) - Ohio Department of Mental Health and Addiction Services (OhioMHAS)

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), SBIRT is “comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.”

For more information on SBIRT and how to receive training, please visit <https://mha.ohio.gov/Treatment/SBIRT>



Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol

Updated 10-16-2016

Section 4731.941 of the Ohio Revised Code permits a physician to authorize one or more individuals to personally furnish a supply of naloxone pursuant to a protocol to either of the following:

- (1) An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose; or
- (2) A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

For questions regarding these changes, please review the following frequently asked questions. If you need additional information, the most expedient way to have your questions answered will be to e-mail the Board office by visiting: <http://www.pharmacy.ohio.gov/contact.aspx>.

More information about these recent law changes can also be accessed here:
<https://www.legislature.ohio.gov/legislation/legislation-documents?id=GA131-HB-4>

Q1) What are the requirements for the protocol?

According to the section 4731.941 of the Ohio Revised Code, a physician established protocol for personally furnishing naloxone must include all of the following in writing:

- (1) A description of the clinical pharmacology of naloxone;
- (2) Precautions and contraindications concerning furnishing naloxone;
- (3) Any limitations the physician specifies concerning the individuals to whom naloxone may be furnished;
- (4) The naloxone dosage that may be furnished and any variation in the dosage based on circumstances specified in the protocol;
- (5) Labeling, storage, record-keeping, and administrative requirements;
- (6) Training requirements that must be met before an individual will be authorized to furnish naloxone;
- (7) Any instructions or training that the authorized individual must provide to an individual to whom naloxone is furnished.

Q2) Is there a sample protocol available?

Currently a sample protocol does not exist. However, the Board has created a sample protocol for dispensing pharmacies that may be helpful, as it has some overlapping requirements. This sample protocol can be accessed here: www.pharmacy.ohio.gov/naloxone.

Please note: The pharmacy protocol does differ in its requirements from what is listed in Q1.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



Q3) What type of naloxone can be personally furnished pursuant to the physician approved protocol?

The law has also been changed to allow any formulation of naloxone to be personally furnished via a protocol (or directly by a prescriber). The type of naloxone that may be dispensed may include all of the following formulations:

Intramuscular naloxone:

- Naloxone 0.4 mg/ml single dose vial, 2 vials (NDC No. 0409-1215-01)
- SIG: Inject 1 ml IM upon signs of opioid overdose. Call 911. May repeat ×1.
- Syringe 3 ml 25G ×1 inch No. 2
- SIG: Use as directed for naloxone administration

Intranasal naloxone (Narcan Nasal Spray):

- Naloxone 4mg/0.1mL FDA approved nasal spray device, 2 doses per unit (NDC No. 69547-353-02)
- SIG: Administer a single spray intranasally into one nostril. Call 911. May repeat ×1.

Intranasal naloxone:

- Naloxone 2 mg/2 ml prefilled syringe, 2 syringes (NDC No. 76329-3469-01)
- SIG: Spray one-half of syringe into each nostril upon signs of opioid overdose. Call 911. May repeat ×1.
- Two mucosal atomization devices ([MAD300](#))
- SIG: Use as directed for naloxone administration

Auto-injector (Evzio intramuscular naloxone):

- Naloxone 0.4 mg/0.4 ml (NDC No. 60842-030-01)
- No. 1 twin pack
- SIG: Use one auto-injector upon signs of opioid overdose. Call 911. May repeat ×1.

Please note: The type of naloxone that may be personally furnished is subject to the formulations approved within the physician protocol. If new formulations are developed, they may be added to the protocol.

Q4) Where do I obtain the naloxone and the required delivery devices?

The single-dose vial, naloxone nasal spray, prefilled syringe, auto-injector and IM syringes are available from Ohio licensed wholesale distributors. The atomizers ([MAD300](#)) for nasal administration via the prefilled syringe are available from medical supply vendors and, in some cases, can be purchased directly from a wholesaler.

Q5) Does the Board of Pharmacy have specific requirements for personally furnishing prescription drugs such as naloxone?

