

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF MEDICAL DIRECTOR
BUREAU OF HEALTH
IMPROVEMENT AND WELLNESS

Regional Prevention and Linkage to Care Collaborative (RL24)
SOLICITATION FOR FISCAL YEAR 2023 (01/01/2024 – 08/31/2024)

Local Public Applicant Agencies

COMPETITIVE GRANT APPLICATION INFORMATION
100% Base Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by September 1, 2023 so access to the application via the Internet website “ODH Application Gateway” can be established. A bidder’s call for interested applicants will be held on September 18 at 1pm via Teams.

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

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Passcode: vEhjdk

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Phone Conference ID: 146 907 695#

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NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients’ future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about->

[us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual](https://www.gmis.org/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual)

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

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

B. Application Name: Regional Prevention and Linkages to Care Collaborative (RL)

C. Purpose:

On average, 14 Ohioans die from an unintentional drug overdose every day, and nearly 12 of those deaths involve an opioid. 2021 was the highest year for unintentional drug overdose deaths in Ohio, with 5,174 deaths and a rate of 46.8 deaths per 100,000 population. Ohio overdose deaths have followed the national pattern with the initial rise in deaths involving prescription opioids followed by the rise in deaths involving heroin and now the rise in deaths involving synthetic opioids like fentanyl. Illicit fentanyl continues to be the driving force behind Ohio overdose deaths, contributing to 80% of unintentional drug overdose deaths in 2021. In 2019, the unintentional drug overdose death rate for Ohio's Black non-Hispanic population surpassed the rate for the white non-Hispanic population. From 2020 to 2021, the gap continued to widen as the death rate for the Black non-Hispanic population increased 16% to 64.0 deaths per 100,000 compared with a less than 1% increase among the white non-Hispanic population (46.9 deaths per 100,000). Since 2017, the unintentional drug overdose death rate among the Black non-Hispanic population and the Hispanic population increased 55% and 35%, respectively. In comparison, the overdose death rate among the white non-Hispanic population decreased 1%. To prevent further morbidity and mortality related to substance use disorders, a multi-factored approach is required. Critical strategies include increasing access and linkages to evidence-based treatment and services; and implementing harm reduction strategies to reduce the risk of overdose and other associated dangers.

The purpose of this funding is to establish a regional drug overdose prevention collaborative to support and sustain overdose prevention efforts across the state of Ohio. Five regional prevention leads will be tasked with assessing the current state of overdose prevention within their counties, developing supportive infrastructures for local health departments in their regions, and collaborating with other regions and the state to ensure the alignment of strategies and fill gaps in services for people with substance use disorders. The goal of each regional lead is to support local communities in building the foundation for long term, effective drug overdose prevention interventions guided by data-identified needs within their community. Regional Prevention Leads (RPLs) will support the local implementation of navigator-based linkages to care in clinical, harm reduction, and community settings; bolster harm reduction efforts, specifically among rural and minority populations; develop outreach programs and partnerships with public safety; and collaborate with the state to assess needs and gaps in service across the prevention continuum for PWUD and those with SUD. Additionally, this program is intended to integrate the use of data to inform implementation strategies and build in sustainability planning from the outset of the project. An optional supplemental funding opportunity is being offered to expand harm reduction services.

ODH will fund one agency in each of the designated regions to employ one regional prevention lead. The prevention lead must be one full-time (no less than 37.5 hours per week) employee of the agency who will be tasked with carrying

out the objectives of the program. There are additional staffing requirements within the optional supplemental funding opportunity, see guidance below.

The designated regions will align with the Project DAWN program, as seen below:



This program encompasses the key strategies for prevention components 4-6 of the Overdose Data to Action In States grant and has a strong emphasis on the following sectors: health care system and clinician supports (those not covered through ODH EDCC program); harm reduction programs, community-based organizations and public safety settings.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency, please see Appendix D for additional eligibility and priority areas. Applicant agencies must name a primary grant coordinator for the project and guarantee that 100% of their workload will be dedicated to the grant. Counties directly funded under the Centers for Disease Control and Prevention (CDC) Overdose Data to Action CDC-RFA-CE23-2003 are not eligible for these funds. If an NOA from CDC is directly issued to an Ohio county, any ODH NOA previously issued will be considered null and void. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B).

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.

2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Wednesday, October 4, 2023.**

E. Service Area: *ODH will fund one agency per region (see chart in section C) to designate a full-time regional prevention lead to serve every county in the region and collaborate with the state to carry out programmatic efforts.*

F. Number of Grants and Funds Available: *This program is funded through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action funding, CDC-RFA-CE23-2302. 5 local health departments will be funded with up to \$1,750,000 million available with a maximum of \$350,000 available. Optional supplemental funding is being offered for the five funded applicant agencies through Bureau of Justice Assistance (BJA), Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant with a maximum award of \$485,400 available. Supplemental funding will not be awarded if agency isn't selected for base funding.*

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

G. Due Date: All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS by **4:00 PM on Wednesday, October 4, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman at sara.morman@odh.ohio.gov with any questions.

