



MEMORANDUM

Date: April 23, 2019

To: Subrecipient agencies

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

Subject: Subrecipient Injury Prevention, Drug Overdose Prevention ID 20, October 1,
2019 – September 30, 2020

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

All electronic applications and attachments are due by **4:00 p.m., Monday, June 10, 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 **continuation 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. The competitive Solicitation for this grant program can be found on the ODH website <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

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

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CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [October 1, 2019 to September 30, 2020] of the total project period, [January 1, 2019 to September 30, 2023]. Reference the competitive Solicitation for more information.

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.

- 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.

B. Number of Grants and Funds Available: *[Subrecipients previously funded with Preventive Health and Health Services Block Grant funds under the ID grant program are eligible to apply for this funding. Three counties will be funded at a level of \$105,000, one county will receive supplemental funds in the amount of \$60,000.]*

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.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not 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, June 10, 2019.**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) **Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** [Not applicable]

B. Program Narrative: Complete and submit a narrative statement (do not exceed 15 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. See Appendix E for additional information.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. See Appendix E & F for additional information

D. Documentation & Progress on Health Disparity/Inequity Activities: Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet* (Appendix C) to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period. Additional instructions and usable template will be sent to applicants once applicant submits "Continuation Reimbursement Form" (Appendix A). This form will be due with your application

E. Program Budget: Prior to completion of the budget section, reference the Competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverables will be met. (A budget justification example can be found on GMIS).

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.

- 2. 2020 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period | October 1, 2019 | to | September 30, 2020. |

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

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. 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. Treatment services;
17. Medication (including MATs and Naloxone)
18. Drug Takeback Days and Drug Disposal Activities including drop boxes and disposal bags.
19. Food and refreshments.

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

F. Other Application Requirements:

Program Specific Attachments:

- a) Program Narrative (Appendix E)
- b) Annual Work Plan Template (Appendix F)
- c) Budget Narrative (Appendix G)
- d) PDAAG Supplemental Program Narrative (Appendix I)
- e) PDAAG Supplemental Annual Work Plan (Appendix J)
- f) PDAAG Supplemental Budget Narrative (Appendix G)

Other Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.

- **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.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS.**
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. 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 Drug Overdose Prevention)

G. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as 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:** Subrecipient Program Reports must be completed and submitted via GMIS by the dates listed below. 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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
October 1 – December 31, 2019	December 31, 2019
January 1, 2020 – March 31, 2020	March 31, 2020
April 1, 2020 – June 30, 2020	June 30, 2020
July 1, 2020 – September 30, 2020	September 30, 2020

b. **Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports must be completed and submitted via GMIS by the following dates:

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

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

Period	Report Due Date
October 1 – December 31, 2019	January 10, 2020
January 1 – March 31, 2020	April 10, 2020
April 1 – June 30, 2020	July 10, 2020
July 1 – September 30, 2020	October 10, 2020

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

c. Final Expenditure Reports: A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before (November 5, 2020). The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

d. Facilitate Grantee Conference Call: Each funded applicant will be required to coordinate and facilitate an annual conference call with the other funded Drug Overdose Prevention subrecipients. ODH will assist each grantee with this task, but it is the expectation that the funded applicant will take the lead and complete required agenda and meeting minutes.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B1. Drug Overdose Prevention Deliverable Descriptions
- B2. Drug Overdose Prevention Deliverable Allocations
- C. Place Matters Documentation Template
- D. Required Year 2 Grant Guidance
- E. RFP Application Instructions and Guidance
- F. Annual Work Plan Instructions and Methodology
- G. Budget Justification Template
- H. Supplemental Funding Guidance
- I. Supplemental Application Instructions
- J. Supplemental Funding Annual Work Plan

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM
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**Submission
Required**

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

See due date below

ODH Program Title:

Injury Prevention, Drug Overdose Prevention |

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:***Current Project Number** _____**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.

Due to ODH by **Tuesday, May 14, 2019**Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Name of Subgrant Program: ID Injury, Drug Overdose Prevention

Budget Period: 10/1/2019 – 9/30/2020

of Deliverables: 23

Use Budget Justification Scenario#: 3

100% Deliverables

Deliverable 1 –Local Coalition

Description: Subrecipients must maintain and enhance their local coalition and are required to hold coalition meeting at least quarterly. Additionally, subrecipients are required to select one of the following activities to complete in conjunction with their coalition members: coalition evaluation, development of governance documents, development or implementation of strategic plan.

By September 30, 2020, subrecipient will maintain and enhance their local community coalition.

- **Objective 1A:** Subrecipient will submit coalition meeting agendas and sign-in sheets, due quarterly December 31, 2019, March 31, June 30, and Sept. 30, 2020 ____ **6%**
- **Objective 1B:** Subrecipient will submit draft selected required activity due March 31, 2020; Final of selected required activity due September 30, 2020 ____ **6%**

Deliverable 2 – Prescription Drug Abuse Action Group

Description: Subrecipients are required to support the statewide Prescription Drug Abuse Action Group by actively participating, serving as chair/co-chair of a subcommittee, and aligning local plans with state efforts. By September 30, 2020, subrecipient will actively support and participate in the Prescription Drug Abuse Action Group.

- **Objective 2:** Subrecipient will submit meeting agendas, minutes, and sign-in sheets as evidence of participation in meetings and facilitating a subcommittee for the statewide coalition, due quarterly December 31, 2019, March 31, June 30, and Sept. 30, 2020 ____ **2%**

Deliverable 3 – Surveillance and Monitoring

Description: Subrecipients are required to maintain a local Overdose Fatality Review committee and expand their immediate community response plan to be inclusive of first responders. By September 30, 2020, subrecipient will implement a local surveillance and monitoring activities to engage partners and focus local response.

- **Objective 3A:** Subrecipient will submit OFR meeting agendas and, due quarterly December 31, 2019, March 31, June 30, and Sept. 30, 2020 ____ **2%**
- **Objective 3B:** Subrecipient will submit final report with annual findings from the Overdose Fatality Review by Sept. 30, 2020 ____ **2%**
- **Objective 3C:** Subrecipient will expand their immediate community response plan with engagement from newly identified local partners, draft due March 31, 2020, final due Sept. 30, 2020 ____ **4%**

Deliverable 4 – Data and Evaluation

Description: Subrecipients are required to monitor and track outcomes based on the evaluation and performance improvement plan completed in year 1. By September 30, 2020, subrecipient will monitor data and outcomes to inform focus area activities and improving prevention interventions.

- **Objective 4:** Subrecipient will submit tracking framework developed with updated data and summary of monitoring and analysis, due quarterly December 31, 2019, March 31, June 30, and Sept. 30, 2020 ____ **2%**

Deliverable 5 – Comprehensive & Sustainable Systems 1

Description: Subrecipient will develop and implement comprehensive and sustainable systems. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone. By September 30, 2020, subrecipient will implement a comprehensive, sustainable system in conjunction with key implementation partner(s).

