



## MEMORANDUM

Date: March 16, 2022

To: Subrecipient agencies

From: Jolene DeFiore-Hyrmer, MPH *JDH*  
Bureau of Health Improvement and Wellness  
Ohio Department of Health

Subject: Subrecipient Drug Overdose Prevention DR23 9/1/2022 – 8/31/2023

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, April 25, 2022. 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 Hilary Stoll at 1-614-644-7216 or email at [hilary.stoll@odh.ohio.gov](mailto:hilary.stoll@odh.ohio.gov).

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## I. 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: September 1, 2022, to August 31, 2023 of the total project period, September 1, 2019 to August 31, 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).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Number of Grants and Funds Available:** This program is funded through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action funding, CDC-RFA-CE19-1904. Subrecipients previously funded for the Drug Overdose Prevention (DR22) Grant are eligible to apply. Funding ranges from \$67,000 - \$187,000. Subrecipients previously funded for the Supplemental Real Time Treatment Finder Project through the DR22 Solicitation are eligible to apply for supplemental funds in the amount of \$40,000 to expand upon a real time treatment finder, Open Beds. ODH reserves the right to modify the amount of funding based on funds available.

*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 [Suggested language provided, but can be updated to reflect program-specific requirements]:**

- 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 has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, April 25, 2022.**

**II. PROGRAM UPDATES:**

**Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.**

**A. Program Progress Report:** Subrecipient is to submit their DR23 program reports in GMIS by the dates identified in the DR23 continuation solicitation.

**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.

Program Narrative Outline:

1. Program updates
  - a) Personnel – List all employees, percentage of time, and short description of job responsibilities/duties.
  - b) Partnerships – Provide an update on established partnerships that you will be utilizing in the following grant year.
2. Work Plan Updates
  - a) Provide a narrative description of each objective, indicating any updates/progress and changes proposed for year 4.
    - i. Successes – Describe successes for each objective and plans for expansion.
    - ii. Challenges – Describe challenges for each objective and strategies that have been implemented to overcome challenges.
    - iii. Opportunities – Describe opportunities for progress for each objective in year 4.
    - iv. Health Equity – Describe year 4 plans for identifying and addressing priority populations for each objective.

**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.

**D. Documentation and Progress on Health Equity and Disparity Reduction 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 applicants should prepare a narrative of activities completed, during the previous funding period, to reach the priority populations and/or neighborhoods specified in their plan.

**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 deliverable 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. **2023 Budget via GMIS:** Complete requested budget information as follows:

- a) **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period September 1, 2022 to August 31, 2023.

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

- b) **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. Purchases of the following: Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, furniture or

- equipment;
17. HIV/HCV/other STD/STI testing;
  18. Drug disposal, including implementation or expansion of drug disposal programs or drug take back programs, drug drop box, drug disposal bags;
  19. The provision of medical/clinical care;
  20. Research;
  21. Direct funding or expanding the provision of substance abuse treatment;
  22. Development of educational materials on safe injection;
  23. The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity; and
  24. Public safety activities that do not include clear overlap/collaboration with public health partner and objectives.

**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:** Complete and submit the following attachments:

- a) Annual Program Narrative
- b) Annual Work Plan
- c) Budget Narrative
- d) Letters of Support

**a. 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](mailto: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](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

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

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

- **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:**

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

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 that may include, but are not limited to the following:
  1. Populations at increased risk
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

  X   Applicable to Drug Overdose Prevention Program

- H. 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 following dates. **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

Period	Report Due Date
September 1 – November 30, 2022	December 5, 2022
December 1, 2022 – February 28, 2023	March 5, 2023
March 1 – May 31, 2023	June 5, 2023
June 1 – August 31, 2023	September 5, 2023

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

Period	Report Due Date
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023

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

Period	Report Due Date
September 1 – November 30, 2022	December 10, 2022
December 1, 2022 – February 28, 2023	March 10, 2023
March 1 – May 31, 2023	June 10, 2023
June 1 – August 31, 2023	September 10, 2023

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



- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before October 5, 2023. 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.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions  
B2 Deliverable — Objective Allocations
- C. Evidence of Health Equity Strategies Checklist
- D. Year 4 Guidance
- E. Application Instructions
- F. Annual Workplan Template
- G. Budget Justification Template
- H. Supplemental Funding Guidance
- I. Supplemental Application Instructions
- J. Supplemental Funding Annual Work Plan

## Appendix A

### Submission Required

### CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

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

*ODH Program Title:*  
Drug Overdose Prevention DR23

**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 March 23, 2022.

Please email completed form to Karen Tinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

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

**Budget Period: 9/1/2022 – 8/31/2023**

**# of Deliverables: 14**

**Use Budget Justification Scenario #: 3**

**100% Deliverables**

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

Subrecipients will be actively involved in their community's local coalition addressing drug overdose prevention, at least quarterly. Subrecipients are permitted to choose between three different strategies that best meet the needs of their community. Please specify which deliverable you are choosing in the narrative, workplan, and budget justification.

#### **Choose one:**

**Objective 1A.** By August 31, 2023, subrecipient will submit a final evaluation report including results of member survey to include: member involvement and retention, coalition structure, function and communications, strengths, challenges, barriers, and an outline and plan for achieving identified coalition changes.

#### **Required Benchmarks:**

- Meeting evidence due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.
- Evaluation draft due February 28, 2023.
- Results due August 31, 2023.

**Objective 1B.** By August 31, 2023, subrecipient will submit a report on the implementation of coalition changes identified by the coalition evaluation results from the previous grant year.

#### **Required Benchmarks:**

- Meeting evidence due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.
- Proposal of coalition changes due November 30, 2022.
- Draft report due May 31, 2023.
- Final report due August 31, 2023.

**Objective 1C.** By August 31, 2023, subrecipient will implement an Ohio Overdose Awareness Day activity in collaboration with their community partners.

#### **Required Benchmarks:**

- Meeting evidence due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.
- Plan due February 28, 2023.
- Report due August 31, 2023.

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

The subrecipient will be an active member of the designated state drug overdose prevention coalition. Subrecipients have the option to serve as a leader within the state drug overdose prevention coalition. Please specify chosen deliverables in the narrative, workplan, and budget justification.

**Objective 2A:** By August 31, 2023, subrecipient will submit documentation to ODH Program Consultant of their participation in four state coalition meetings.

#### **Required Benchmarks:**

- Documentation of participation due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.

**Objective 2B:** By August 31, 2023, subrecipient will provide documentation via GMIS of active participation in a subcommittee within the state drug overdose prevention coalition.