H. Authorization: Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 39.788*.

I. Goals: *By September 1, 2029, this program will reduce morbidity and mortality related to substance use disorders by supporting a five-region drug overdose prevention collaborative that will support and sustain overdose prevention efforts across the state of Ohio.*

J. Program Period and Budget Period: The program period will begin 1/1/2024 and end on 8/31/2028. The budget period for this application is 1/1/2024 through 8/31/2024.

K. Public Health Accreditation Board (PHAB) Standard(s): This grant will address the following PHAB Standards:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health
- **Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and

Evidence-Based Practices with Appropriate Audiences.

The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf

L. Public Health Impact Statement: All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. *Public Health Impact Statement Summary* — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* — Include with the grant application a statement of support from three local health districts in your region, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application.
3. *Evidence of Health Equity Strategies*

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 morbidity and mortality associated with substance use disorders. 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. Consider using the Ohio Health Improvement Zones Dashboard to determine

or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome an emergency like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>

- 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. Consider using the Community Wellbeing: Social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programming can most benefit specific communities.
<https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>
- 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](#).
<https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf>
- 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, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, 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.

M. Human Trafficking: The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population:
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Drug Overdose Prevention

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sara Morman at sara.morman@odh.ohio.gov.

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

Q. Late Applications: GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Wednesday, October 4, 2023 at 4:00 p.m.**

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

R. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

S. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

T. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased, Inclusive and Equitable (S.M.A.R.T.I.E.) objectives, activities, milestones and outcomes with respect to timelines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. through M. of this Solicitation. *See grant application criteria scoresheet (Appendix D).*

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right

to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

U. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

V. Ownership Copyright: Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

"This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Health Improvement and Wellness, Violence and Injury Prevention Section and as a sub-award of a grant issued the Centers for Disease Control and Prevention under the Overdose Data to Action grant, grant award number [TBD upon funding from the Centers for Disease Control and Prevention]."

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates (see table below). Reports and supporting documents should be approved ahead of time by program consultant and uploaded to GMIS by the final day of the reporting period. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and number.

☒ Program Reports Required ☐ No Program Reports Required

Period	Program Report Due Date
January 1- March 31, 2024	April 5, 2024
April 1, 2024 – June 30, 2024	July 5, 2024
July 1 – August 31, 2024	September 5, 2024

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement

(expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports must be completed and submitted via GMIS by the following dates:

Period	Report Due Date
<i>January 1 – 31, 2024</i>	<i>February 10, 2024</i>
<i>February 1 – 29, 2024</i>	<i>March 10, 2024</i>
<i>March 1 – 31, 2024</i>	<i>April 10, 2024</i>
<i>April 1 – 30, 2024</i>	<i>May 10, 2024</i>
<i>May 1 – 31, 2024</i>	<i>June 10, 2024</i>
<i>June 1 – 30, 2024</i>	<i>July 10, 2024</i>
<i>July 1 – 31, 2024</i>	<i>August 10, 2024</i>
<i>August 1 – 31, 2024</i>	<i>September 10, 2024</i>

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

Period	Report Due Date
<i>January 1- March 31, 2024</i>	<i>April 10, 2024</i>
<i>April 1, 2024 – June 30, 2024</i>	<i>July 10, 2024</i>
<i>July 1 – August 31, 2024</i>	<i>September 10, 2024</i>

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before October 5, 2024. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30 day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Y. 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. Medications for HIV, HBV, TB, STD/STI, and psychotropic drugs;
17. Residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and service provision;
18. Purchase, provide, or prescribe marijuana or use of medical marijuana for treatment;
19. Overtime compensation;
20. Recruitment costs/job marketing;
21. Severance pay;
22. Sign-on bonus;
23. Taxes¹;
24. Tuition reimbursement/student loan repayment;
25. Airfare;
26. Costs for staff to attend a conference;
27. Lodging²;
28. Meal per diem³;
29. Trailers and modular units;
30. Fentanyl Test Strips;
31. Syringes and needles;
32. Promotional Items (including but not limited to clothing, bracelets, commemorative items, pens, bottles/mugs/cups, folders/folios, lanyards, conference bags, stress balls, magnets);
33. Construction/repair costs, capital expenditures;
34. Clothing for staff;
35. Food or food vouchers for staff and participants, including coffee and coffee supplies;
36. Cash payments/gift cards⁴;
37. Hazardous waste disposal;
38. Legal Services;
39. Invention, patent, or licensing costs;
40. Non-Treatment related event costs (tents, banners, sponsorships, etc.);
41. Office decorations;
42. Payment of any lease beyond the project period;
43. Provide financial assistance to any organization other than public or not for profit 501(C)(3);

¹ Such costs include taxes that an organization is required to pay as they relate to employment, services, travel, rental, or purchasing for a project. Recipients must avail themselves of any tax exemptions for which activities supported by Federal funds may qualify. State sales and use taxes for materials and equipment are allowable only when the State does not Grant a refund or exemption on such taxes.