- **Objective 5A:** Key implementation partner identified, and commitment provided through participation agreement or letter of commitment, due December 31, 2019____**9%**
- **Objective 5B:** Plan for data collection due March 31, 2020____**4%**
- **Objective 5C:** Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due March 31, 2020____**14%**
- **Objective 5D:** Sustainability measures and plan due June 30, 2020____**4%**
- **Objective 5E:** Implementation policies, procedures, and standards developed and/or evidence of pilot tested or initial implementation efforts, due June 30, 2020____**15%**
- **Objective 5F:** Evidence of functioning comprehensive system inclusive of data and sustainability September 30, 2020____**9%**

Deliverable 6 – Comprehensive Sustainable Systems 2 (OPTIONAL)

Description: Subrecipient will develop and implement comprehensive and sustainable systems. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone. By September 30, 2020, subrecipient will implement a comprehensive, sustainable system in conjunction with key implementation partner(s).

- **Objective 6A:** Key implementation partner identified, and commitment provided through participation agreement or letter of commitment, due December 31, 2019____**4%**
- **Objective 6B:** Plan for data collection due March 31, 2020____**2%**
- **Objective 6C:** Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due March 31, 2020____**4%**
- **Objective 6D:** Sustainability measures and plan due June 30, 2020____**2%**
- **Objective 6E:** Implementation policies, procedures, and standards developed and/or evidence of pilot tested or initial implementation efforts, due June 30, 2020____**4%**
- **Objective 6F:** Evidence of functioning comprehensive system inclusive of data and sustainability September 30, 2020____**1%**

Deliverable 7 – Awareness Campaign(s)

Description: Subrecipient will utilize data to identify high risk populations and focus social marketing messaging to those populations, utilizing ODH developed campaigns. By September 30, 2020, subrecipient will implement a comprehensive, sustainable system in conjunction with key implementation partner(s).

- **Objective 7A:** Identify awareness campaign to be utilized, and at-risk group to be targeted, due December 31, 2019____**1%**
- **Objective 7B:** Implement awareness campaign as evidenced by samples of campaign materials submitted to ODH, due Sept. 30, 2020____**3%**

PDAAG SUPPLEMENTAL DELIVERABLES

MEMBERSHIP

Description: Between October 1, 2019 and September 30, 2020, the subgrantee awarded the Supplemental Funding will increase membership into the statewide Prescription Drug Abuse Action Group (PDAAG) and its subgroups by doing the following:

- **Deliverable-Objective 8:** By October 31, 2019 subgrantee will update orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes in a hard-copy or e-copy and submit to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 9:** By October 31, 2019 subgrantee will submit a schedule with PDAAG Leadership names for New Member Orientation at OIPP Meeting to ODH Program Consultant via GMIS. ____2%
- **Deliverable-Objective 10:** By September 30, 2020, subgrantee will submit documentation of recruitment attempts for PDAAG based on results of coalition assessment and/or recommendations, (this can include emails, mailing, etc.) and successes and documentation of recruitment plan review with coalition members, to ODH Program Consultant via GMIS. ____5%
- **Deliverable-Objective 11:** By September 30, 2020 subgrantee will submit multiple examples of providing support to subcommittee chairs, responding to information from members, and evaluating progress, to the ODH Program Consultant via GMIS. ____3%

COMMITTEES

Description: Between October 1, 2019 and September 30, 2020, the subgrantee awarded the Supplemental Funding will coordinate and ensure that the PDAAG committee and its subcommittees have quarterly scheduled meetings, include chairs/co-chairs, conduct scheduled meetings, and submit required written reports.

- **Deliverable-Objective 12:** By October 31, 2019, subgrantee will develop and submit an annual list of subcommittee meeting/conference calls dates and times to ODH Program Consultant via GMIS. ____4%
- **Deliverable-Objective 13:** December 31, 2019 subgrantee will provide ODH Program Consultant, via GMIS with the following (October 1 - December 31, 2019): non in-person subcommittee agendas, attendance and minutes and any other pertinent information related to any meeting(s) during this time. ____4%
- **Deliverable-Objective 14:** By March 31, 2020 subgrantee will provide their ODH Program Consultant, via GMIS, with the following (January 1- March 31, 2020 timeframe): non in-person subcommittee minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the PDAAG quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the PDAAG meeting. ____4%
- **Deliverable-Objective 15:** By June 30, 2020 subgrantee will provide ODH Program Consultant, via GMIS with the following (April 1- June 30, 2020 timeframe): non in-person subcommittee

minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the PDAAG quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the PDAAG meeting. ____4%

- **Deliverable-Objective 16:** By September 30, 2020 subgrantee will provide ODH Program Consultant, via GMIS, with the following (July 1 – September 30, 2020 timeframe): non in-person subcommittee minutes, attendance/sign-in sheets, and any other pertinent information related to any meeting(s) during this time; the PDAAG quarterly meeting agenda, minutes, sign-in sheets and any in-person reports from each subcommittee at the PDAAG meeting. ____4%

ADMINISTRATIVE

Description: Between October 1, 2019 and September 30, 2020, the subgrantee awarded the Supplemental Funding will administer the Prescription Drug Abuse Action Group and its subcommittees composed of key state and local stakeholders and decision-makers who have the ability to impact policies related drug overdose prevention by completing the following:

- **Deliverable-Objective 17:** By December 31, 2019 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 18:** By March 31, 2020 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 19:** By June 30, 2020 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 20:** By September 30, 2020 subgrantee will submit website and newsletter updates related to the PDAAG to OIPP contact via email, and to ODH Program Consultant via GMIS. ____3%
- **Deliverable-Objective 21:** By June 30, 2020 subgrantee will review and update the Prescription Drug Abuse Action Group’s strategic plan with recommendations and updates from each PDAAG respective subcommittee to ODH Program Consultant via GMIS. ____6%
- **Deliverable-Objective 22:** By September 30, 2020, subgrantee will administer pilot projects and the contract process and submit to ODH Program Consultant all applicable documentation and summary via GMIS (Summary of all applications, scores, funding decisions, and regular updates throughout the year). ____35%
- **Deliverable-Objective 23:** By September 30, 2020 subgrantee will plan and coordinate one in-state training activity in the focus area, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan, and submit the flyer advertising the training, planning meeting minutes, agenda, and sign-in sheet to ODH Program Consultant via GMIS ____15%

Appendix B2

Appendix B2

Form# OFA-012

Name of Subgrant Program: (ID) Injury, Drug Overdose Prevention

☐ Base Only

Budget Period: 10/1/2019 - 9/30/2020

☐ Base and Deliverables

of Deliverables: 23

☒ Deliverables Only

Use Budget Justification Scenario #: 3

	% of Award	Portsmouth City Health Department	Clermont County Health Department	Zanesville-Muskingum Health Department	Stark County Supplemental Funding	Total
Deliverable - Objective 1A Local Community Coalition	6%	\$6,300	\$6,300	\$6,300		\$18,900
Deliverable - Objective 1B Local Community Coalition	6%	\$6,300	\$6,300	\$6,300		\$18,900
Deliverable - Objective 2 State Coalition Involvement	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Objective 3A- OFR	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Objective 3B- OFR	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Objective 3C - Community Response Plan Expansion	4%	\$4,200	\$4,200	\$4,200		\$12,600
Deliverable - Objective 4 - Data and Evaluation	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Comprehensive, Sustainable Systems - Objective 5A	9%	\$9,450	\$9,450	\$9,450		\$28,350
Deliverable - Comprehensive, Sustainable Systems - Objective 5B	4%	\$4,200	\$4,200	\$4,200		\$12,600
Deliverable - Comprehensive, Sustainable Systems - Objective 5C	14%	\$14,700	\$14,700	\$14,700		\$44,100
Deliverable - Comprehensive, Sustainable Systems - Objective 5D	4%	\$4,200	\$4,200	\$4,200		\$12,600
Deliverable - Comprehensive, Sustainable Systems - Objective 5E	15%	\$15,750	\$15,750	\$15,750		\$47,250
Deliverable - Comprehensive, Sustainable Systems - Objective 5F	9%	\$9,450	\$9,450	\$9,450		\$28,350
Deliverable - Comprehensive, Sustainable Systems - Objective 6A - Optional	4%	\$4,200	\$4,200	\$4,200		\$12,600