Unless specifically exempted by law, all sites that possess prescription drugs (such as naloxone) are required to be licensed as terminal distributors of dangerous drugs. Such licensure requires any drug that is personally furnished to meet all of the following requirements:

- Labeling and Personally Furnishing: <http://codes.ohio.gov/oac/4729-5-17> **(The naloxone must be personally furnished in the name of the person who requests it.)**
- Storage/Security Requirements: <http://codes.ohio.gov/oac/4729-9-11>
- Recordkeeping: <http://codes.ohio.gov/oac/4729-9-22>

These requirements (labeling for example) will be delegated in the protocol to an authorized individual to perform on behalf of the physician pursuant to rule 4729-5-17. Board staff is available to answer any questions you may have regarding these requirements and our inspectors can assist should you need on-site assistance.

To see if your location is licensed as a terminal distributor, please visit:
<https://license.ohio.gov/lookup/default.asp?division=96>

The following entities are exempt from obtaining a terminal distributor of dangerous drugs:

- **Law enforcement (for naloxone only):** A guidance document for law enforcement is available by visiting: www.pharmacy.ohio.gov/naloxone
- **Certain prescriber practices:** For more information, please visit: www.pharmacy.ohio.gov/prescribertddd

Q6) My organization is already licensed as a terminal distributor of dangerous drugs, do I need to do anything else to begin ordering naloxone?

If your organization has an unlimited TDDD category II or III license with the State of Ohio Board of Pharmacy, you can order, store and personally furnish naloxone to third parties (family, friends, etc.) and individuals who are at-risk for an opioid overdose.

For those organizations that have a limited TDDD category II or III license with the Board, you will need to update your drug list and protocols to reflect the addition of naloxone. To update these documents please use the following link: <http://pharmacy.ohio.gov/TDDD/DrugList.aspx>

IMPORTANT: BOTH your Drug List and Protocols must be signed by the medical director and notarized.

IMPORTANT: When uploading new documents, the old documents are OVERWRITTEN. Be sure to upload the ENTIRE Drug List and Protocols, NOT just the changes.

We ask that you allow for a 7-10 day approval period for these documents.

Q7) Is there written information available to assist with the training of patients?

Yes. The Board has developed a brochure that covers many of the typical training requirements for providing naloxone to laypersons. The brochure is available electronically by visiting: www.pharmacy.ohio.gov/naloxone

Additional training materials can also be accessed here:

Ohio Department of Health - Project DAWN (Deaths Avoided with Naloxone):
<http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx>

Prescribe to Prevent: <http://prescribetoprevent.org/>

Q8) The law allows me to personally furnish naloxone to “a person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose”. How do I go about making this determination?

Many individuals work in environments where they may assist an individual experiencing an overdose including, but not limited to, the following:

- Colleges (residence life staff) and schools (school nurses, administrators, teachers, etc.)
- Substance abuse treatment programs (residential and nonresidential)
- Halfway houses
- Homeless shelters
- Home healthcare agencies

Please note: The authorizing physician should indicate in their protocol the individuals that meet this requirement or should be directly consulted if there are any questions. The naloxone must be personally furnished in the name of the person who requests it. Therefore, it must also be billed in the name of that person (if billing insurance).

Q9) What type of prescribers are able to authorize the protocol?

Ohio licensed physicians must authorize the protocol. The law does not limit the number of protocols a physician may authorize therefore a physician may authorize a protocol for a number of locations (or individuals).

Q10) Are there any protections for physicians and individuals authorized to personally furnish naloxone on behalf of the physician pursuant to a protocol?

Yes. A physician and a person authorized by the physician to personally furnish naloxone, acting in good faith, are not liable for or subject to any of the following for any action or omission of the individual to whom the naloxone is furnished: damages in any civil action, prosecution in any criminal proceeding, or professional disciplinary action.

Q11) When does the protocol expire?

The law does not stipulate when the protocol expires. However, the authorizing physician may include an expiration date if they so choose.

Q12) Can I bill a patient’s insurance for the naloxone?