*Required Benchmarks:*

- Documentation of contributions to furthering state strategies due quarterly on November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.

**(Optional) Objective 2C:** By August 31, 2023, subrecipient will submit documentation to ODH Program Consultant via GMIS demonstrating they served as a leader in Ohio OPN, including agendas and meeting minutes of facilitated meetings and quarterly updates of subcommittee's progress on state strategies.

*Required Benchmarks:*

- Documentation due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.

**Deliverable – Objective 3: Strategic Plan Integration**

The subrecipient will align local strategic plan strategies with the state strategic plan and provide recommendations for strategies to be included in the state strategic plan.

**Objective 3A:** By August 31, 2023, subrecipient will submit documentation of local strategic plan alignment with the state plan and provide recommendations for additions and/or revisions to the state strategic plan.

*Required Benchmarks:*

- Documentation of state-aligned local projects due February 28, 2023.
- Recommendations for state plan due August 31, 2023.

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

Subrecipients must maintain a local Overdose Fatality Review (OFR) committee. This involves convening a committee, entering OFR data into a database, analyzing results to inform prevention efforts, and sharing results with state and local partners.

**Objective 4A:** By August 31, 2023, subrecipient must maintain an Overdose Fatality Review committee, collect OFR data, provide a summary, and submit documentation that summary was disseminated to county coalition, other interested stakeholders, and ODH.

*Required Benchmarks:*

- Meeting evidence due quarterly: November 30, 2022; February 28, 2023; May 31, 2023; and August 31, 2023.
- Annual Summary and Dissemination Evidence due May 31, 2023.

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

Subrecipient must maintain an up-to-date immediate community response plan. Ongoing monitoring efforts and response strategies should be documented.

**Objective 5A:** By August 31, 2023, subrecipients must submit a summary of ongoing monitoring and data surveillance activities and responses from the community partners to provide resources in impacted areas as a result of this monitoring activity.

*Required Benchmarks:*

- Summary of monitoring and data surveillance activities and response(s) due February 28, 2023, and August 31, 2023.

**Deliverable – Objective 6: Implement Awareness Campaign(s)**

Utilize data to identify priority audiences within the county and implement social marketing messages developed by ODH to create awareness of the selected topic.

**Objective 6A:** By August 31, 2023, subrecipient must provide evidence of social marketing messages implemented inclusive of emerging and priority audiences.

*Required Benchmarks:*

- Audience and Campaign identified due February 28, 2023.
- Campaign Implementation Evidence due August 31, 2023.

### **Deliverable – Objective 7: Evaluation**

Subrecipient will complete a comprehensive evaluation of the impact of the drug overdose prevention grant, including how the grant impacted health disparities, encompassing years 1-4, and share findings and lessons learned with key stakeholders.

**Objective 7A:** By August 31, 2023, subrecipient will submit a completed comprehensive evaluation.

*Required Benchmarks:*

- Comprehensive evaluation plan due November 30, 2022.
- Draft of evaluation report due February 28, 2023.
- Final evaluation report due May 31, 2023.
- Evidence evaluation report and lessons learned were shared with key stakeholders due August 31, 2023.

### **Deliverable – Objective 8: Enhancement of Comprehensive, Sustainable System (Optional)**

Subrecipient will enhance a previously developed comprehensive, sustainable system. Activities should include the development of additional policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone.

**Objective 8A:** By August 31, 2023, subrecipient will develop a comprehensive, sustainable system in conjunction with key implementation partner as demonstrated by participation agreement(s) with key partners; identification and development of data tracking mechanism; integrated policies and procedures demonstrating a comprehensive system as outlined in the proposal; and key sustainability measures and plan to achieve sustainability identified.

*Required Benchmarks:*

- Updated participation agreement due November 30, 2022.
- Plan for data collection due February 28, 2023.
- Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due May 31, 2023.
- Final report of results from implementation plan due August 31, 2023.

### **Deliverable – Objective 9: Enhancement or Development of Comprehensive, Sustainable System (Optional)**

Subrecipient will develop a new comprehensive, sustainable system or enhance a previously developed comprehensive, sustainable system. Activities should include implementation and/or development of additional policies and protocols, supporting systems, and environmental changes to reach an at-risk population and link them to community supports and appropriate services, including evidence-based treatment and naloxone.

**Objective 9A:** By August 31, 2023, subrecipient will develop a new comprehensive, sustainable system or enhance a previously developed comprehensive, sustainable system in conjunction with key implementation partner as demonstrated by participation agreement(s) with key partners; identification and development of data tracking mechanism; integrated policies and procedures demonstrating a comprehensive system as outlined in the proposal; and key sustainability measures and plan to achieve sustainability identified.

*Required Benchmarks:*

- Participation Agreement or updated participation agreement due November 30, 2022.
- Plan for data collection due February 28, 2023.
- Draft policies and procedures demonstrating a comprehensive approach reflective of applicant proposal, and inclusive of data collection due May 31, 2023.
- Final report of results from implementation plan due August 31, 2023.

### **Deliverable – Objective 10: Shared Risk and Protective Factors (Optional)**

Subrecipient will develop plans for assessing and incorporating shared risk and protective factors in their county's next Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) developed with direct feedback from community members.

**Objective 10A:** By August 31, 2023, subrecipient will develop a plan for addressing shared risk and protective

factors.

*Required Benchmarks:*

- Documentation of meeting(s) with agency leadership and community partners due by February 28, 2023.
- Draft plan due May 31, 2023.
- Final plan due August 31, 2023.

### **Supplemental Deliverables**

#### **Expansion of the OpenBeds, Real Time Treatment Finder Platform, Demonstration Project**

##### **Deliverable – Objective 11: Collaboration with Implementation Partners**

The subrecipient will maintain current partnerships and establish new partnerships for the implementation of OpenBeds platform.

**Objective 11A:** By August 31, 2023, subrecipient will demonstrate a collaborative partnership with implementation partners.

*Required Benchmarks:*

- Updated participation agreement demonstrating expansion of previously implemented activities with local mental health board(s) and MOU with Bamboo Health due February 28, 2023.
- Participate in Advisory Workgroup with Bamboo Health and provide feedback of the OpenBeds platform. Meeting evidence due by August 31, 2023.

##### **Deliverable – Objective 12: Expand Network of Providers**

The subrecipient will aid in the recruitment of additional providers to utilize the OpenBeds platform.

**Objective 12A:** By August 31, 2023, subrecipient will recruit additional treatment facilities to participate in the OpenBeds platform.

*Required Benchmarks:*

- Recruitment plan due November 30, 2022.
- Documentation of additional facility information uploaded by May 31, 2023 and August 31, 2023.