Deliverable - Comprehensive, Sustainable Systems - Objective 6B - Optional	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Comprehensive, Sustainable Systems - Objective 6C - Optional	4%	\$4,200	\$4,200	\$4,200		\$12,600
Deliverable - Comprehensive, Sustainable Systems - Objective 6D - Optional	2%	\$2,100	\$2,100	\$2,100		\$6,300
Deliverable - Comprehensive, Sustainable Systems - Objective 6E - Optional	4%	\$4,200	\$4,200	\$4,200		\$12,600
Deliverable - Comprehensive, Sustainable Systems - Objective 6F - Optional	1%	\$1,050	\$1,050	\$1,050		\$3,150
Deliverable - Awareness Campaigns - 7A	1%	\$1,050	\$1,050	\$1,050		\$3,150
Deliverable – Awareness Campaigns – 7B	3%	\$3,150	\$3,150	\$3,150		\$9,450
CORE Funding Total		\$105,000	\$105,000	\$105,000		\$315,000
SUPPLEMENTAL PDAAG Deliverables						
Deliverable 8: Membership	2%				\$1,200	
Deliverable 9: Membership	2%				\$1,200	
Deliverable 10: Membership	5%				\$3,000	
Deliverable 11: Membership	3%				\$1,800	
Deliverable 12: Committees	4%				\$2,400	
Deliverable 13: Committees	4%				\$2,400	
Deliverable 14: Committees	4%				\$2,400	
Deliverable 15: Committees	4%				\$2,400	
Deliverable 16: Committees	4%				\$2,400	
Deliverable 17: Administrative	3%				\$1,800	
Deliverable 18: Administrative	3%				\$1,800	
Deliverable 19: Administrative	3%				\$1,800	
Deliverable 20: Administrative	3%				\$1,800	
Deliverable 21: Administrative	6%				\$3,600	
Deliverable 22: Administrative	35%				\$21,000	
Deliverable 23: Administrative	15%				\$9,000	
Supplemental Funding Total	100%				\$60,000.00	
Totals:		\$105,000	\$105,000.00	\$105,000.00	\$60,000.00	\$375,000

Place Matters Documentation Template

County: Your County

Budget Period:

GMISID:

Agency Name:

Subgrant Program:

[illegible]

Required Year 2 Continuation Strategies and Guidance

The project is divided into the following categories which are termed “Required Population-Based Focus Areas.”

- 1) Partnerships, Coalition Building and Coalition Evaluation
 - a. Local Community Coalition
 - b. Engagement with Prescription Drug Abuse Action Group
- 2) Surveillance & Monitoring
 - a. Overdose Fatality Review
 - b. Expand Immediate Community Response Plan
- 3) Data & Evaluation
 - a. Implement Written Protocol
 - b. Monitor Utilizing Tracking Framework
- 4) Comprehensive and Sustainable Systems – *changed from Policy, Systems and Environmental Changes*
- 5) Implementation of Awareness Campaign(s)

Subrecipients should be aware of the following substantive changes:

- Addition of OD Maps Partnerships to Surveillance & Monitoring with Integration of Awareness Campaigns:
 - A more comprehensive approach is expected for the Surveillance and Monitoring Activities to be inclusive of first responder utilization of OD Maps, and identification of response teams that can be mobilized to work in identified areas.
- Reduction of number of required activities under Data and Evaluation:
 - Monitoring of data and utilization of the tracking and measurement framework developed in year 1.
- Policy, Systems, and Environmental Changes (PSECs) have changed to a Comprehensive and Sustainable Systems approach:
 - The approach this year is changing from an individualized activity focusing on several partners, to working closely within a single “system” to implement several activities/strategies to create a comprehensive, sustainable approach within the system. Subrecipients are expected to work very closely with the identified partner to accomplish activities, identify data sources to inform project progress and work toward sustainability.
- Addition of requirement to implement Awareness Campaigns:
 - ODH has developed social marketing campaigns for use by local agencies to address different aspects of the evolving drug overdose issue. Subrecipients should utilize local data to identify high risk or emerging populations to target for messaging.

Subrecipients are permitted to change strategies from year 1 if significant progress can be demonstrated, or if the change is required to set a new strategic direction (i.e. integrating previous PSEC objectives/activities into the Comprehensive and Sustainable Systems format). This must be identified in Program Narrative and Workplan.

Guidance and Requirements for each Focus Area

Subrecipients should continue their Long-Term Goal which should be related to reducing fatalities. The preferred format is: **By September 30, 2023 XYZ Agency in conjunction with community and state coalition partners will help reduce the drug overdose rate in XYZ county by xx%.**

Partnerships, Coalition Building and Coalition Evaluation

At least quarterly meetings are a requirement for year 2. Additionally, applicants should consider the current status and anticipated progress still to be made in year 1 when identifying the coalition activity for year 2.

- **Local Community Coalition** – Potential strategies for year 2 include the following: Evaluation, Development of Governance Documents, Development of Strategic Plan, and Strategic Plan Implementation. These components are progressive in nature. Applicants should identify logical next steps for their local coalitions, based on year 1 proposed activities, progress made to date, and anticipated results from year 1.
- **Engagement with the Prescription Drug Abuse Action Group (PDAAG)** – Required activities remain the same for this component and include active participation in the statewide drug overdose prevention coalition.

Required Objective – Partnerships, Coalition Building and Coalition Evaluation: By September 30, 2020, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.		
Focus Areas	Required Strategies	Pick List of Activities –
Partnerships, Coalition Building and Coalition Evaluation	Develop, Maintain, and Enhance a Local Community Coalition – <u>select two strategies based on year 1 progress</u>	REQUIRED (1) – Facilitate at a minimum, quarterly coalition meeting comprised of partners with an interest in reducing fatalities associated with drug overdose prevention
		OPTIONAL (2) – Conduct an evaluation of XYZ Coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations – present results and recruit three key stakeholders as identified through survey of membership gaps
		OPTIONAL (2) – In conjunction with a functioning coalition, formalize the coalition governance and structure by developing and implementing formal by-laws, leadership roles, etc.
		OPTIONAL (2) – In conjunction with a formal coalition, develop and implement a community strategic plan related to drug overdose prevention.
		OPTIONAL (2) – Implement strategic plan strategies into your community
	Involvement with Statewide Coalition & Implementation of State Plans – <u>select two strategies</u>	REQUIRED- Serve as chair or co-chair on a PDAAG subcommittee to work on related goals or goals of interest within the Prescription Drug Abuse Action Group and the strategic plan objectives for that subcommittee
		Actively participate in the Prescription Drug Abuse Action Group Coalition as evidenced by regular attendance at meetings and conference calls and input offered on the selected topic
		On the local level, align and customize strategies of the state plan with local strategies; and participate in statewide efforts related to local strategies