Medicaid, Medicare, and many private insurance companies may cover the cost of naloxone. To assist with billing, the law permits a pharmacist to document the dispensing of naloxone by the pharmacist or a pharmacy intern on a prescription form. The form may be assigned a number for record-keeping purposes.

According to the Ohio Department of Medicaid, all plans, except Buckeye Health Plan, pay for all formulations of naloxone (intranasal, intramuscular and auto-injector) when dispensed to a plan member. Buckeye Health Plan will cover the intranasal formulation as part of their pharmacy benefit.

Please be advised that the auto-injector for all plans requires prior authorization.

Please note: The naloxone must be dispensed in the name of the person who is requesting it at the pharmacy. Therefore, it must also be billed in the name of that person (if billing insurance).

Q13) Can I bill a patient's insurance for the atomizer needed for intranasal use?

It may be difficult securing reimbursement for the atomizer needed for intranasal use via the prefilled syringe. Currently, the atomizer lacks a National Drug Code or UPN, which are universal product identifiers typically used in insurance billing systems.

Please note: There is an FDA-approved intranasal formulation that is now available that does not require a nasal atomizer (See Q3).

Q14) Is there a limit to the amount of naloxone that can be dispensed pursuant to a protocol?

The authorized individual personally furnishing the naloxone should refer back to their protocol to determine if there are any established limits. If no such limitations exist, they should consult with the authorizing physician to determine if additional doses may be supplied.

Q15) Are there any substance abuse resources available to patients and their families?

For anyone seeking substance abuse treatment, please refer them to the Ohio Department of Mental Health and Addiction Services' treatment referral line at 1.877.275.6364.

Setting-Specific Guidance

The purpose of this document is to provide insight into possible strategies or settings for naloxone access and distribution. The information below is not intended to be an exhaustive guide as there are numerous ways to adopt such strategies.

Bloodborne Pathogen Prevention Program

As an important harm reduction strategy that already services people who use drugs, bloodborne pathogen prevention programs are a logical way for people who are at high risk of overdose to access naloxone.

Naloxone access can be easily incorporated into the existing services provided in this setting. Depending on hours of operation, staff could provide weekly group trainings during program hours with participants receiving kits upon completion. Alternatively, kits and printed materials can be offered during one-on-one sessions while the participant is receiving other services.

Detention Center/Correctional Facility

Tolerance to opioids in people in active addiction is reduced by imprisonment. This period of abstinence increases the risk of fatal overdose during the first two weeks after release from prison, and the risk remains elevated up to at least the fourth week.⁷ Equipping former inmates with naloxone upon release is an effective strategy to prevent overdose deaths.

When pursuing this strategy, the following factors should be considered:

- Buy-in from key partners
 - Jailer/warden
 - Law enforcement
 - Ohio Department of Rehabilitation and Corrections (if working with re-entry and parole/probation programs)
- Is there an existing health program within the facility? If so, consider collaboration.
- How will participants be identified (intake data, self-identification, other)?
- How will participants receive naloxone kit once released? Will the kits be stored at the facility?
 - It is recommended the medication is available to them on-site during release process; once training is complete while incarcerated, you can provide a ticket/voucher to redeem before release, or kit can be placed with the inmate's personal belongings.

Drug Court/Pre-Trial Diversion Program

As an alternative to incarceration, these specialized court docket programs are a strategy to assist drug offenders into long-term recovery. Still, the increased risk of fatal overdose is present.

Drug court staff are in a unique position as they can be trained and authorized to personally furnish naloxone. This enables them to provide training and kits to clients onsite.

⁷ Merrall EL, Kariminia A, Binswanger IA, et al. Meta-analysis of drug-related deaths soon after release from prison. *Addiction*. 2010;105(9):1545-54.

For more information on drug court programs in Ohio, please visit:

<http://www.supremecourt.ohio.gov/JCS/specDockets/>

Substance Abuse Treatment Program

Much like correctional facilities and drug courts, substance abuse treatment programs have access to people at risk for overdose. During treatment, the risk is not as high; however, it elevates if a person relapses after a period of abstinence.