##### **Deliverable – Objective 13: Promotion of OpenBeds Platform**

The subrecipient will promote the use of the OpenBeds platform.

**Objective 13A:** By August 31, 2023, subrecipient promote the use of OpenBeds to community partners.

*Required Benchmarks:*

- Outreach plan due November 30, 2022.
- Documentation of outreach due May 31, 2023 and August 31, 2023.

##### **Deliverable – Objective 14: Final Report of OpenBeds Implementation**

The subrecipient will complete a final report on the expanded implementation of the OpenBeds platform in their region.

**Objective 14A:** By August 31, 2023, subrecipients will complete a comprehensive evaluation of their Drug Overdose Prevention Grant Program and submit a final report documenting the implementation of OpenBeds.

*Required Benchmarks:*

- Evaluation Plan due November 30, 2022.
- Evaluation metrics due May 31, 2023.
- Final Evaluation report due August 31, 2023.

**Name of Subgrant Program:** Drug Overdose Prevention (DR23)

**Budget Period:** 9/1/22 - 8/31/23

**# of Deliverables:** 14

**Use Budget Justification Scenario #:** 3

☒ X Deliverables Only

	Required/Optional	Annual Funding Level for counties with a population less than 200,000	Annual Funding Level for counties with a population greater than 200,000	Supplemental
Deliverable - Objective 1 Local Community Coalition	Required	\$12,000	\$24,000	
Deliverable - Objective 2 State Coalition Involvement	Required	\$10,000	\$10,000	
Deliverable - Objective 2C Serve as OPN Leader	Optional	\$8,000	\$8,000	
Deliverable - Objective 3 Strategic Plan Integration	Required	\$2,000	\$2,000	
Deliverable - Objective 4 Overdose Fatality Review	Required	\$12,000	\$12,000	
Deliverable - Objective 5 Community Response Plan	Required	\$4,000	\$8,000	
Deliverable - Objective 6 Awareness Campaign	Required	\$12,000	\$24,000	
Deliverable - Objective 7 Comprehensive Evaluation	Required	\$15,000	\$15,000	
Deliverable - Objective 8 Enhance a CSS	Optional	\$30,000	\$40,000	
Deliverable - Objective 9 Enhance or Develop a CSS	Optional	\$30,000	\$40,000	
Deliverable - Objective 10 Shared Risk & Protective Factors	Optional	\$4,000	\$4,000	
Total		\$139,000	\$187,000	
SUPPLEMENTAL FUNDING				
Deliverable - Objective 11 Partner Collaboration	Required			\$10,000
Deliverable - Objective 12 Recruit Treatment Facilities	Required			\$10,000
Deliverable - Objective 13 Promotion	Required			\$10,000



Deliverable - Objective 14 Final Report	Required			\$10,000
Total				\$40,000

## Appendix C

### ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

#### Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>.
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are

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

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

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

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

## Year 4 Guidance

Deliverables	Objectives	Annual Funding Level for counties with a population less than 200,000	Annual Funding Level* for counties with a population greater than 200,000
<b>1. Local Community Coalition</b> – CHOOSE ONE	1A – Coalition Evaluation	\$12,000	\$24,000
	1B – Implement Coalition Changes	\$12,000	\$24,000
	1C – Coalition Overdose Awareness Day	\$12,000	\$24,000
<b>2. State Coalition Involvement</b>	2A – Participation in quarterly state coalition meetings	\$2,000	\$2,000
	2B – Active participation in a subcommittee	\$8,000	\$8,000
	2C – Serve as a leader in Ohio OPN (OPTIONAL)	\$8,000	\$8,000
<b>3. Strategic Plan Integration</b>	3A – Align local strategic plan and make recommendations for state strategic plan	\$2,000	\$2,000
<b>4. Overdose Fatality Review</b>	4A – Maintain a local Overdose Fatality Review	\$12,000	\$12,000
<b>5. Community Response Plan</b>	5A – Ongoing coordination of monitoring and response	\$4,000	\$8,000
<b>6. Awareness Campaign</b>	6A – Implement an awareness campaign	\$12,000	\$24,000
<b>7. Comprehensive Evaluation</b>	7A – Complete a comprehensive evaluation	\$15,000	\$15,000
<b>8. Enhance a CSS</b> – OPTIONAL	8A – Enhance a previously developed Comprehensive and Sustainable System	\$30,000	\$40,000
<b>9. Develop new CSS</b> – OPTIONAL	9A – Develop a new Comprehensive and Sustainable System or Enhance a previously developed Comprehensive and Sustainable System	\$30,000	\$40,000
<b>10. SRPF</b> – OPTIONAL	10A – Plan for assessing and incorporating shared risk and protective factors (SRPF) in next CHA and CHIP	\$4,000	\$4,000
<b>SUPPLEMENTAL FUNDING</b> Expansion of Open Beds Demonstration	11A – Collaboration with Implementation Partners	\$10,000	\$10,000
	12A – Recruit Additional Providers	\$10,000	\$10,000

Projects	13A – Promotion of Treatment Finder	\$10,000	\$10,000
	14A – Final Evaluation and Report	\$10,000	\$10,000

### **Coalitions and Strategic Planning**

Successful prevention requires building local partnerships to assure sustainability of efforts. All funded projects will be responsible for working with a functioning, local coalition comprised of appropriate, multi-disciplinary and representative community stakeholders, including community members and/or self-advocates.

#### **Local Community Coalition**

The activities within this section are intended to enhance an existing coalition by conducting an evaluation, implementing a formal structure, or implementing coalition changes identified by coalition evaluation results in the previous grant year. Please select the activity that is the best opportunity to increase visibility, efficiency, and effectiveness for the community coalition to move their objectives forward. The coalition should meet in person no less than quarterly and should meet at least 4 times before August 31, 2023. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations to ensure that all community members can participate, including those with disabilities.

#### **Evaluate an existing coalition**

Expansion and evaluation of the coalition needs to identify areas of strengths and weaknesses prior to undertaking a formal structure and strategic plan. This process is intended to be completed in collaboration with coalition members.

- Conduct an evaluation of your existing coalition. Evaluation components should identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations.
- Present results and utilize results to inform future member recruitment and retention planning.

#### **Implementation of coalition changes identified by coalition evaluation results**

Implementation of recommended coalition changes is a potential year 4 strategy for coalitions who have completed a coalition evaluation during year 3. This process is intended to be completed with input from coalition members.

- Implementation strategies for improving the coalition should be identified in collaboration with coalition partners from year 3 evaluation results.
- Report on results of strategies implemented and impact on coalition.