Surveillance and Monitoring

- **Maintain a county or multi-county Overdose Fatality Review (OFR) committee** – Required strategies for year 2 remain the same. Subrecipients must convene an overdose fatality review committee to identify the circumstances surrounding overdose deaths to inform prevention at least quarterly. At the end of year 2, subrecipients must provide ODH with a written summary of de-identified OFR data and disseminate written summary with the county coalition and stakeholders. Subrecipients are expected to analyze their findings and provide information to their coalition, community, and ODH regarding the findings. A critical component includes utilizing the findings to ensure prevention strategies are reaching the most impacted populations.
- **Expand Local Immediate Community Response Plan** – To mobilize local efforts to respond to any identified increases in overdoses, funded applicants must expand or implement a local immediate community response plan. The purpose is to mobilize local efforts to respond to sudden increases in overdoses. Detection of overdoses can be tracked and reviewed through the use of the **OD Maps** application and hospital emergency department and urgent care data in EpiCenter. OD Maps is a free application that can be utilized by first responders to track visits of community members experiencing an overdose. The system makes available fatal and non-fatal overdose information along with number of naloxone doses administered. **EpiCenter** is Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events. The system has traditionally been used to monitor pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. EpiCenter gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring. The system was recently enhanced to include the ability to identify anomalies when overdose visits increase within a county in an effort to provide local health departments with more timely information to respond appropriately. The purpose of this immediate community response plan is to act as a catalyst for action among local partners (i.e. first responders aware of increase in overdoses and provided with additional naloxone; law enforcement informed of increase overdoses and provided with naloxone, etc.) and a source for situational monitoring for acute overdose events. For the purposes of the application, submit information on the process to expand or develop a local immediate community response plan. Applicants should ***identify key partners in their community through letters of support that will take the lead on implementation of OD Maps and tracking and monitoring of EpiCenter data.*** The expectation is for development of a monitoring mechanism of the two systems; communications plans between response and leadership agencies at the local level, including the coroner, public safety and leadership office; and plans and procedures for responding to sudden increases, including response teams that can go into impacted areas with leave-behind naloxone kits, fentanyl test strips, clean syringes, education, and engagement or linkage with treatment services. ***Please note: These supplies cannot be purchased from these funds but would need to be leveraged from local funding sources.***

REQUIRED: Expand or develop an immediate community response plan to utilize syndromic surveillance data, OD Maps and other locally identified data: OD Maps is a free application available for use by first responders to capture fatal and non-fatal overdoses along with the number of naloxone doses administered. EpiCenter alerts and provides surveillance data to local jurisdictions on increases in emergency visits for drug-related admissions (overdoses, detox, withdrawals). The plan must address the following: 1) use and monitoring of the two systems (including integration and review of OFR data as it becomes available), 2) communications plans between local agencies and local leadership to alert and activate after an increase in overdoses is noticed/received in impacted communities; 3) verification and investigation of EpiCenter data; 4) specific details on what an increased presence in the community will mean to the county, including utilization of response teams, re-direction or re-purposing of existing quick response teams to address the emergent

Appendix D

situation, or specific roles for each partner during the response, including but not limited to alerting the community through messaging/social media, etc. 5) resource identification and allocation; and 6) support of key partners within the community to implement the community response immediately.

Required Objective – Overdose Fatality Review and Community Response Planning: <i>By September 30, 2020, XYZ Agency will implement local surveillance and monitoring activities to engage partners and focus a local response.</i>		
Overdose Fatality Review & Community Response Planning:	Required Strategies	Activity List*: <i>* All activities below are required.</i>
	Develop and/or Maintain Overdose Fatality Review	Required: Maintain and actively be involved in an Overdose Fatality Review committee to identify specific circumstances to inform prevention activities and share findings/reports with ODH, coalition and other stakeholders annually.
	Develop and/or Maintain an Immediate Community Response Plan	Required: Through letter of commitment, identify lead agencies to utilize and monitor OD Maps and EpiCenter. Report to ODH on utilization and implementation of the community response plan. If not utilized by the end of the third quarter, the agency needs to conduct an exercise simulating the use of the plan in order to test its relevance and function within the community and report the findings to ODH in the End of Year report.
		Required: A functioning community response plan including the component listed above
		Required: Identification of response and partner involvement to sudden increases in overdoses

Data and Evaluation –

Year 2 required strategies include implementing the Evaluation and Performance Improvement Plans (EPIP)s developed in year 1. The two components that will continue include implementation of the written protocol to monitor and track data, along with utilization of Tracking and Measurement Framework.

Required Objective – Data and Evaluation: <i>By September 30, 2020, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.</i>		
Focus Areas	Required Strategies	Pick List of Activities –
Data and Evaluation	Tracking and Measurement Framework	Required: Operationalize the evaluation and performance improvement plan by utilizing the tracking framework or system and reporting measures developed in year 1
	Implement Evaluation & Performance Improvement Plan to Inform Program Interventions	Required: Following the written protocol developed in year 1, monitor outcomes to inform performance improvement (e.g. continuously update and review incoming data to identify impact of strategies and revise program directions as needed)

Comprehensive and Sustainable Systems – replaces Policy, Systems and Environmental Change strategies

Subrecipients must include plans on how to address the activities under the comprehensive and sustainable systems. These activities are replacing the PSEC approach from year 1. These activities should include implementation of policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone. Subrecipients are expected to build a sustainable system in at least one setting each year of the grant funding. Continuation applications that do not contain comprehensive activities and a sustainability plan may not be funded fully or will receive Special Conditions and/or Increased Monitoring to assist them with remaining in compliance with the RFP requirements. Applicants should work in conjunction with identified partner(s) in the following settings:

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

Please note: While many of the activities listed in the tables below may be partially implemented (such as a policy in place without the activities occurring consistently) the goal of this funding is to work toward full, consistent implementation of all of the activities in a way that supports the provider and client(s) and is sustainable beyond grant funding (i.e. beyond September 30, 2023).

In each identified setting, the following are required strategies:

- **Data to Inform Activities** – Data and evaluation should be included in the process to build and implement a sustainable system. Suggestions for data sources are included below and activities to ramp up data collection should be outlined as part of the proposal and included in the work plan. Outcomes of these data systems should be used to tailor and inform the prevention strategies and monitor the project implementation in subsequent grant years. For the purposes of this application, please include strategies that are feasible and likely to be accomplished in a year. Projects can be updated or adapted once data sources are available with input and review from your ODH Program Consultant.
- **Programmatic Partnerships & Activities** – These activities should be focused on working with partners in an identified setting to create: integrated identification and screening processes; linkages or onsite induction of evidence-based treatment options; integrated, onsite provision of naloxone; induction of case management or peer support services; referrals and linkages to other wraparound services; and integrated tracking of data and outcomes.*
Ideally, all of the components listed above would be included, however, applicants should identify and propose activities that are feasible within the timeframe and budget in conjunction with potential partners.
- **Sustainability** – Applicants will need to demonstrate commitments from partners to sustain these efforts after the grant funding expires. A key component is to work alongside the proposed partner to identify sustainability measures that can be implemented.