² Overnight lodging may be reimbursed only when staff is traveling on official business and is either: (a) At a location greater than forty-five miles of both the staff residence and headquarters, or (b) At a location greater than thirty miles of both the staff's residence and headquarters for conference purposes.

³ Reimbursement for meals is authorized only when overnight lodging is required. Provide a breakdown of the meal costs. Maximum rates for lodging and per diems for meals and incidentals are set by location. These rates are available at www.gsa.gov/perdiem.

⁴ Bus Passes for Participants/Small Denomination Gas or Taxi Fare Gift Cards (\$10-\$15) are allowed.

44. Stipends/ Scholarships

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.

Z. Audit: Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 20 pages (**excludes** appendices, attachments, budget, and budget narrative).
- Use a 12 point font.

- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &
Submit Via
Internet**

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

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

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

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

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

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 11 of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.]
- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
 - 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 1/1/2024- 8/31/2024
- The applicant shall retain all original fully executed contracts on file.
- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary:** *Write the executive summary as your last step. The executive summary may be used by ODH-staff upon request to inform stakeholders about Regional Prevention and Linkage to Care Collaborative activities. Under the heading (in bold) Executive Summary, this response should be the first 1 – 2 pages of a document titled "Project Narrative" uploaded in the "Project Narrative" section in your GMIS application.*
 - a.** *Identify the lead agency and region agency will serve.*
 - b.** *Identify the staff who will be designated the Regional Prevention Lead or include the job description to be used*

in the hiring process.

- c. Discuss the demographics of the region to be served and how this project will address health*

disparities/inequities.

- d. *Describe how the agency will address the project goals and objectives.*
- e. *State total funds requested and summarize how those funds will be used.*

2. Description of Applicant Agency/Documentation of Eligibility/ Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Please state the level of Ohio OPN participation to be expected (standard membership or leadership). If seeking additional funding for a leadership role, the leadership application (see appendix ##) should be included as an attachment with the application.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.
- ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>

- 3. Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g. population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for drug overdose and substance use disorders or who are at an increased risk for drug overdose and substance use disorders.

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

Describe how each element of your program will engage target populations in the community and how success will be measured. Consider available mediums, resources, and quantitative values to evaluate outreach. Describe how community feedback will be obtained and utilized.

Methodology: In narrative form, identify the program goals, **SMARTIE** process, impact, or outcome/objectives and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

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

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

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

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narratives" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before October 3, 2023.**

III APPENDICES

- A. Notice of Intent to Apply For Funding
- B. GMIS Access Request Form
- C.
 - C1. Deliverable – Objective Descriptions
- D. Application Review Form
- E. Application Instructions
- F. Application Program Guidance
- G. Workplan Instructions and Template
- H. Budget Justification Example
- I. Assessment Sample

Appendix A

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of
Bureau of Health Improvement and
Wellness

ODH Program Title:
Violence and Injury Prevention Section

Submission Required

See due date below.

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

Reimbursement

Type

Select one of the
options below:

☐ Monthly

OR

☐ Quarterly

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

☐

County Agency

☐

Hospital

☐

Local Schools

☐

City Agency

☐

Higher Education

☐

Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name) _____

Agency Head (Signature) _____

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. **THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Sara Morman at Sara.morman@odh.ohio.gov BY September 1, 2023.**

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

considered late will not be accepted.

Appendix B

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

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site:* <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

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

Agency Name & Address: _____

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

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

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to: Maria Kapenda, Grants System Officer

Mail: ODH/OFA, 246 N. High St., 5th Floor, Columbus, Ohio 43215 Or

Scan & Email: maria.kapenda@odh.ohio.gov

Appendix C1

Name of Subgrant Program: Regional Prevention and Linkages to Care

Budget Period: 1/1/2024- 8/31/2024

X Base Funding Only

Objective 1: As of January 1, 2024, applicant agency will employ one full-time (no fewer than 37.5 hours per week) regional prevention lead to serve as the primary program coordinator.

- Agencies should cross-train staff and develop a standard operating guide for succession planning in the event of turnover.

Objective 2: As of September 1, 2024, regional prevention leads will attend all meetings with ODH to coordinate statewide initiatives, discuss assessment development and implementation, and establish regional goals.

- Subgrantees are expected to attend quarterly in-person or virtual meetings with ODH staff, and may, throughout the course of the year, be expected to present on their program.

Objective 3: As of September 1, 2024, regional prevention leads will identify key leaders of and develop relationships with local drug overdose prevention, harm reduction, and community-based organizations across their region.

- Subgrantees should develop relationships with relevant personnel and leadership through technical assistance, assessment, and support to counties in their region as needed.
- Applications should include Letters of Support from at least three health departments located in the applicant's region.

Objective 4: As of September 1, 2024, the regional prevention leads will identify key leaders and programs to build relationships with local law enforcement and public safety agencies to develop and support implementation of interventions at the intersection of public health and public safety.

- Responsibilities will include identifying and facilitating connections with public safety and assessing regional capacity on jails, drug courts, EMS leave-behind, QRTs, etc. with the goal of increasing public safety involvement in drug overdose prevention efforts and increasing the provision of naloxone in public safety settings.
- Serve as contact for Ohio Department of Public Safety "Operation BRIDGE" within region.