For outpatient programs, staff can provide training and distribute naloxone kits onsite to both patients and their family/friends. Staff from external naloxone access programs could visit treatment centers to provide onsite training and distribute naloxone. For inpatient programs, naloxone training and education can be presented as workshops with a take-home kit provided at discharge. When pursuing this avenue, it is important to be mindful of participants' confidentiality and privacy.

Naloxone Monthly Distribution Log - 2019



Name of Program:

	Number of ODH-funded kits distributed	Number of non-ODH-funded kits distributed	Total number of kits distributed	Number of persons trained	Number of known reversals
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Total:	0	0	0	0	0

Please email this form to projectdawn@odh.ohio.gov by the 5th day of each month.
Enter zero if no kits were distributed or no persons were trained during that month.

Place Matters Health Equity Spreadsheet for Naloxone Distribution

[illegible]

RFP 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.

Please see **Section II: Application Requirements and Format** of the solicitation for details of the application sections that are to be completed in GMIS.

The following proposal components are required and should be uploaded in GMIS titled as follows:

- A. Executive Summary: 1-page limit:** named *"Agency Name_ Executive Summary_2019"*
- B. Project Narrative: 20-page limit:** named *"Agency Name_Program Narrative_2019"*
 - **Description of Applicant Agency/Documentation of Eligibility/Personnel**
 - **Problem/Need**
 - **Methodology**
- C. Workplan (Appendix G): no page limit:** named *"Agency Name_ Workplan_2019"*
- D. Two Budget Justification Narratives (Appendix H): no page limit:** named *"Agency name_BudgetYear1 Justification_2019"* and *"Agency Name_BudgetYear2 Justification_2019"*
- E. Letter(s) of Commitment: no page limit:** *"Agency Name_LOCs_2019"*
- F. Staff Position Descriptions: no page limit:** named *"Agency Name_Staff Position Descriptions_2019"*
- G. Letter(s) of Support: no page limit:** *"Agency Name_LOSs_2019"*

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

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 describe the following:

- Program goals and objectives
- The naloxone distribution strategies you are proposing to implement
- Justification for why these activities were chosen
- Partner agencies
- Proposed naloxone distribution tier
- Total amount of funding requested

B. Project Narrative

Refer to *Appendix E: Required Grant Strategies and Guidance* to complete the project narrative. The activities described in this section must align with the project workplan.

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 agency's experience and history in providing community naloxone distribution or other harm reduction services and, if applicable, describe current naloxone distribution programs or strategies.

Describe the capacity of your organization and 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, those who have low literacy skills, and individuals with disabilities.

List all personnel who will be directly involved in program activities and their background. Describe their roles in the proposed project. 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. If you are planning to designate an existing staff person as the project coordinator, please identify that person and describe their related experience. For each staff member, specify the hours per week that will be dedicated toward the proposed program.

Note any personnel or equipment insufficiencies that will need to be addressed in order to carry out the grant activities. Describe plans for hiring and training staff as necessary. Applicants should demonstrate that staff have expertise or will be trained in harm reduction principles and/or strategies. Examples of training resources are included in Appendix E2.

Demonstrate a program-wide commitment to cultural competency, including a description of how staffing patterns reflect community demographics and evidence of a cultural competency training plan.

Upload staff position descriptions separately (see letter F in this section).

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. Describe gaps in naloxone access in the community and explain how the proposed project will fill these gaps rather than duplicating existing efforts.

Methodology

Use this section of the narrative to explain the activities that will take place and how they will accomplish the required objectives (see details below), as well as activities that will accomplish any additional project objectives. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Timelines and benchmarks for program activities may be mentioned here and should be included in the workplan as well. Refer to *Appendix E: Required Grant Strategies and Guidance* for additional information about the activities that are required for each objective.