Appendix D

Guidance for Selecting a Comprehensive & Sustainable System Setting:

Choose one setting from the table below (i.e. Primary Care is one setting under the Health Care Providers – Integration & Supports). At **least one activity** should be identified from the Required Strategies in the Data to Inform Activities and Sustainability Activities. Several activities should be selected under the Programmatic Partnerships and Activities Required Strategy. The selected activities under this strategy should form as comprehensive system as possible to include integrated screening and identification processes, integrated onsite availability of naloxone, induction of case management or peer support services, integrated systems to link to treatment and wraparound services, and any other procedure or process identified by the applicant and implementation partner. Applicants are permitted to work with settings that are in various levels of readiness, but the setting should express commitment to implement the strategies through a letter of support. Additional funds may be allocated to applicants addressing more than one setting, however, the expectation is for one new setting to be set up each grant year to be implemented and become sustainable by the end of the 5-year grant project.

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

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

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

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

	<p>Michigan Opioid Prescribing Engagement Network – Surgical Prescribing Guidance - https://opioidprescribing.info/</p> <p>CDC Quality Improvement and Care Coordination: QI Measures – At-a Glance – https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</p> <p>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States – https://www.cdc.gov/drugoverdose/states/index.html</p>

Public Safety & Public Service Agencies		
Public Safety & Service Setting	Required Strategies	Activities for Consideration
Specialized Dockets Including Family and Drug Courts	Data to Inform Activities	<ul style="list-style-type: none"> - Create participant tracking database and train those in public safety or public service setting on data collection procedures - Identify existing data system that can be adapted to track participants
	Programmatic Partnerships & Activities – Proposed activities should be developed in conjunction with the identified partner, several listed activities should be selected to create a comprehensive system	<ul style="list-style-type: none"> - Integrate family-centered approach with family peer mentors utilizing the Ohio START model and available trainings - Integrate efforts of courts, treatment centers, child welfare services, and service agencies utilizing the court as a hub to improve family outcomes - Integrate provision of naloxone to court participants and their friends and family - Develop treatment to employment projects with local employers and people in recovery
	Sustainability	<ul style="list-style-type: none"> - Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies - Identify existing data systems to modify for integrated participant tracking - Applicants can provide seed funds to agencies while working to identify a billable model
Resources:		
	<p>Ohio START Program – Sobriety, Treatment and Reducing Trauma – http://www.osatg.org/ohio-start.html</p> <p>Supreme Court of Ohio – Family Dependency Treatment Courts – http://www.supremecourt.ohio.gov/JCS/specDockets/familyDependency/default.asp</p> <p>CDC’s Evidence-Based Strategies for Preventing Opioid Overdose: What’s Working in the United States – https://www.cdc.gov/drugoverdose/states/index.html</p>	
Public Safety & Service Setting	Required Strategies	Activities for Consideration

Jails	Data to Inform Activities	<ul style="list-style-type: none"> - Create participant tracking database and train those in setting on data collection procedures - Identify existing data system that can be easily adapted to track participants
	Programmatic Partnerships & Activities – <i>Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i>	<ul style="list-style-type: none"> - Integrate opioid use disorder screenings into intake processes - Develop system and procedures to offer uninterrupted access to Medication Assisted Treatment (MAT) for those receiving treatment prior to incarceration - Integrate processes to connect positively screened individuals with treatment resources and wraparound services - Develop systems, policies and procedures to begin evidence-based MAT prior to release - Develop systems, policies and procedures to offer all three forms of FDA-approved MAT - Integrate policies and procedures to integrate provision of naloxone to at-risk individuals upon release
	Sustainability	<ul style="list-style-type: none"> - Applicants can provide seed funds to agencies while working to identify billing models
Resources:		
	CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States – https://www.cdc.gov/drugoverdose/states/index.html	
Public Safety & Service Setting	Required Strategies	Activities for Consideration
First Responders – Law Enforcement (LE) and Emergency Medical Services (EMS)	Data to Inform Activities	<ul style="list-style-type: none"> - Implement use of HIDTA OD maps to identify data points and set baselines - Utilizing HIDTA OD maps – prioritize areas for community paramedicine visits
	Programmatic Partnerships & Activities	<ul style="list-style-type: none"> - Build systems to implement pre-arrest or pre-trial diversion programs into an area currently without those options - Implement community paramedicine programs for those with opioid use disorder - Integrate use of leave-behind naloxone kits for those who refuse EMS transport - Utilizing real-time treatment finders, connect individuals with treatment services - Integrate provision of leave-behind naloxone kits to friends or family after law enforcement visit
	Sustainability	<ul style="list-style-type: none"> - Identify applicable billing codes for EMS visits - Applicants can provide seed funds to agencies while working to identify billing models - Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies
Resources:		
	Journal of Emergency Medicine Services – https://www.jems.com/articles/print/volume-42/issue-11/features/the-community-paramedicine-approach-to-the-opioid-epidemic.html	

Public Safety & Service Setting	Required Strategies	Activities for Consideration
Home Visiting Programs & Child Protective Service Agencies	Data to Inform Activities	- Develop and implement local data sharing agreements to allow for sharing of information between programs
	Programmatic Partnerships & Activities	<ul style="list-style-type: none"> - Integrate family-centered approach with family peer mentors utilizing the Ohio START model and available trainings - Integrate efforts of courts, treatment centers, child welfare services, and service agencies utilizing the selected agency as a hub to improve family outcomes - Develop policies and procedures for non-adversarial collaboration and communication across systems - Implement case management or family-centered peer mentoring program - Facilitate provision of naloxone to at-risk families or individuals
	Sustainability	- Applicants may provide seed funding for projects while billing models are identified
Resources:		
	HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use Disorder and NAS https://www.flmiechv.com/hrsa-release-new-home-visiting-resource-for-supporting-families-impacted-by-opioids-nas/ Ohio START Program – Sobriety, Treatment and Reducing Trauma – http://www.osatg.org/ohio-start.html	

Harm Reduction		
Harm Reduction Settings	Required Strategies	Activities for Consideration –
Syringe Access/ Naloxone Distribution/ Infectious Disease Testing Programs	Data to Inform Activities	<ul style="list-style-type: none"> - Develop and implement local data sharing agreements to allow for sharing of information between programs - Create participant tracking database and train those in setting on data collection procedures - Identify existing data system that can be easily adapted to track participants
	Programmatic Partnerships & Activities – <i>Proposed activities should be developed in conjunction with the identified partner, several activities listed should be selected to create a comprehensive system</i>	<ul style="list-style-type: none"> - Identify services within the community and develop a plan to work toward integration of services, these services include but are not limited to: <ul style="list-style-type: none"> o Free sterile needles and syringes, safe disposal of needles and syringes, o Referral to health services (onsite or through warm hand offs), o Referral to substance use disorder treatment including medication assisted treatment (onsite or through warm hand offs), o HIV and hepatitis testing and linkage to treatment, o Tools to prevent HIV and hepatitis including condoms,

		counseling, and PrEP, ○ Hepatitis A and B vaccinations, ○ Overdose Treatment and education, and ○ Provision of Naloxone and education. - In conjunction with partners, determine processes for integrating the above-mentioned services for clients in one location. - Implement comprehensive, responsible screenings and identification of clients who may be ready for treatment - Build systems to connect clients to the various services and to wraparound services - Identify roles for staff members including but not limited to case managers and peer recovery coaches - Identify facilitators and barriers to providing comprehensive services onsite
	Sustainability	- Identify applicable billing codes for SBIRT, case management, etc. - Applicants can provide seed funds to agencies while working to identify billing models - Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies
Resources:		
	CDC's Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States – https://www.cdc.gov/drugoverdose/states/index.html	

Implement Awareness Campaign(s):

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

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

DRUG OVERDOSE PREVENTION GRANT YEAR 2 CONTINUATION APPLICATION INSTRUCTIONS

To complete the continuation application for ODH, respond to the prompts below by fully addressing the statements or questions within each section. A Word version of this Request for Proposal (RFP) and all required Excel attachments will be available to applicants. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions.