Objective 5: As of September 1, 2024, the regional prevention leads will conduct an assessment of drug overdose prevention efforts across Ohio centered on needs, gaps in service, opportunities for further development and navigator placement in healthcare, harm reduction, public safety, and community-based organizations.

- Subgrantees will collaborate with ODH to develop a detailed assessment tool, operationalize it to collect data, and analyze and utilize findings to inform the implementation of strategies and programming.
- Subgrantees will collaborate with ODH to identify the feasibility of proposed performance measures and will determine plans for developing data sharing agreements with partners to facilitate data collection and reporting in year 2.

Objective 6: As of September 1, 2024, the regional prevention leads will serve as the chair for a designated subcommittee for the Ohio Overdose Prevention Network (OPN). If elected, one prevention lead may serve as OPN Chair (see guidance for responsibilities).

Objective 7: As of September 1, 2024, regional prevention leads will oversee linkage navigator placements in their region, specifically in harm reduction, clinical (FQHC's, free clinics, and other settings not included under the EDCC grant), community-based organizations (homeless shelters, food pantries, churches, etc.), and optionally public safety settings. Responsibilities will include:

- Utilizing results from needs assessment conducted as mentioned above, find gaps in referral systems for those in need of harm reduction and treatment.
- Identify local pathways programs and health departments who express willingness to hire and place linkage navigators in agencies.
- Coordinate with ODH and other Regional Leads to develop a strategic navigator placement plan for years 2-5.

Site Visits

The Ohio Department of Health has resumed conducting in-person site visits. Subrecipients must complete one site visit per year. During the site visit, an ODH Grant Consultant will visit a program site, meet key staff members, and observe the program in action. Site visits must be scheduled with your Grant Consultant before the end of Quarter 2.

SUPPLEMENTAL Funding- Optional

Harm Reduction Expansion Project

Supplemental Funding Opportunity – Harm Reduction Expansion

Base Funding: \$485,400 Per Project Year

Timeframe: Year 1 – 1/1/2024 – 8/31/2024 & Year 2 – 9/1/2024 – 8/31/2025

Objective A) By February 1, 2024, applicant agency will designate a Harm Reduction expansion project lead.

- Funding can be utilized to hire a project lead to support implementation of these objectives and uptake of harm reduction strategies across the region.

Objective B) Monthly throughout the project period - designated project leads will attend all meetings with ODH and the designated evaluation contractor to develop mandatory project deliverables, implementation manuals, logic models, data collection tools, and sustainability strategies.

- Applicants are expected to provide input into all required materials listed above and work collaboratively across implementation sites to share best practices and lessons learned.

Objective C) By August 31, 2024, expand evidence-based harm reduction activities to Black, Hispanic and rural populations.

- Applicant agencies are expected to identify and contract with minority-led organizations that are serving minorities within their communities to develop and implement outreach strategies.
- Innovative strategies to expand services to rural populations are encouraged.

Objective D) By August 31, 2024, improve access to medication-assisted treatment (MAT) within existing SSPs.

- Applicant agencies should identify up to two counties with Board of Health approved SSPs and make connections with local providers to offer low-barrier MAT.

Objective E) By August 31, 2024, provide harm services to those leaving local or regional jails.

- Applicant agencies should identify local corrections officials and facilities with an interest in increasing access to harm reduction services.
- Automated dispensing machines for naloxone and fentanyl test strips are an allowable cost and encouraged strategy for this objective.

Appendix D – Application Review Form

Regional Drug Overdose Prevention and Linkage to Care Collaborative (RL 24-28) Scoring and Evaluation

Applicant Information	
Agency Name:	Total Funding Requested:

Application Components			
Program Narrative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Workplan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Budget Justification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Letter(s) of Support (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
OPN Leadership Application (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section	Maximum Points	Score
Executive Summary	15	
Description of Applicant	20	
Problem/Need	30	
Methodology	35	
Workplan	20	
Budget Justification	15	
TOTAL	135	

Scoring Scale	
0	Not Provided
1	Very Poor
2	Poor
3	Acceptable
4	Good
5	Very Good

Applicant must score at least 95 points (70%) to meet threshold for funding consideration.

Funding Recommendation: <input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended*
Strengths:
Weaknesses:
Special Conditions:

*The following criteria constitute grounds for disapproval of applications: 1. Incompleteness of grant proposal or inconsistency with VIPS Drug Overdose Prevention goals and/or the purpose of the RL24 Solicitation; 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RL24 review criteria; 3. Fraudulent presentation; or 4. Determination that grant funds are to be used as substitute for an existing project's current resources.