#### **Implement Ohio Overdose Awareness Day activity with coalition**

Ohio Overdose Awareness Day is August 31<sup>st</sup>. An activity or event can be held during the month of August; the event does not have to be held on August 31<sup>st</sup>. All grant activities and the submission of report must occur within the grant period, which also ends August 31<sup>st</sup>. RecoveryOhio has a toolkit of public awareness resources that can be used.

- Subrecipient will develop a plan for an Ohio Overdose Awareness Day activity in collaboration with their local community coalition by May 31<sup>st</sup>, 2023. The plan should include the following components: identification of community partners involved in planning and/or implementing activities; intended audience; a description of culturally and linguistically appropriate communication strategies; a description of the activities and how they will be made accessible to people with disabilities; dates and location, if applicable; intended outcomes and key metrics for measuring success.
- Subrecipient will submit a report on the Ohio Overdose Awareness Day activity by August 31<sup>st</sup>, 2023. The report should include the following components: a comprehensive summary of activities and partners involved; data on impact of the activities; outcomes; challenges and how they were addressed, if applicable;

pictures of the event, if applicable.

### **State Coalition Involvement**

Applicants should plan for active participation and/or leadership in identified statewide efforts for drug overdose prevention. The ODH Violence and Injury Prevention Section (VIPS) facilitates the Ohio Injury Prevention Partnership (OIPP), and the statewide action group, the Ohio Overdose Prevention Network (Ohio OPN). As a community receiving funding to work on this issue, these strategies, successes, lessons learned, and emerging best practices should not be completed in a vacuum. Successful applicants should plan for an increased role in the Ohio OPN as a leader or by actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls.

#### **Active participation in OIPP and Ohio OPN**

Applicants should plan to attend four state coalition meetings. Funded applicants are expected to volunteer for projects and follow through on implementation of group projects.

- Applicants serving as an active member of OPN will work on the implementation of statewide strategies from the Ohio OPN strategic plan. Applicants will submit documentation of work towards the implementation of strategies as evidence of active participation.

**Serve as a leader in Ohio OPN (Optional).** Subrecipients have the option to serve as a leader in Ohio OPN. Leadership positions will be assigned by ODH Ohio OPN Liaisons as determined by areas of need.

- Subrecipients are required to maintain a staff contingency plan to cover the leadership position in OPN in the event of staffing changes. Plan is to be included in the project narrative.
- Subrecipients electing to serve as a leader in Ohio OPN will submit quarterly updates to the Ohio OPN leadership.

### **Strategic Plan Alignment**

#### **Alignment of state and local strategies**

Strategic plans guide the work of community coalitions and should be continually refined in collaboration with state and local partners. This activity provides the applicant with the opportunity to update their local strategic plan and provide suggestions for updating and enhancing the Ohio Overdose Prevention Network's strategic plan.

- Update local strategic plans and identify strategies in alignment with the state strategic plan
- Provide suggestions for updates to the state strategic plan.

<b>Required Objectives: Coalitions and Strategic Planning: By August 31, 2023, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.</b>		
<b>Coalitions and Strategic Planning</b>	<b>Required Strategies</b>	<b>Activities</b>
	<b>Develop, Maintain, and Enhance a Local Community Coalition</b>  <i>Only one activity is required.</i>	Conduct an evaluation of XYZ Coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations – present results and utilize results to inform future member recruitment and retention planning.
		Implement coalition changes as identified in evaluation results from year 4.
		In collaboration with local community coalition, implement an activity for Ohio Overdose Awareness Day.
	<b>Involvement with Statewide Coalition &amp; Alignments of State &amp; Local Plans</b>	<b>Required:</b> Participate in four state coalition meetings (OIPP/Ohio OPN) as evidenced by regular attendance at meetings  <b>Required:</b> Actively participate in an Ohio Overdose Prevention Network (Ohio OPN) subcommittee as evidenced by documentation of

		contributions to furthering statewide strategies
		<b>Optional:</b> Serve as a leader in Ohio OPN as evidenced by documentation of subcommittee meetings
	<b>Strategic Planning</b>	<b>Required:</b> Submit an updated strategic plan identifying alignment of state and local strategies. Submit recommendations for additions and/or revisions to the state strategic plan

### Guidance for Surveillance and Response Activities

Ongoing collection and monitoring of local community data should drive the selection of community strategies and be used to evaluation of their impact. Required activities include: 1) Maintenance of an Overdose Fatality Review (OFR) committee, 2) Maintenance of an immediate community response plan, 3) Implementation of an awareness campaign, and 4) Completion of a comprehensive evaluation

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

To identify the circumstances surrounding overdose deaths to inform prevention, applicants must maintain an OFR committee.

**Convene an OFR Committee:** The reviews should be conducted by representatives from the coalition. The coroner's office will assist in the identification of cases and assessing prescription history reports. Additional stakeholders and potential data owners (e.g., treatment centers, law enforcement, health care providers, etc.) will be invited to participate in the review of cases in a confidential setting.

**Collect OFR data** from death certificates, coroner reports, autopsy, toxicology, prescription monitoring program (Ohio Automated Rx Reporting System) and other data as available (e.g., medical records, law enforcement/criminal records, substance abuse or mental health information). A database documenting the reviews will contain the drugs involved in the death, circumstances of death (e.g., witnessed, EMS called, etc.) and any other available and informative details of the decedent's history (e.g., history of substance abuse treatment), that may inform future prevention efforts.

**Provide ODH with a written summary of de-identified OFR data and disseminate written summary with the county coalition and stakeholders.** Funded applicants will be expected to analyze their findings and provide information to their coalition, community, and ODH regarding the findings. A critical component includes utilizing the findings to ensure prevention strategies are reaching the most impacted populations.

#### **Maintain a local immediate community response plan**

To mobilize local efforts to respond to any identified increases in overdoses, funded applicants must maintain an updated local immediate community response plan. The purpose is to mobilize local efforts to respond to sudden increases in overdoses. The community response plan is designed to act as a catalyst for action among local partners (i.e., first responders are made aware of increase in overdoses and provided with additional naloxone) and source for situational monitoring for acute events. The expectation is to have ongoing monitoring of data from multiple sources; 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.*

- Submit plans for implementation of the community response plan. Explain how monitoring and surveillance activities will be conducted on an ongoing basis. Summaries of monitoring activities and any responses to sudden increases in suspected overdoses will be reported biannually.
- Summaries should not only include responses to sudden increases. Local coalitions and response partners may perform tabletop exercises to test the plan or propose interventions to be added to the local strategic plan based on trends identified by regular monitoring. Changes as a result of these activities will be reported biannually.