1. Program Staff.

- **Objective 1A.** By September 28, 2019, subrecipient will submit a description and contact information for the designated program coordinator to ODH Program Consultant via GMIS, along with a list of staff members who are, or will be, involved in program operations, including anticipated number of weekly hours to be devoted to project.
- **Objective 1B.** By September 28, 2019, subrecipient will submit role transition plan for essential program staff to ODH Program Consultant via GMIS.

Describe the type of position you plan to designate as the project coordinator and their role with implementation of the project. If one or more individuals will be hired for this project, describe how the job description will be developed and outline the recruitment, hiring, and training process.

2. Program Documentation.

- **Objective 2A:** By September 28, 2019, subrecipient will submit program documentation (including policies and procedures and naloxone protocol documents) to ODH Program Consultant via GMIS.

Describe existing documentation (if applicable) and the process through which it will be updated to reflect the proposed project, and/or how new documentation will be developed and finalized. If the applicant is proposing multiple strategies, please state whether one comprehensive set of documents will cover the entire program or whether separate guidance documents will be needed. List the specific documents that will be submitted.

3. Outreach.

- **Objective 3A:** By September 28, 2019, subrecipient will submit an outreach plan to ODH Program Consultant via GMIS.
- **Objective 3B:** By September 28, 2020, subrecipient will submit a final outreach report to ODH Program Consultant via GMIS.

If the applicant agency has a current outreach plan, describe it and explain how the plan will be updated; if not, describe how a plan will be developed.

4. Program Evaluation.

- **Objective 4A:** By September 28, 2019, subrecipient will submit a Targeted Evaluation Plan to ODH Program Consultant via GMIS.
- **Objective 4B:** By September 28, 2020, subrecipient will submit final evaluation report to ODH Program Consultant via GMIS that describes the evaluation process, findings, and conclusions from the proposed Targeted Evaluation Plan.

In narrative form, identify the program goals and evaluation process; impact, or outcome objectives; sources of data that will be used; and key evaluation questions. Objectives should be written in SMART format.

In addition, propose a targeted evaluation project (TEP) that will evaluate one component of the program in depth. Briefly describe the proposed TEP, including the following:

- Topic, strategy, system, or intervention that the applicant intends to evaluate;
- Rationale for selecting that topic, strategy, or intervention;
- Key evaluation questions;
- Approximate duration and timeline for the targeted evaluation project;
- Partners with whom the applicant will engage to develop and execute the TEP

5. Administrative Tasks.

- **Objective 5A:** By September 28, 2019/September 28, 2020, subrecipient will submit client intake form data via REDCap for all kits dispensed.
- **Objective 5B:** By September 28, 2019/September 28, 2020, subrecipient will submit monthly distribution log information to ODH Program Consultant via GMIS.
- **Objective 5C:** By September 28, 2019/September 28, 2020, subrecipient will attend quarterly subrecipient phone conferences.

- **Objective 5D:** By September 28, 2019/September 28, 2020, subrecipient will submit quarterly progress report to ODH program consultant via GMIS.
- **Objective 5E:** By September 28, 2019/September 28, 2020, subrecipient will attend quarterly meetings for Prescription Drug Abuse Action Group (PDAAG) and one PDAAG subcommittee. Attendance must be in person.

Identify the individual(s) responsible for each administrative element. If applicable, describe how intake form data and naloxone distribution data will be communicated between multiple staff members. Describe any other administrative tasks that will take place implement proposed naloxone distribution strategies and accomplish grant deliverables.

6. Implementation of Naloxone Distribution Strategies.

List at least one, and up to four, proposed naloxone distribution strategies (see *Appendix E: Required Grant Strategies and Guidance* for examples). For each proposed strategy, please include the following information:

- Summarize the basic operations of the proposed strategy (e.g., naloxone distribution mechanism; individual(s) involved; setting/location; setup of naloxone protocol; etc.)
- Provide rationale for why this strategy was chosen and describe how it will increase access to naloxone among the target population
- Describe how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach
- Indicate how each strategy will be evaluated to determine the level of success of the program
- Clearly identify any agencies or organizations with whom you will partner to implement the strategy (“partner agencies”). A letter of commitment for each partner agency should be uploaded in GMIS (see letter E in this section)

7. Distribution of Naloxone Kits.

Please clearly state the tier below that reflects the total number of naloxone kits that your entire program will distribute to community members during the grant period. Explain why this tier is appropriate, based on current naloxone distribution rates and the specific strategies proposed. Proposals will be evaluated with the proposed tier in mind and scores will take into account whether the selected tier is appropriate and reasonable for the strategies proposed. Describe training that will be provided to recipients of naloxone kits, including how training will be tailored to meet the needs of different client populations.