<u>Reviewer Signature</u>	<u>Date</u>
---------------------------	-------------

Executive Summary	Score						Notes
Describes the public health problem(s) (problem/need) that the program will address.	0	1	2	3	4	5	
Burden of health disparities and health equity are described along with appropriate target population(s) clearly identified.	0	1	2	3	4	5	
Identifies services to be offered by program, the need for those services, and, if applicable, what partner agency or agencies will provide those services	0	1	2	3	4	5	
Total Score =							
Description of Applicant /Eligibility/Personnel	Score						Notes
Describes agency experience with violence and injury prevention and/ or drug overdose prevention grant management.	0	1	2	3	4	5	
Designated prevention lead has been chosen or the job description adequately describes expectations.	0	1	2	3	4	5	
Designated prevention lead is equipped to lead a subcommittee in OPN, or the job description adequately describes expectations.	0	1	2	3	4	5	
Agency personnel are equipped to administer grant program.	0	1	2	3	4	5	
Agency has a history of success with ODH DOP grant programs.	0	1	2	3	4	5	
Total Score =							
Problem/Need	Score						Comments
Describes the local health status concern(s) that will be addressed by the project with measurable indicators.	0	1	2	3	4	5	
Identifies and describes segments of the local target population who experience a disproportionate burden for the health concern, or those who are at increased risk.	0	1	2	3	4	5	
Provides clear description of program and explains how it will meet the needs of those within the identified local target population.	0	1	2	3	4	5	
Identifies partnerships to reach target populations and those who can provide valuable insight, new perspective, and more effective ways to achieve program goals.	0	1	2	3	4	5	
Describes how feedback will be obtained	0	1	2	3	4	5	

and used from community.							
Letters of Support have been acquired from at least three county/local health departments in the applicant's region.	0	1	2	3	4	5	
Total Score =							
Methodology	Score						Notes
Goals identified in SMART-IE format.	0	1	2	3	4	5	
Includes all foundational objectives as goals.	0	1	2	3	4	5	
Identified goals are specific and reasonable and in alignment with proposed project(s). Explains why selected goals are important for the project.	0	1	2	3	4	5	
Identifies and describes measures to be utilized to determine if goals are met.	0	1	2	3	4	5	
Goals contain realistic deadlines.	0	1	2	3	4	5	
Clearly identifies existing resources, partnerships, barriers, and facilitators that may impact the project.	0	1	2	3	4	5	
Describes how activities will address identified health equity inequities.	0	1	2	3	4	5	
Total Score =							
Project Workplan	Score						Notes
Goals are the same as described in the Methodology section and are in SMART-IE format.	0	1	2	3	4	5	
Key objectives, activities, and steps are clearly defined and described; are relative to proposed goals; and provide adequate insight into how goals will be met.	0	1	2	3	4	5	
Metrics are clearly defined and measurable.	0	1	2	3	4	5	
Timelines are reasonable and specific to aspects of the project and not grant due dates.	0	1	2	3	4	5	
Total Score =							
Budget Justification	Score						Notes
Budget is in alignment with objectives described in Narrative with correct unit of cost assigned to each objective.	0	1	2	3	4	5	
Total does not exceed the maximum allowable award for program size.	0	1	2	3	4	5	
Budget in GMIS matches budget justification provided.	0	1	2	3	4	5	
Total Score =							

Appendix E: Application Program Guidance

Application guidance: Please see the provided Application Review Form in Appendix D for a summary of all application sections and their components. Strong applications will demonstrate capacity for maintaining a full-time regional prevention lead staff member with knowledge of drug overdose prevention, a supportive network within the given region, understanding of SUD service and linkage infrastructure within their region, and record of effective data-supported programming that addresses social determinants of health for priority populations.

Human capital and succession planning

Strong applicants will specify agency staff prepared to assume the role of Regional Prevention Lead or demonstrate a concrete understanding of the expectations of the position through a detailed job description to be used in hiring. Budget narrative should demonstrate that allocated salary funds will be sufficient to attract qualified applicants for the position. Additionally, staff working on related projects should be cross-trained should turnover occur. By the end of year 1, it is expected that the host agency will have a standard operating guide in place that encapsulates the workplan for the regional prevention lead, key contacts, summaries of services by county, and plans for years 2-5.

Regional Prevention Network Building

Regional prevention leads will be required to build relationships with a diverse set of programs offering SUD services across the continuum of care, including county and regional health departments/district staff, public safety agencies, harm reduction programs, and community-based organizations. Since collaboration with local health departments (LHDs) is critical, applicants must include letters of support from at least three LHDs. Letters should include a description of the overdose prevention and related efforts being conducted by the agency, as well as a demonstration of intent to collaborate with the regional lead agency. Strong applicants will include letters of support from additional partners, but this is not required.

Public Health/ Public Safety Partnerships

Local law enforcement and public safety partners play a critical role in the development and support of implementation efforts in drug overdose prevention, including increasing the provision of naloxone in public safety settings. Therefore, the integration of work between public health and public safety can be mutually beneficial and result in a positive impact on drug overdose within communities.

Regional prevention leads will assess opportunities to build relationships with local law enforcement and public safety organizations to understand the existing and potential implementation of evidence-based programming. Through this assessment, subrecipients will gauge the capacity and interest in public safety settings to implement naloxone provision. At least one public safety agency will be identified in each of the five regions. Naloxone provision may not be the only services these regions are ready to provide in this space, so leads may also explore linkage programs to connect people to case management, recovery and treatment services, family supports, naloxone, and wraparound services.