### **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 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 has developed 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 professionals who work with this population 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 local data to identify key demographics including age, race, ethnicity, geographic location, and any other key factors to prioritize messaging. Overdose Fatality Review Data and Community Response Plan data can be used to assist in determining priority populations. The approach should be inclusive of emerging populations with increased risk and applicants should include how they have identified message dissemination channels with the input from populations being addressed. Other state and local data can also be utilized. Applicants may also utilize all campaigns in the manner most appropriate to their local projects. Applicants may also utilize all ODH approved campaigns in the manner most appropriate to their local projects.

### **Complete a Comprehensive Evaluation**

Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement. In year 4, subrecipients will be required to complete a comprehensive evaluation of the Drug Overdose Prevention grant. The evaluation should encompass year 1 through year 4 activities. Prior grant years' data submissions and reports should be analyzed and summarized in a comprehensive written report. Conclusions on the impact of the grant program should be justified by data and include how subrecipients impacted health disparities. Subrecipients will be required to demonstrate that they have shared the results and lessons learned from their evaluation with key stakeholders in their community. For evaluation resources, please visit the CDC evaluation webpage at <https://www.cdc.gov/eval/index.htm>.

<b>Required Objective: Overdose Fatality Review, Community Response Planning, Awareness Campaign(s), and Comprehensive Evaluation: By August 31, 2023, XYZ Agency will implement local surveillance and monitoring activities to engage partners and focus local response.</b>		
<b>Overdose Fatality Review, Community Response Planning, Public Awareness, and Evaluation</b>	<b>Required Strategies</b>	<b>Activity List:</b>
	<b>Maintain an Overdose Fatality Review Committee</b>	<b>Required:</b> Maintain an Overdose Fatality Review committee to identify specific circumstances to inform prevention activities and share findings/reports with ODH and coalition annually
	<b>Maintain a Community Response Plan</b>	<b>Required:</b> Maintain an Immediate community response plan; submit summaries of ongoing monitoring efforts and response strategies
	<b>Implement Awareness Campaigns</b>	<b>Required:</b> Utilizing developed social marketing messaging, identify and implement an awareness campaign that is identified as a need in the county
	<b>Comprehensive Evaluation</b>	<b>Required:</b> Complete a comprehensive evaluation and share with community stakeholders



## Guidance for Comprehensive and Sustainable Systems

Comprehensive and Sustainable Systems (CSS) address multiple policies, systems, and environmental factors within a setting or larger community to meet the complex needs of an at-risk population. A CSS approach utilizes a multi-faceted approach to addressing the complex needs of those at risk of drug overdose. A CSS approach increases the impact of strategies and supports sustainability. The requirements for a CSS include 1) Data to Inform Activities, 2) Programmatic Partnerships and Activities, and 3) Sustainability.

**Data to Inform Activities** – Data and evaluation should be included in the process to build and implement a sustainable system. Suggestions for data sources and activities to ramp up data collection should be 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.

**Programmatic Partnerships & Activities** – Programmatic partnership and 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.

**Sustainability** – Preference will be given to applicants demonstrating commitments from partners to sustain these efforts after the grant funding expires. A key component is to work alongside the identified partner to identify sustainability measures that can be implemented.

### Enhancement of a Comprehensive and Sustainable System

Subrecipient will enhance a comprehensive, sustainable system developed in years 1, 2, or 3. Activities should include the development of additional 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. For recommended data, programmatic, and sustainability activities, please refer to the guidance included in the competitive solicitation.

### Enhancement or Development of a Comprehensive and Sustainable System

Subrecipients have the option to enhance a second comprehensive sustainable system developed in years 1, 2, or 3 or develop a new comprehensive and sustainable system. At least one *Data to Inform Strategy* should be selected. Several *Programmatic Partnerships and Activities Strategies* should be selected. The selected strategies should form as comprehensive of a 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. At least one *Sustainability Strategy* must be addressed.

- Applicants are permitted to work with settings that are in various levels of readiness, but new settings should express commitment to implement the strategies through a letter of support. **A letter of support from the partner agency is required with the application.**
- If the applicant is proposing the enhancement of a CSS (Deliverable 8), the setting proposed for the development of a CSS (Deliverable 9) must be a different setting.
- Select one of the following high-priority settings for the development of a new comprehensive and sustainable system:

Clinical/Specialty Setting for Pregnant Women
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<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Identify and utilize existing reports from EHR to monitor and track performance, disparities and inform activities proposed below</li> </ul>
<b>Programmatic Partnerships &amp; Activities</b>	<ul style="list-style-type: none"> <li>- Implement screening policies and procedures</li> <li>- Implement policies and procedures to increase office-based induction of Medication Assisted Treatment (MAT)</li> <li>- Implement a case management/patient navigator system for clients on MAT or positively identified with Substance Use Disorder</li> <li>- Enhance referral process to include warm hand-off and case management services</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Research and identify CPT codes to determine potential reimbursement streams</li> <li>- Develop and implement billing procedures for new/enhanced services being offered</li> <li>- Integrate workflows and/or order sets into the electronic health record</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>- MOMS Program for Opioid Use Treatment <a href="http://momsOhio.org/">http://momsOhio.org/</a></li> <li>- CDC Information on substance Use During Pregnancy <a href="https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm">https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm</a></li> <li>- Ohio Women's Network <a href="https://www.ohiowomensnetwork.org/">https://www.ohiowomensnetwork.org/</a></li> </ul>
<b>Public Agencies Serving Children and Families – Home Visiting Programs and Child Protective Services Agencies</b>	
<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Develop and implement local data sharing agreements to allow for sharing of information between programs</li> </ul>
<b>Programmatic Partnerships &amp; Activities</b>	<ul style="list-style-type: none"> <li>- Integrate family-centered approach with family peer mentors utilizing the Ohio START model and available trainings</li> <li>- Integrate efforts of courts, treatment centers, child welfare services, and service agencies utilizing the selected agency as a hub to improve family outcomes</li> <li>- Develop policies and procedures for non-adversarial collaboration and communication across systems</li> <li>- Implement case management or family-centered peer mentoring program</li> <li>- Facilitate provision of naloxone to at-risk families or individuals</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Applicants may provide seed funding for projects while billing models are identified</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>- HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use Disorder and NAS <a href="https://www.flmiechv.com/hrsa-release-new-home-visiting-resource-for-supporting-families-impacted-by-opioids-nas/">https://www.flmiechv.com/hrsa-release-new-home-visiting-resource-for-supporting-families-impacted-by-opioids-nas/</a></li> <li>- Ohio START Program – Sobriety, Treatment and Reducing Trauma <a href="https://ohiostart.org/">https://ohiostart.org/</a></li> </ul>
<b>First Responder Agencies – Law Enforcement and Emergency Medical Service</b>	
<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Implement use of HIDTA ODMAP to identify data points and set baselines</li> <li>- Utilizing HIDTA ODMAP– prioritize areas for community paramedicine visits</li> <li>- Implement use of Cordata to track linkages to care</li> </ul>