Tier 1: 250 kits
Tier 2: 500 kits
Tier 3: 750 kits
Tier 4: 1,000 kits
Tier 5: 1,250 kits

When planning the project and budget, please note that the Ohio Department of Health will provide naloxone kits to applicants whose proposals are selected for funding. ODH will provide each subrecipient with the number of naloxone kits in its selected tier. Subrecipient agencies may purchase

additional naloxone if desired.

8. Other.

Describe any additional project objectives and activities that will take place to accomplish these objectives.

C. Workplan

Complete the document *Appendix G: Workplan Template*. The workplan must cover the entire project period. The workplan must align with the proposed activities that the applicant describes in the submitted project narrative and must demonstrate how the applicant intends to meet the required objectives/deliverables stated in Appendices C1 and C2 of the RFP.

Define one or more goals for each section and specify the community and/or location. Applicants may add additional objectives to each section and may add additional sections if desired to best reflect the proposed project. Applicants may also move required objectives around within the sections; however, all required objectives listed in Appendix C1 must be stated somewhere in the workplan.

Insert activities that will accomplish the objectives in each section. For each activity listed, note the person and/or agency responsible; anticipated timeline; priority population(s); specific steps of each activity; and evaluation measure by which will determine whether the activity has been accomplished.

D. Budget Justification Narrative

Complete one budget justification for the Year 1 Budget Period (7/1/2019 – 9/28/2019 [IN20]) and one budget justification for the Year 2 Budget Period (9/29/2019 – 9/28/2020 [IN21]). Please see Appendix H for an example of the budget justification. Use Scenario 3. The budget justifications must be signed by the agency head listed in GMIS.

E. Letter(s) of Commitment

Please include signed letters of commitment from the following entities:

1. Local health department(s) in the applicant's service area (required ONLY if applicant is not a local health department)
2. All partner agencies identified in the methodology section of the application narrative
3. The Medical Director of the proposed program and/or other physician(s) who will sign a protocol authorizing program staff to personally furnish naloxone
4. Any other agencies whose participation is critical to the implementation of the proposed naloxone distribution strategies described in the application narrative

F. Staff Position Descriptions

Please include position descriptions for staff described in the *Description of Applicant Agency/Documentation of Eligibility/Personnel* section of the narrative. Provide position descriptions for any new positions to be created.

G. Letter(s) of Support (optional)

If desired, include letters of support from local community agencies or other relevant entities (for example, local drug coalitions; law enforcement agencies; etc.).

**Ohio Department of Health Violence and Injury Prevention Program
Integrated Naloxone Access and Infrastructure Grant**

Agency:	
Contact:	

PROPOSED WORKPLAN

The purpose of the workplan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward.

1. Program Staff

Goal(s):	
Required Objective(s):	<p>Objective 1A. By September 28, 2019, subrecipient will submit a description and contact information for the designated program coordinator to ODH Program Consultant via GMIS, along with a list of staff members who are, or will be, involved in program operations, including anticipated number of weekly hours to be devoted to project.</p> <p>Objective 1B. By September 28, 2019, subrecipient will submit role transition plan for essential program staff to ODH Program Consultant via GMIS.</p>
Additional Objective(s):	
Community or Location:	

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		

2. Program Documentation

Goal(s):	
Required Objective(s):	Objective 2A. By September 28, 2019, subrecipient will submit program documentation (including policies and procedures and naloxone protocol documents) to ODH Program Consultant via GMIS.