Potential public safety partnerships include but are not limited to: local law enforcement, corrections, fire, jails, drug courts, EMS leave behind, and Quick Response Teams. These partnerships can assist in identifying and addressing overdose risks, standardize overdose prevention programs, and promote community collaboration.

Regional Leads will also be expected to collaborate with the Ohio Department of Public Safety on the Operation BRIDGE program. Operation BRIDGE (Bridging Recovery & Interdiction Data Gathering Enforcement) combines the resources of law

enforcement and substance use treatment in a coordinated effort. BRIDGE operates on the premise that an imminent interruption in drug supply is likely to precipitate dangerous drug-seeking behavior from those with substance use disorder. The program focuses on the reduction of supply and demand simultaneously, prioritizing treatment for those who qualify.

Emphasis on Health Equity

Applicants should consider partnering with agencies that provide services to one or more of the Ohio Health Improvement Zones (OHIZ) in the state. OHIZ refer to any community with a US Centers for Disease Control, Agency for Toxic Substance and Disease Registry (CDC/ADSTR) Social Vulnerability Index (SVI) Score of .75 or higher. The SVI measures the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster.

The SVI uses the most current data available from the US Census Bureau American Community Survey 5-year estimates (2014-2018) to assign each census tract in the nation a score ranging from 0 – 1, detailing areas of high and areas of low SVI. The SVI is comprised of 15 indicators grouped into 4 themes: socioeconomic status, household composition and disability, minority and language, and housing and transportation. Census tracts with scores of .75 and greater are designated as Ohio’s Health Improvement Zones. For more information on Ohio’s Health Improvement Zones visit: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

Assessment

Year 1 will be centered on establishing an understanding of the current landscape of drug overdose prevention efforts and SUD services across Ohio. Regional prevention leads will assist in the development of a detailed assessment tool, operationalize it to collect data, and analyze and utilize findings to inform the implementation of regional prevention strategies in subsequent grant years.

Regional prevention leads will collaborate with ODH to develop and operationalize a detailed assessment tool. The goals of the regional assessment tool are as follows:

- Identify priority social determinants of health for those at risk of overdose in the region.
- Identify key interventions and services needed in the region, including overdose education/awareness, naloxone and fentanyl test strip distribution, and linkage to evidence-based SUD treatment.
- Identify settings in which services may be offered within the categories of healthcare, public safety, harm reduction programs, and community-based organizations.
- Establish an understanding of the distribution of linkage navigator services within the region.
- Determine gaps in services regionally, geographically, and by service type.
- Develop an understanding of the key health disparities and inequities impacting those in the region.

Refer to **Appendix I** for a list of sample organizations and elements that will assist in the development of the detailed assessment tool.

Narrative Guidance: Applicants should include an assessment section in their project narrative that demonstrates an understanding of the issue of overdose across their identified region. Elements of the assessment section should include:

- Methods for data collection currently in use that are relevant to the issue,
- Key health disparities that contribute to overdose numbers and populations with the highest rate of overdose in the region,
- Current services and efforts known within the region, and
- A plan for establishing data sharing agreements with local overdose prevention programs.

Regional prevention leads will be required to report on performance measures identified by CDC and ODH for specific activities and strategies beginning in year 2 of the grant. Regional prevention leads will be expected to collaborate with ODH in identifying the feasibility of data collection of the proposed measures and will develop data sharing agreements with partners to facilitate data collection and reporting in year 2. Performance measures and additional information will be provided after award and may be modified as needed based on process improvement and guidelines set forth by CDC.

OPN Leadership

Being the key personnel at the intersection of local and state overdose prevention work, the regional leads will be vital to the success of the Ohio Overdose Prevention Network. Leads are expected to assume a leadership role in the Ohio OPN and attend liaison, subcommittee, leadership, and quarterly coalition meetings. Attendance will be verified via attendance roster.

Regional leads may assume the role of subcommittee chair, OPN Chair or Co-Chair, or Member at Large. Except OPN Chair, an elected position, leads will be assigned a leadership role based on background and skillset.

OPN Chair

- Provides oversight for the Ohio Overdose Prevention Network (OPN)
- Leads quarterly OPN meetings and monthly Leadership Team calls
- Recommends speakers for overdose prevention focus OIPP meeting
- Identifies priority areas for Pilot Project RFP; serves on review committee
- Recommends emergent topics and identifies potential speakers for yearly in-state training focused on OPN strategic plan initiatives
- Provides content suggestions for quarterly website and newsletter updates
- Directs member recruitment, engagement, and retention
- Reviews subcommittee meeting minutes to determine progress toward strategic goals
- Provides guidance to Subcommittee Chairs in facilitation of subcommittees and implementation of strategic plan
- Communicates effectively with members to promote collaboration, negotiation and problem solving