<b>Programmatic Partnerships &amp; Activities</b>	<ul style="list-style-type: none"> <li>- Build systems to implement pre-arrest or pre-trial diversion programs into an area currently without those options</li> <li>- Implement community paramedicine programs for those with opioid use disorder</li> <li>- Integrate use of leave-behind naloxone kits for those who refuse EMS transport</li> <li>- Utilizing real-time treatment finders, connect individuals with treatment services</li> <li>- Integrate provision of leave-behind naloxone kits to friends or family after law enforcement visit</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Identify applicable billing codes for EMS visits</li> <li>- Applicants can provide seed funds to agencies while working to identify billing models</li> <li>- Identify positive impacts and develop cost-saving benefit analysis to provide to similar agencies</li> </ul>
<b>Resources</b>	<ul style="list-style-type: none"> <li>- Journal of Emergency Medicine Services – <a href="https://www.jems.com/">https://www.jems.com/</a></li> </ul>
<b>Primary Care Clinical Setting</b>	
<b>Data to Inform Activities</b>	<ul style="list-style-type: none"> <li>- Identify and utilize existing reports from EHR to monitor and track performance, disparities and inform activities proposed below</li> <li>- Utilize quality measures provided by CDC as a framework for tracking – link to QI measures below</li> </ul>
<b>Programmatic Partnerships &amp; Activities</b>	<ul style="list-style-type: none"> <li>- Implement Opioid Use Disorder risk identification and screening policies and procedures</li> <li>- Implement policies and procedures to support responsible prescribing and adherence to state rules and guidelines</li> <li>- Implement policies and procedures to increase office-based induction of Medication Assisted Treatment (MAT)</li> <li>- Implement policies and procedures for a coordinated care program with patients on long-term opioid therapy</li> <li>- Implement a case management/patient navigator system for clients on MAT or positively identified with Substance Use Disorder</li> <li>- Enhance referral process to include warm hand-off and case management services</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>- Research and identify CPT codes to determine potential reimbursement streams</li> <li>- Develop and implement billing procedures for new/enhanced services being offered</li> <li>- Integrate workflows and/or order sets into the electronic health record</li> </ul>
<b>Resources</b>	<p>CDC Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain  <a href="https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html">https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html</a></p> <ul style="list-style-type: none"> <li>- Ohio Pain Management Toolkit: Implementing the Ohio Rules and Guidelines for Prescribing Opioids for Acute, Subacute and Chronic Pain in the Primary Care Setting  <a href="https://takechargeohio.org/Ohio-Pain-Management">https://takechargeohio.org/Ohio-Pain-Management</a></li> </ul>

**Required Objective:** By August 31, 2023, XYZ Agency will implement a comprehensive and sustainable system in “ABC setting” in conjunction with “XYZ Implementation Partner”.

<b>Enhancement or Development of</b>	<b>Required Strategies</b>	<b>Activity List:</b>
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<b>a Comprehensive, Sustainable System</b>	<b>Data to Inform Activities Committee</b>	<b>Required:</b> Complete a data collection plan.
	<b>Programmatic Partnerships &amp; Activities</b>	<b>Required:</b> Update or develop a participation agreement.
		<b>Required:</b> Develop policies and procedures demonstrating a comprehensive approach.
		<b>Required:</b> Complete a final report of results from implementation plan
	<b>Sustainability</b>	<b>Required:</b> Identify sustainability measures and report on sustainability in the final report of results

### Guidance for Shared Risk and Protective Factors

Subrecipients will develop a plan for incorporating the identification and implementation of primary prevention efforts that address shared risk and protective factors (SRPF) and have a crosscutting impact. A SRPF approach aims to positively impact the prevention of drug overdose as well as other health outcomes through identifying and reducing factors which put individuals and communities at risk of developing substance use disorder (SUD). A SRPF approach requires cross sector collaboration on upstream prevention strategies. The purpose of this optional deliverable is to plan for addressing shared risk and protective factors in their county's next Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in preparation for the future implementation of community tailored SRPF strategies. Subrecipients will meet with agency leadership, community partners and community members to draft and finalize a plan. There is not a template for a plan. It will be up to the subrecipient's agency to develop a plan which fits their needs. The plan must clearly address how SRPF will be assessed in the CHA and how SRPF will be incorporated into the CHIP.

- Subrecipients who completed Deliverable 10 in year 3, addressing shared risk and protective factors in their county's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), are ineligible to complete Deliverable 10 again during year 4.

<b>Required Objective:</b> <i>By August 31, 2023, XYZ Agency will develop a plan for addressing shared risk and projective factors.</i>		
<b>Shared Risk and Protective Factors</b>	<b>Required Strategies</b>	<b>Activity List:</b>
	<b>Plan for assessing and incorporating shared risk and protective factors</b>	<b>Required:</b> Meet with agency leadership and community partners to develop a plan for addressing shared risk and protective factors in their county's next Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)
<b>Resources</b>	<ul style="list-style-type: none"> <li>SAMHSA – RISK and Protective Factors <a href="https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf">https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf</a></li> <li>CDC – Adverse Childhood Experiences (ACES) <a href="https://www.cdc.gov/violenceprevention/aces/index.html">https://www.cdc.gov/violenceprevention/aces/index.html</a></li> <li>Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample</li> <li>Associations Across Adverse Childhood Experiences Levels <a href="https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336">https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336</a></li> <li>Colorado's Shared Risk and Protective Factor Profile Reports <a href="https://cdphe.colorado.gov/prevention-and-wellness/injury-prevention/communities-that-care-risk-and-protective-factor-profile">https://cdphe.colorado.gov/prevention-and-wellness/injury-prevention/communities-that-care-risk-and-protective-factor-profile</a></li> <li>Community Engagement Planning Guide, City of Golden, CO <a href="https://www.cityofgolden.net/media/CommunityEngagementPlan.pdf">https://www.cityofgolden.net/media/CommunityEngagementPlan.pdf</a></li> </ul>	

### Application Instructions

To complete the continuation application for ODH, complete each of the required application components listed below. Attachments should be named as indicated below and attached in GMIS 2.0 per system instructions.