Appendix G

Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
3. Outreach					
Goal(s):					
Required Objective(s): Objective 3A: By September 28, 2019, subrecipient will submit an outreach plan to ODH Program Consultant via GMIS. Objective 3B: By September 28, 2020, subrecipient will submit a final outreach report to ODH Program Consultant via GMIS.					
Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
4. Program Evaluation					
Goal(s):					

Appendix G

Required Objective(s):	Objective 4A: By September 28, 2019, subrecipient will submit a Targeted Evaluation Plan to ODH Program Consultant via GMIS.				
	Objective 4B: By September 28, 2020, subrecipient will submit final program evaluation report to ODH Program Consultant via GMIS that describes the evaluation process, findings, and conclusions from the proposed Targeted Evaluation Plan.				
Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
5. Administrative Tasks					
Goal(s):					
Required Objective(s):	<p>Objective 5A: By September 28, 2020, subrecipient will submit client intake form data via REDCap for all kits dispensed.</p> <p>Objective 5B: By September 28, 2020, subrecipient will submit monthly naloxone distribution reports to ODH Program Consultant via GMIS.</p> <p>Objective 5C: By September 28, 2020, subrecipient will attend quarterly grantee phone conferences.</p> <p>Objective 5D: By September 28, 2020, subrecipient will submit quarterly progress report to ODH program consultant via GMIS.</p> <p>Objective 5E: By September 28, 2020, subrecipient will attend quarterly meetings for Prescription Drug Abuse Action Group (PDAAG) and one PDAAG subcommittee. Attendance must be in person.</p>				
Additional Objective(s):					
Community or Location:					

Appendix G

Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Implementation of Naloxone Distribution Strategy 1 (Required)					
Goal(s):					
Required Objective(s):	<p>Objective 6A: By September 28, 2020, subrecipient will mark strategy 1 as fully implemented in the quarterly progress report.</p> <p>Objective 6B: By September 28, 2019, subrecipient will submit participation agreements to ODH program consultant via GMIS for each partner agency identified in the proposal. (Required only for subrecipients who identified one or more partner agencies)</p>				
Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Implementation of Naloxone Distribution Strategy 2 (Optional)					
Goal(s):					
Required Objective(s):	Objective 6C: By September 28, 2020, subrecipient will mark strategy 2 as fully implemented in the quarterly progress report. (Required only for subrecipients who proposed two or more strategies)				
Additional Objective(s):					

Appendix G

Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Implementation of Naloxone Distribution Strategy 3 (Optional)					
Goal(s):					
Required Objective(s): Objective 6D: By September 28, 2020, subrecipient will mark strategy 3 as fully implemented in the quarterly progress report. (Required only for subrecipients who proposed three or more strategies)					
Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Implementation of Naloxone Distribution Strategy 4 (Optional)					
Goal(s):					
Required Objective(s): Objective 6E: By September 28, 2020, subrecipient will mark strategy 4 as fully implemented in the quarterly progress report. (Required only for subrecipients who proposed four strategies)					
Additional Objective(s):					

Appendix G

Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Distribution of Naloxone Kits					
Goal(s):					
Required Objective(s):	(Select the appropriate objective based on the applicant's proposed tier) Objective 7A: By September 28, 2020, subrecipient will distribute a total of 250 naloxone kits during the grant period (Tier 1). Objective 7B: By September 28, 2020, subrecipient will distribute a total of 500 naloxone kits during the grant period (Tier 2). Objective 7C: By September 28, 2020, subrecipient will distribute a total of 750 naloxone kits during the grant period (Tier 3). Objective 7D: By September 28, 2020, subrecipient will distribute a total of 1,000 naloxone kits during the grant period (Tier 4). Objective 7E: By September 28, 2020, subrecipient will distribute a total of 1250 naloxone kits during the grant period (Tier 5).				
Additional Objective(s):					
Community or Location:					
Activity	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps proposed for each activity)	Evaluation Measure (How do you know you have been successful?)
		Start	End		
Copy and paste rows to add additional goals or activities					

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.

Appendix H

- 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

Appendix H

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]