Co- Chair

- Assists with running the Ohio OPN meetings including quarterly in-person meetings and monthly leadership calls; assists with taking and/or distributing meeting minutes
- Assists the Chair with communication with the subcommittees
- Serves as a member of the OIPP Leadership team
- Fills in for the Chair during their absence
- Serves as Chair when there is a vacancy in the Ohio OPN Chair position
- Supports subcommittee chairs in facilitating meetings and implementation of the strategic plan

Subcommittee Chair

- Oversee implementation of goals and strategies for one of the OPN's subcommittees.
- Provide written and verbal updates on subcommittee progress to OPN chair bi-monthly.
- Facilitate subcommittee meetings; records and distributes minutes; maintains roster.
- Collaborate with Workgroup Chairs to determine responsibilities.
- Ensure subcommittee activities align with the strategic plan.
- Update the strategic plan with the input of Workgroup Chairs and subcommittee members.
- Ensure Workgroup Chairs provide written and verbal updates on their respective focus areas and/or strategies at each subcommittee meeting.

- Identify and strategize how to address gaps in the implementation of strategic plan.
- Recruit members to actively participate in subcommittee initiatives.
- Submit meeting minutes to grant consultant.

Member-At-Large

- Serves a two year term, unlimited.
- Attends quarterly OIPP/Ohio OPN Meetings.
- Maintains active membership in OIPP/ Ohio OPN.
- Leads membership recruitment and outreach efforts with OPN Coordinator.
- Assists with the planning of annual training.
- Assists with website and newsletter updates.
- Serves on Pilot Project Review Committee.

Partnerships that are generated through networking and assessment will be cultivated through engagement in OPN in order to provide value to partners and continually engage them in grant work.

Linkage Navigators and Settings

ODH is defining the terms “Linkage Navigator” and “Linkages to Care (LTC)” in alignment with the CDC’s Overdose Data to Action in States program.

Linkage Navigators: “CDC defines linkage using navigators as: 1) linkage to evidence-based treatment for substance use disorders- to include medications for opioid use disorder (MOUD) and other treatment (e.g., cognitive behavioral therapy [CBT], contingency management) and 2) linkage to harm reduction services.” CDC further explains, “Navigators can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link PWUD to care and harm reduction resources. These are individuals familiar with the local public health landscape and who work directly with individuals with OUD and/or StUD to ensure they have the tools to address barriers to seeking care and who support people accessing treatment and their retention (and reengagement if necessary) in substance use disorder (SUD) treatment and care, as well as support access to other services, such as harm reduction and social supports.”

Linkages to Care: “Linkages to care (e.g., use of navigators to link people to evidence-based treatment and promote access and link PWUD to harm reduction services) and engagement in care (e.g., peer support groups or linkages to community-based self-help groups, increasing access and retention to care through strengthened telehealth infrastructure and resources) across various settings including community, healthcare, and public safety settings.”

Beginning in year 2, Regional Prevention leads will utilize the data gathered from year 1’s assessment to select agencies with capacity and willingness to hire and supervise linkage navigators. Agency partnership agreements, data tracking tools, and other planning will be conducted early in year 2.

SUPPLEMENTAL FUNDING GUIDANCE

The Ohio Department of Health (ODH), Violence and Injury Prevention Section (VIPS) is offering this optional supplemental funding from a Bureau of Justice Assistance (BJA), Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant received by ODH. As such, applicants should prioritize area of their regions that are not receiving BJA COSSUP funding for similar strategies.

Applicant agencies can determine the structure of this project including the use of contractors or hiring of staff to implement the proposed strategies. ODH VIPS will be identifying an evaluation and research contractor to support the monitoring and evaluation of these projects and agencies are expected to fully cooperate and collaborate with the contractor and other funded agencies. Applicant agencies should prepare separate budgets and account for these funds separately from the base RL funding.

Strong applicants will demonstrate how they meet or plan to meet the following requirements in the counties being prioritized for harm reduction expansion strategies:

- The proposed counties for implementation have an operational SSP that is approved by the local Board of Health.
- Demonstration of support from the county sheriff for harm reduction services for individuals leaving local/regional jails.
- Plan for improving access to MAT services, including commitments from local treatment providers.
- The existence of a multi-disciplinary community coalition that includes representatives from underserved communities, law enforcement, treatment, and public health.
- Reasonable budget, a statement of need, and assurances that the applicant will comply with all state and federal award requirements.

Expand evidence-based harm reduction activities to Black, Hispanic, and rural populations.

To implement this activity, funded sites are required to expand existing harm reduction activities to reach Black, Hispanic and rural populations. Outreach strategies should focus on high-burden zip codes to ensure the highest-risk underserved populations are being reached. Key messaging will include awareness of fentanyl in Ohio's drug supply and provision of harm reduction supplies including the overdose reversal drug naloxone, fentanyl test strips, and other infectious disease reducing materials as permitted by local authorities. Potential outreach sites include barbershops/salons, churches, colleges, bars, shelters, homeless encampments, and other locations to be determined. Innovative strategies to reach rural populations are encouraged and will be reviewed and approved by ODH VIPS prior to beginning implementation. Additionally, these outreach activities should include linkages and referrals for MAT as well as information on how to sign up for Ohio Medicaid.