**Please Note:** Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health, Violence and Injury Prevention Section. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the proposed strategies will be additive and not duplicative.

The following components are required:

**A. Year 4 Program Narrative: 15-page limit** – named “*Agency Name\_Narrative\_2023*”

The program narrative should explain any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. An outline for the Program Narrative is included below:

1. Program Updates
  - a) Personnel – List all employees, percentage of time, and short description of job responsibilities/duties.
  - b) Partnerships – Provide an update on established partnerships that you will be utilizing in the following grant year.
2. Work Plan Updates
  - a) Provide a description of each objective, indicating any updates/progress and changes proposed for year 4.
    1. Successes – Describe successes for each objective and plans for expansion.
    2. Challenges – Describe challenges for each objective and strategies that have been implemented to overcome challenges.
    3. Opportunities – Describe opportunities for progress for each objective in year 4.
    4. Health Equity – Describe year 4 plans for identifying and addressing priority populations for each objective.

**B. Year 4 Work Plan: no page limit** - named “*Agency Name\_Workplan\_2023*”

**C. Budget Justification: no page limit** – named “*Agency name\_Budget Justification\_2023*”

This funding is deliverable-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:

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

**D. Letters of Support – no page limit** – named “*Agency Name\_LOS\_2023*”

A letter of support is required to be considered for funding for the formation of a new comprehensive and sustainable system (Deliverable 9).

1. The letter of support required for the development of a new comprehensive and sustainable system (CSS), should be from a partner agency or agencies of where the new CSS will be implemented. The letter should reflect agreement on the chosen strategies. The letter of support cannot be from the subrecipient’s agency.

### Work Plan Instructions and Template

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

For the purposes of this application, please provide a detailed 12-month work plan for project year 4 which covers **9/1/2022 – 8/31/2023**.

1. **Long-Term Outcome Objective:** Complete at least one (1) long-term outcome objective that should remain consistent for each category. A suggested long-term outcome objective is: **By August 31, 2023, XYZ Organization and XYZ Community Coalition will reduce drug overdose fatalities by xx% in XYZ County.**
2. **Required Objectives**
  - Required program objectives are listed in **Appendix D**.
  - Customize each required objective to reflect county-specific activities.
  - Complete the appropriate Annual Work Plan section for each required objective the agency is applying for.
  - Required objectives should have an annual timeframe and build logically toward the long-term outcome objective.
3. **Community or Location:** Describe the community setting or location for the intervention.
4. **Activities:** For each Required Strategy write the required Activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives.
5. **Person and Agency Responsible:** Identify the person and agency responsible for completing the activities.
6. **Timeline – Start and end date:** Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. **Do not list the entire project year as the start and end dates**; consider the length of time each implementation step will take to accomplish and note those dates here.
7. **Priority Population:** List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve objectives.
8. **Status:** Please select an option that most accurately describes the current status of the project being proposed.
9. **Steps Proposed:** Please list out any additional steps needed to achieve each activity.
10. **Evaluation Measures for Success:** Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins.

**Complete the work plan template and save in one file and name “agency name\_Annual Work Plan\_2023”. Please attach the Excel file in GMIS 2.0.**

2019-2023 Injury Prevention Program						
ANNUAL WORK PLAN 2022-2023						
County/Countries:					Agency:	
Grant#:					Contact Name:	
Project Title:						
SECTION I - ANNUAL WORK PLAN (2022 - 2023)						
<p>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. <b><u>Please enter each selected required objective and the activities you plan to implement for each step.</u></b></p>						
Local Community Coalition						
Long Term Objective:						
Required Objective	<p><b>SELECT ONE:</b></p> <p><b>Objective 1A:</b> Conduct an evaluation to identify member information and involvement; coalition structure, function, and communication; membership; sustainability; and coalition challenges, strengths and aspirations</p> <p><b>Objective 1B:</b> Submit documentation of implemented coalition changes identified by the coalition evaluation results from the previous grant year.</p> <p><b>Objective 1C:</b> Implement an Ohio Overdose Awareness Day activity in collaboration with community partners.</p>					
Community or Location:						
Activity	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 have been successful?)
		Start	End			

<b>State Coalition Involvement</b>						
<b>Long Term Objective:</b>						
<b>Required Objective</b>	<b>Objective 2A:</b> Participate in four state coalition meetings (OIPP/Ohio OPN) as evidenced by regular attendance at meetings					
	<b>Objective 2B:</b> Actively participate in an Ohio Overdose Prevention Network (Ohio OPN) Subcommittee as evidenced by documentation of contributions to furthering statewide strategies					
	<b>(Optional) Objective 2C:</b> Serve as a leader in Ohio OPN Subcommittee as evidenced by documentation of subcommittee meetings					
<b>Community or Location:</b>						
<b>Activity</b>	<b>Person and Agency Responsible</b>  (list all partners)	<b>Timeline (Month/Year)</b>		<b>Priority Population(s)</b>  Specify	<b>Steps Proposed</b>  (Describe the significant activities/steps proposed for each process objective)	<b>Evaluation Measure</b> (How do you know you have been successful?)
		<b>Start</b>	<b>End</b>			
<b>Strategic Plan Alignment</b>						
<b>Long Term Objective:</b>						
<b>Required Objective</b>	<b>Objective 3A:</b> Submit an updated strategic plan identifying alignment of state and local strategies. Submit recommendations for additions and/or revisions to the state strategic plan.					
<b>Community or Location:</b>						

Activity	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 have been successful?)
		Start	End			

### Maintain an Overdose Fatality Review Committee

Long Term Objective:	
Required Objective	<b>Objective 4A:</b> Maintain an Overdose Fatality Review committee to identify specific circumstances to inform prevention activities and share findings/reports with ODH and coalition annually.
Community or Location	

Activity	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			

### Maintain a Local Immediate Community Response Plan

Long Term Objective:	
Required Objective	<b>Objective 5A:</b> Maintain an Immediate Community Response Plan.



Community or Location						
Activity	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			
Implement Awareness Campaign(s)						
Long Term Objective:						
Required Objective		<b>Objective 6A:</b> Utilizing developed social marketing messaging, identify and implement an awareness campaign that is identified as a need in the county.				
Community or Location						
Activity	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			
Complete a Comprehensive Evaluation						
Long Term Objective:						
Required Objective		<b>Objective 7A:</b> Complete a comprehensive evaluation of the impact of the drug overdose prevention grant.				