The following components are required:

- A. Year 2 Program Narrative and Strategy Transition Plans – 15-page limit – Named “Insert County_Program Narrative 2020”**
 - 1. Partnerships, Coalition Building and Coalition Evaluation**
 - a) Local Community Coalition
 - b) Engagement with Prescription Drug Abuse Action Group
 - 2. Surveillance & Monitoring**
 - a) Overdose Fatality Review
 - b) Expand Immediate Community Response Plan
 - 3. Data & Evaluation**
 - a) Implement Written Protocol
 - b) Monitor Utilizing Tracking Framework
 - 4. Comprehensive and Sustainable Systems – previously Policy, Systems and Environmental Changes**
 - a) **2nd Comprehensive and Sustainable Systems setting – Optional**
 - 5. Implement Awareness Campaign(s)**
 - 6. Programmatic Budget Summary**
- B. Year 2 (2019-2020) Work Plan – no page limit - Named “Insert County_Workplan_2020”**
- C. Budget Narrative – no page limit – Named “Insert County_Budget_2020”**

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

A. Year 2 Program Narrative and Strategy Transition Plans

1. Partnerships, Coalition Building and Coalition Evaluation

Each project is required to maintain a coalition or expand an existing one through this grant in order to implement the required strategies.

- a) **Local Community Coalition** – Describe current status and anticipated year 1 results for coalitions activities. Confirm and describe facilitation of minimum quarterly coalition meetings in year 2. Identify strategy for year 2 and provide rationale for selected strategy.
- b) **Engagement with Prescription Drug Abuse Action Group** – Describe current participation, and any proposed changes for year 2. Provide rationale for change in level of participation.

Appendix E

2. Surveillance & Monitoring

- a) Overdose Fatality Review – Describe current status and anticipated year 1 results for OFR committee. Confirm and describe facilitation of minimum quarterly OFR meetings and any updates/changes predicted for the OFR Committee in year 2.
- b) Expand Immediate Community Response Plan – Describe current status of the immediate community response plan. Identify potential first responder partners that are currently utilizing OD Maps. Discuss process for approaching any new first responder partners, if none are currently utilizing OD Maps. Subrecipients should identify key partners that will take the lead on implementation of OD Maps and tracking and monitoring of EpiCenter data. Describe how partners will work together to update immediate community response plans to include the following: development of a monitoring plan of the two systems; communications plans between response and leadership agencies at the local level, including the coroner, public safety and leadership office; and plans and procedures for responding to sudden increases, including response teams that can go into impacted areas with leave-behind naloxone kits, fentanyl test strips, clean syringes, education, and engagement or linkage with treatment services.
Please note: These supplies cannot be purchased from these funds but would need to be leveraged from local funding sources.

3. Data & Evaluation

- a) *Implement Written Protocol and Monitor Utilizing Tracking and Measurement Framework* - Describe current status and anticipated year 1 results of the written protocol and tracking and measurement framework. For Year 2, discuss how the project will be monitored and with what frequency data will be updated and collected, using/following the written protocol and tracking and measurement framework/document(s) developed from Year 1.

4. **Comprehensive and Sustainable Systems** – *changed from Policy, Systems and Environmental Changes (PSEC)*
Subrecipients should identify which year 1 PSEC strategies will be continuing and/or combined to work in conjunction with a partner to implement a comprehensive and sustainable system. Provide the rationale for why this strategy or strategies were chosen. Additionally, describe any year 1 PSEC strategies that will not be continuing and the rationale for why (i.e. strategy completed, moving strategy to year 3, change of focus, partner not currently engaged, etc.). For each comprehensive and sustainable system proposed by the applicant, include the following:

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

Please address all items below for each comprehensive and sustainable system being proposed:

- Describe the proposed setting and identify the key implementation partner or partners, include a letter of support from key partners.
- If not proposing a setting identified in the guidance above, please provide information and justification on how proposed setting was identified and what gaps this project would fill in the county or region.
- Identify and describe how data or a data system will be developed or utilized to track progress and inform implementation efforts of this project. Include commitment from key implementation partner(s) to utilize the proposed data to inform activities.

Appendix E

- Identify and describe the programmatic partnerships and activities that will be implemented to create a comprehensive system. Describe how the selected activities, when combined, will achieve a comprehensive system with the inclusion of screening.
- Describe the current status of the proposed work within the identified setting, discuss the gaps in the current system with your implementation partner, and how this project will enhance the current system and/or fill the current gaps, describe the process to create policies, procedures, approvals and environmental changes needed to create this system with your key implementation partner.
- Describe resulting benefits of these system changes for both the key implementation partner and the clients/patients/community members they serve.
- Describe the activities selected to create sustainability for the proposed comprehensive system. Describe any initial funding provided with these funds in order to offer seed funding for this project. Describe the potential for identifying a billing model and note if this is a feasible expectation in the selected setting.
- Describe any contractual agreements or MOUs to be entered into with the key implementation partner, including any funding that will be provided to the partner, and what the funding will be used for.
- Describe information sharing and project result dissemination avenues, including promoting the developed model to similar settings within the community.

Comprehensive and Sustainable Systems 2 – Optional

In year 2, the optional funds available are intended to be flexible funds for subrecipients to begin building relationships, engaging future partners (year 3 comprehensive systems project), expand efforts with the existing partners, leverage for the existing system to have additional implementation dollars, or other proposed activities. For the continuation application, please describe if and how you intend to utilize the optional systems funds. This proposal should also be reflected in the programmatic budget summary in the section required below.

5. Implement Awareness Campaigns

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

6. Programmatic Budget Summary

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

- Salary for Personnel to implement identified strategies along with names of staff, if known.
- Implementation funds and what strategies those funds will be directed toward, how they will be spent, etc.
- Key implementation partners with proposed compensation and contracts to be initiated need to be explained.

B. YEAR 2 (2019-2020) WORK PLAN - Instructions for Completing Annual Work Plan

Use these instructions to complete the Annual Work Plan template available below. **Do not copy your year 1 plan over** – this plan should reflect any changes in strategies or expansion of activities planned.