Community or Location						
Activity	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			

**Optional: Enhance a Previously Developed Comprehensive, Sustainable System**

**Data to Inform Activities**

Long Term Objective:	
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Required Objective:	Insert the selected required objectives here.
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Community or Location:	
------------------------	--

Activity	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			

**Programmatic and Partnership Activities**

Long Term Objective:	
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<b>Required Objective:</b>	Insert the selected required objectives here. Please choose enough to create a comprehensive system.					
<b>Community or Location:</b>						
Activity	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			
<b>Sustainability</b>						
<b>Long Term Objective:</b>						
<b>Required Objective:</b>	Insert the selected required objective here.					
<b>Community or Location:</b>						
Activity	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			
<b>Optional: Enhance a Previous or Develop a New Comprehensive, Sustainable System Data to Inform Activities</b>						

Long Term Objective:						
Required Objective:	Insert the selected required objectives here.					
Community or Location:						
Activity	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			
Programmatic and Partnership Activities						
Long Term Objective:						
Required Objective:	Insert the selected required objectives here. Please choose enough to create a comprehensive system.					
Community or Location:						
Activity	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			
Sustainability						

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

### Optional: Shared Risk and Protective Factors

<b>Long Term Objective:</b>						
<b>Required Objective:</b>	<b>Objective 10A:</b> Develop and implement a plan for accessing and incorporating shared risk and protective factors (SRPF) in the next CHA and CHIP.					
<b>Community or Location:</b>						
Activity	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			

**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

Each agency previously funded to implement the Find Help Now Demonstration Project is eligible for up to \$40,000 to expand the use of the near real-time treatment finder, OpenBeds, within their counties. Applicants will collaborate with their local mental health boards to onboard facilities to OpenBeds and promote the use of the system. Subrecipients will also evaluate the implementation of the OpenBeds platform.

- A letter of support from the local mental health board is required as a part of the application to be considered for supplemental funding.
- It is a requirement to work with Bamboo Health, team of the OpenBeds platform, on this project. If the time period for the subrecipient's MOU has ended, a new MOU with Bamboo Health will need to be put in place.

### Collaboration with Implementation Partners

The subrecipient will maintain current community partnerships and establish new partnerships for the implementation of the OpenBeds platform. Subrecipients will demonstrate a collaborative partnership with additional implementation partners beyond the current counties served. Collaboration with the local mental health boards will be documented via meeting minutes.

### Recruit Substance Use Disorder Treatment Facilities

The subrecipient will recruit additional substance use disorder treatment facilities to use the OpenBeds platform. A recruitment plan will be developed, and documentation of additional facilities onboarded will be documented and submitted via GMIS.

### Promotion of OpenBeds

The subrecipient will promote the use of the OpenBeds platform to community partners. An outreach plan will be developed, and documentation of outreach will be submitted via GMIS. Subrecipients should identify which outreach methods were most effective.

### Final Report of OpenBeds Implementation

The subrecipient will assess the implementation of the OpenBeds demonstration project in their region. Subrecipients will develop an evaluation plan inclusive of key metrics and will submit a final report of the project via GMIS.

<b>Required Objective:</b> <i>By August 31, 2023, XYZ Agency will collaborate with XYZ mental health board to expand the use of OpenBeds in X counties.</i>		
<b>Real-time Treatment Finder</b>	<b>Required Strategies</b>	<b>Activities</b>
	<b>Collaboration with Implementation Partners</b>	<ul style="list-style-type: none"> <li>- Maintain current community partnerships and establish new partnerships for the implementation of OpenBeds</li> <li>- Develop a participation agreement with the mental health board</li> </ul>
	<b>Recruit Substance Use Disorder Treatment Facilities</b>	<ul style="list-style-type: none"> <li>- Develop a recruitment plan</li> <li>- Recruit SUD treatment facilities</li> <li>- Submit documentation of SUD treatment facilities onboarded to the OpenBeds platform</li> </ul>
	<b>Promotion of OpenBeds</b>	<ul style="list-style-type: none"> <li>- Develop an outreach plan</li> <li>- Implement outreach strategies</li> <li>- Monitor outreach strategies and document which are the most successful</li> </ul>

		- Submit documentation of outreach
	<b>Final Report of OpenBeds Implementation</b>	- Develop evaluation plan - Report on key metrics - Submit final report

## APPENDIX I

### 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:

**Methodology Work Plan** – Use the work plan format in **Appendix I**. 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 F** for guidance.

- **Other Direct Costs** -please use scenario 3 in Budget Justification example.

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

1. **Supplemental Work Plan:** named "*agency name\_supplemental work plan\_2023*"
2. **Budget Justification:** named "*agency name\_supplemental budget justification\_2023*"
3. **Letter(s) of Support:** named "*agency name\_supplemental LOS\_2023*"

2023 Drug Overdose Prevention, Supplemental Funding							
SUPPLEMENTAL WORK PLAN 2023							
County/Countries:				Agency:			
Grant#:				Contact Name:			
Project Title:							
SECTION I – SUPPLEMENTAL WORK PLAN (2023)							
<p>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. <b><u>Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.</u></b></p>							
Collaboration with Implementation Partners							
Long Term Objective:							
Program Impact Objective:	<b>Objective 11A:</b> Collaborate with implementation partners.						
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	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
<i>Underline/bold applicable</i>							

Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s)  Specify	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			

### Recruit Substance Use Disorder Treatment Facilities

Long Term Objective:							
Program Impact Objective:	<b>Objective 12A:</b> Recruit SUD Treatment Facilities.						
Impact Evaluation Indicator:							
Community or Location:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
<i>Underline/bold applicable</i>							
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s)  Specify	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				

<b>Promote OpenBeds Platform</b>							
Long Term Objective:							
Program Impact Objective:	<b>Objective 13A:</b> Create and implement an awareness plan to promote OpenBeds platform.						
Impact Evaluation Indicator:							
Community or Location:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
<i>Underline/bold applicable</i>							
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year)		Priority Population(s) Specify	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				
<b>Final Report</b>							
Long Term Objective:							
Program Impact Objective:	<b>Objective 14A:</b> Develop a final report.						

Impact Evaluation Indicator:							
Community or Location:							
Revised from Year 1 Workplan: Yes or No		If yes, provide brief explanation:					
Grantee Role(s) in Objective	Lead Agency	Coordinating Body	Staff Support	Data Support	Technical Assistance	Funding	Partner
<i>Underline/bold applicable</i>							
Process Objective (Write objective)	Person and Agency Responsible (list all partners)	Timeline (Month/Year) Start      End		Priority Population(s) Specify	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)		Evaluation Measure (How do you know you are successful?)