Note: If you don't anticipate that your activities will be fully completed by the close of year 2, then you may extend them into year 3. The intent isn't to completely change direction on strategies where you feel there is still progress to be made. However, if you have made considerable progress on your strategy and feel your project can add additional strategies then include those strategies. Use this work plan as a planning tool for your project, it can be revised, with ODH approval, if something happens and you don't fully complete a strategy as planned.

Complete the annual work plan (Appendix F) for each program Population-based Objective and provide at least one Expected Outcome for each of the following:

1. Partnerships, Coalition Building and Coalition Evaluation
 - a) Local Community Coalition
 - b) Engagement with Prescription Drug Abuse Action Group
2. Surveillance & Monitoring
 - c) Overdose Fatality Review
 - d) Expand Immediate Community Response Plan
3. Data & Evaluation
 - e) Implement Written Protocol
 - f) Monitor Utilizing Tracking Framework
4. Comprehensive and Sustainable Systems – *changed from Policy, Systems and Environmental Changes*
5. Implement Awareness Campaign(s)

For the purposes of this continuation application, please provide a detailed 12-month work plan for project year 2 which covers **10/1/2019 – 9/30/2020**. Applicants must include required activities for each focus area in the population-based areas. Review **Appendices D & E** for additional guidance on required activities.

- 1. Long Term Goal:** Complete at least one (1) long term outcome goal that should remain consistent for each category (Partnerships, Coalition Building and Evaluation; Data and Evaluation, Surveillance and Monitoring and Comprehensive and Sustainable Systems Strategies). A suggested long-term outcome goal is: **By September 30, 2023, XYZ Agency and XYZ Community Coalition will reduce drug overdose fatalities by xx% in XYZ County.**
- 2. Short-Term Goal:** This goal should be what you expect to complete in the one year funding cycle which encompasses the dates of 10/1/2019 to 9/30/2020 and be directly related to the overall focus area (i.e. coalition, surveillance and monitoring, data and evaluation, etc.).
- 3. Deliverables:** Briefly list the required deliverables for the focus area being addressed. For example: Coalition and Strategic Planning focus area would include: Deliverable 1A, 1B, 1D, 2A, 2C and 2E.....

Appendix E

4. **Expected Outcome(s):** Briefly describe the desired outcome(s) for this focus area section: i.e., updated member roster completed, coalition survey completed with next steps outlined, coalition strategic plan completed, local coalition implementing state-level strategic plan initiatives, etc.
5. **Required Strategies:** (far left-hand column of Work Plan): these strategies are directly from the RFP (Appendix D tables) and should be customized to your agency.
6. **Person and Agency Responsible:** Identify the person and agency responsible for completing the activities, listing all partners that will be involved as well.
7. **Timeline – Start and end date:** Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. ***Do not list the entire project year as the start and end dates;*** consider the length of time each implementation step will take to accomplish and note those dates here.
8. **Priority Population:** List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve objectives.
9. **Activities or Steps Proposed:** For each Required Activity proposed, outline the significant activities/steps that explain what you are going to do and when you are going to do them (timeline dates should match these proposed steps). Proposed steps must also include any deliverables associated with the activity(s) and appropriate timeline dates that match.
10. **Evaluation Measures for Success:** Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. meeting minutes, sign-in sheets, survey results, copy of changed/updated policy, base line numbers established, desired metrics (i.e. how many naloxone kits distributed, OD reversals, etc. The method should be well thought out and specific evaluation tools (i.e. EPIP) completed before the project begins.

Complete the work plan template (Appendix F) for each area, save all objectives in one file and name “insert county name_Workplan_2019-2020”. Please attach the Excel file in GMIS 2.0.

C. Budget Narrative/Justification:

- See APPENDIX G for the Budget Narrative/Justification Template.

<p align="center">2019 -2020 Injury Prevention Program ANNUAL WORK PLAN 2019-2020</p>						
County/Countries:				Agency:		
Grant#:				Contact Name:		
Project Title:						
<p align="center">SECTION I - ANNUAL WORK PLAN (2019 - 2020)</p>						
<p>The purpose of the Annual Work Plan is to state your intended activities for each short-term goal to demonstrate how the project intends to move the required activities forward. <u>Please enter each selected required objectives and the activities you plan to implement for each step.</u></p>						
<p align="center">Coalition and Strategic Planning</p>						
Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency in conjunction with community and state partners will facilitate/implement/strengthen the ABC Coalition/Task Force.....					
Required Deliverables:	Insert all the chosen/required deliverables associated with local and state coalitions you will be working on this funding cycle.					
Expected Outcome(s):						
<p align="center">Has this short-term goal been met? (Please indicate percent accomplished from 0-100%):</p>					0%	
Required Strategies:	Person and Agency Responsible (list all)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
		Start	End			

Appendix F

	partners)					
Maintain and Enhance a Local Community Coalition					List all steps you will take to achieve this strategy (i.e. dates of coalition meetings, assessing/surveying coalition, building membership, updating roster, etc)	
Involvement with the Statewide Coalition					List all steps/activities proposed to achieve this strategy (i.e. dates of PDAAG/OIPP meetings, what subcommittee you sit on, what are your chair/co-chair duties, etc)	
Alignment of State & Local Plans					List all steps/activities you will be doing to achieve the alignment of state and local plans.	
Strategic Planning					List all steps/activities proposed to achieve this strategy	
Surveillance and Monitoring						
Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency will implement local surveillance and monitoring activities to engage partners and focus on a local response.					

Required Activity(s):	1. Develop and/or Maintain an Overdose Fatality Review (OFR) Committee 2. Develop and/or Maintain a Community Response Plan (CPR) (List all deliverables that will be addressed this year in this box)					
Expected Outcome(s):						
Has this short-term goal been met? (Please indicate percent accomplished from 0-100%):						0%
Required Strategies:	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End			
Develop and/or Maintain Overdose Fatality Review					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Develop/Maintain Community Response Plan					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	

Data and Evaluation						
Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.					
Required Deliverables:	List all required deliverables that will be addressed this year here.					
Expected Outcome(s):						
Has this short-term goal been met? (Please indicate percent accomplished from 0-100%):						0%
	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
		Start	End			
Tracking and Measurement Framework					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Implement Evaluation & Performance Improvement Plan (EPIP) to Inform Program Interventions					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	

Comprehensive and Sustainable Systems						
Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency will implement a comprehensive and sustainable system in "ABC setting" in conjunction with "implementation partner(s)"					
Required Deliverables:	Insert the required deliverables for this focus area here.					
Expected Outcome(s):						
Has this short term goal been met? (Please indicate percent accomplished from 0-100%):						0%
Required Strategies:	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
Data to Inform Activities		Start	End		List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Programmatic Partnership Activities					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Sustainability					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	

Comprehensive and Sustainable Systems *OPTIONAL*

Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency will implement a comprehensive and sustainable system in " <i>ABC setting</i> " in conjunction with " <i>implementation partner(s)</i> "					
Required Deliverables:	Insert the required deliverables for this focus area here.					
Expected Outcome(s):						
Has this short term goal been met? (Please indicate percent accomplished from 0-100%):						0%
Required Strategies:	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
Data to Inform Activities					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Programmatic Partnership Activities					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Sustainability					List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	

Implement Awareness Campaign(s)						
Long Term Goal:	By September 30, 2023, XYZ Agency in conjunction with community and state coalition partners will help reduce the OD rate in XYZ county by xx%.					
Short Term Goal:	By September 30, 2020, XYZ Agency will implement an awareness campaign to address highest risk populations in XYZ county.					
Required Deliverables:	Insert the required deliverables for this focus area here.					
Expected Outcome(s):						
Has this short term goal been met? (Please indicate percent accomplished from 0-100%):						0%
Required Strategies:	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)
Data to Inform Activities		Start	End		List all steps/activities proposed to achieve this strategy (refer to RFP for activities)	
Implement Awareness Campaign(s)					List all steps/activities proposed to achieve this strategy (refer to RFP for 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.

- Deliverable – Objective 2

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

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

- Deliverable – Objective 3

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

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

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

- Deliverable – Objective 1

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

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

- Deliverable – Objective 2

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

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

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

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

Total Other Direct Costs

\$Total

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

SUPPLEMENTAL FUNDING GUIDANCE

Statewide Coalition Building for Injury Prevention

Stark County Health Department is eligible for up to \$60,000 to continue the coordination and administration of the **Prescription Drug Abuse Action Group's (PDAAG)** statewide activities as described below as an extension of the Ohio Injury Prevention Partnership (OIPP).

- **Coordinate the statewide PDAAG and its subgroups** composed of key state and local stakeholders and decision-makers who have the ability to impact policies related to drug overdose and abuse within their communities.\

Required activities:

Membership:

- Continue to recruit appropriate new members for **PDAAG** based on the results of a coalition assessment recommendations and/or strategic planning.
- Update and/or revise the PDAAG recruitment plan (e.g., will no less than twice per year, review membership changes with coalition leadership and identify new key stakeholders to approach, update recruitment information, contact stakeholder via phone, etc.)
- Contact members by phone and in writing (mail/email) to invite them to join.
- Prepare written materials/invitations to explain the purpose of the initiatives.
- Create/update/maintain orientation materials for new and potential members containing group mission/vision statement and goals, current list of members, background information on injury area, OIPP Member Agreement, recent meeting minutes, copy of PDAAG Strategic Plan, etc. This may be a hard-copy or e-packet.
- Coordinate representation from **PDAAG** leadership for New Member Orientation at OIPP meetings.
- Cooperate with ODH on updating the membership list and switching to a new membership platform.
- Communicate with members in between meetings to ensure adequate support to group chairs/co-chairs and progress is occurring. Respond to requests for information from members.

Committees:

- For **PDAAG**, will serve as coordinator, to include all activities described herein, and serve as interim coordinator when a co-chair vacancy exists.
- Coordinate annual action plan updates from the PDAAG Subcommittees to update/adjust the **PDAAG** state strategic plan as needed to respond to changing opportunities and accomplishments to date.
- Compile meeting minutes and send to ODH within 30 days after the meetings to include sign-in sheet.
- Coordinate to have written reports from each subcommittee at quarterly OIPP/PDAAG meetings.

- Coordinate and develop an annual list of each subcommittee meetings/conference calls to include dates and times within 30 days from start of grant period.

Administrative:

- Represent **PDAAG** at statewide meetings and serve on OIPP Leadership.
- Maintain regular communication with ODH VIPS staff.
- Provide quarterly and annual reports of statewide coalition building activities containing information in format requested by ODH.
- Provide quarterly website content updates for the ODH **PDAAG** webpages. Meeting minutes, presentations, meeting schedule, etc. should be provided to the VIPS website contact, and updates must be provided no less than quarterly.
- Deliver annual action plans, recommendations and updates from the respective group to ODH VIPS.
- Coordinate implementation of updated state action plans with recommendations related to prescription drug overdose prevention injury prevention policy. Funded entities will be expected to be active participants in implementing state plans through a variety of strategies (e.g., developing and reviewing annual action plans for progress, offering funding for pilot projects, identifying members to be responsible for key components of plans, structuring coalition for success, recruiting and identifying committee chairs, planning conference calls as needed, cultivating coalition leadership, etc.).
- Plan and coordinate one in-state training activity, as deemed necessary by ODH, that engages key partners and members in implementing the state plan or some portion of the state plan. Training must include building capacity of group members related to state plan activities. A subgroup of the respective groups should be formed to assist in planning the training, setting objectives, choosing speaker(s)/topic area(s), etc.
 - For **PDAAG**, the training should include but not be limited to regional/statewide representatives of key governmental and non-governmental agencies; media outlets; HMOs/MCOs; hospital/trauma/medical centers; injury prevention and research, academia, public health, medical/professional organizations (e.g., pediatrics, family medicine); and other stakeholders (e.g., businesses, insurance companies, etc.).
- Participate as an active member of the OIPP Leadership team. Assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the Prescription Drug Abuse Action Group (PDAAG) Coalition.
- Administer pilot project applications and contract process and monitor awardees' progress and outcomes.
- Provide written update to be included in OIPP Newsletter, as requested.
- Provide evaluation of **PDAAG** to members by month 9 and provide a summary of results to ODH by end of grant period.

Supplemental Application Instructions:

Provide a Program Narrative methodology, work plan and budget narrative/justification for this section and include in GMIS 2.0.

Program Narrative/Methodology/Budget:

Program Narrative - Using the above listed “Required Activities”, describe plans to complete. Please list each activity and provide details to include who, where, when and how your agency will complete these activities.

Methodology Work Plan – Use the work plan format in **Appendix J**. Outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline.

Budget Narrative/Justification – Include a detailed budget narrative justification describing each deliverable as it relates to your agency’s ability to complete. See **Appendix G** for guidance.

- **Other Direct Costs** -please use scenario 3 in Budget Justification example; Appendix G

Attachments: Create new files for this section. Label the file attachments in GMIS 2.0 as follows:

1. **Narrative:** named “agency name_supplemental-narrative_2020”
2. **Supplemental Work Plan:** named “agency name_supplemental work plan_2020”
3. **Budget Justification:** named “agency name_supplemental budget justification_2020” .

2019 Injury Prevention Program, Supplemental Funding SUPPLEMENTAL WORK PLAN 2019							
County/Countries:				Agency:			
Grant#:				Contact Name:			
Project Title:							
SECTION I – SUPPLEMENTAL WORK PLAN (2019)							
The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. <u>Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.</u>							
Membership							
Long Term Objective:							
Program Impact Objective:	Insert Membership Objective						
Impact Evaluation Indicator:							
Community or Location:							
Intended Outcome:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner

Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you have been successful?)
		Start	End				

Committees	
Long Term Objective:	
Program Impact Objective:	Insert Committees Objective
Impact Evaluation Indicator:	
Community or Location:	
Revised from Year 1 Workplan: Yes or No	<div></div> <div>If yes, provide brief explanation:</div> <div></div>

Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):							0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year) Start End		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	Evaluation Measure (How do you know you are successful?)

Administrative	
Long Term Objective:	
Program Impact Objective:	Insert Administrative Objective
Impact Evaluation Indicator:	
Community or Location:	

Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:						
Grantee Role(s) in Objective <i>Underline/bold applicable</i>	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner	
Has this Impact Objective been met? (Please indicate percent accomplished from 0-100%):								0%
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	Status Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)		Evaluation Measure (How do you know you are successful?)
		Start	End					
Copy and paste lines below for additional objectives								