Improving access to medication-assisted treatment (MAT) within existing Syringe Service Programs.

Sites funded under this project are required to work with local providers to improve access to MAT, specifically buprenorphine, for SSP clients. Those utilizing SSPs show high readiness to reduce or stop their drug use and research shows that SSP clients enrolled in MAT can sustain retention and reductions in opioid use. The awarded applicants are required to develop and implement improved access to MAT services, including interventions such as telehealth and/or the provision of on-site services.

Providing harm services to those leaving local or regional jails.

Sites receiving subawards under this project will be required to provide evidence-based harm reduction services to those leaving local or regional jails within their proposed counties. Individuals leaving these facilities should be provided with culturally appropriate messaging that incorporates CDC's principles on health literacy regarding the awareness of fentanyl in Ohio's drug supply along with harm reduction supplies (naloxone, etc.) tailored to this population's specific needs. ODH VIPS offers the OH Against OD campaign materials to support these educational efforts. Additionally, each site will be required to examine the feasibility of the implementation of harm reduction "vending machines" as a strategy to ensure constant access to harm reduction supplies for those leaving local and regional jails. Ohio law (ORC 4729.515) permits the distribution of naloxone via an automated dispensing mechanism. Such mechanisms (commonly referred to as vending machines) allow for the distribution of naloxone 24/7. The awarded applicants are required to examine the feasibility of installing these devices at local and regional jails and will include a budget allocation to facilitate the purchase of the machines and related supplies, as allowable at the local level.

Appendix F: 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 1 Program Narrative: 20-page limit – named “Agency Name_Narrative_2024”

An outline for the Program Narrative is included below:

1. Executive Summary
 - a) Identify lead agency and key personnel.
 - b) Burden of health disparities faced by region and priority populations identified.
 - c) Brief description of program.
 - d) Total funds requested and summarize how those funds will be used Identify the lead agency.
2. Description of Applicant/ Eligibility/ Personnel
 - a) Description of agency size and annual number of clients served.
 - b) Description of agency experience with Violence and Injury Prevention and/ or drug overdose prevention grant management.
 - c) List of all employees, percentage of time, and short description of job responsibilities/duties.
 - d) Provide an update on established partnerships that you will be utilizing in the following grant year.
3. Problem/ Need
 - a) Description of local health status concern(s) that will be addressed by the project with measurable indicators.
 - b) How subrecipient will engage priority populations to inform programmatic development.
 - c) Anticipated barriers in implementing drug overdose prevention activities and strategies for overcoming these issues.
4. Methodology Narrative
 - a) Foundational and optional objectives being applied for and activity descriptions for each.
 1. Goals listed in SMARTIE format (in alignment with workplan objectives)
 2. Explanation of goals and how they are important to the overall program.
 - b) Strategic partnerships within local coalition or other projects that will be vital to success of program.
 1. Setting(s) or location(s) for your proposed activities.
 - c) How activities will address identified health equity inequities.
 - d) Evaluation measures that will be used to determine the overall success of the program.
 1. Impact measures and process/activity-level measures.
5. Sustainability Plan
 - a) How agency will sustain drug overdose prevention activities if funding is no longer

available through ODH.

- b) Additional funding or in-kind contributions may be leveraged through use of the ODH grant funds.

B. Workplan (see Appendix ##): no page limit - named *"Agency Name_ Workplan_2024"*

C. Budget Justification (see Appendix ##): no page limit – named *"Agency name_Budget Justification_2024"*

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 objectives those will be directed to.
3. Key implementation partners with proposed compensation and contracts to be initiated.

Prior to completion of the budget section, please review pages 12 – 13 of the Solicitation for unallowable costs.

D. Letters of Support – no page limit – named *"Agency Name_LOS_2024"*

Letters of support are required from at least three county/local health departments in the applicant's region, expressing support and an intent to collaborate with the regional prevention lead, if funded. Additional letters from other counties may be included to strengthen the application.

Additional recommended Letters of Support:

- Local/ state public safety agencies willing to collaborate with the applicant agency.
- Local harm reduction, clinical, or community-based organizations willing to collaborate on linkage to care projects.

Supplemental Application Instructions

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

Program Narrative/Methodology/Budget:

- **Program Narrative** – Explain agency approach to implementing objectives, describe partnerships and capacity. Address eligibility requirements.
- **Work Plan** – Use the work plan format in Appendix G
 - For both, applicant must outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline. Your workplan should have activities that occur throughout the entire grant year or up to the due date established in Appendix C1.
- **Budget Narrative** – No page limit – Named *"Agency Name_Supplemental_Budget_2024"*.
- **Letters of Support** – no page limit – named *"Agency Name_ Supplemental LOS_ 2024"*.

Appendix G: 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.

For the purposes of this application, please provide a detailed 12-month work plan for project year 1 which covers **9/1/2023 – 8/31/2024**.

1. **Long-Term Outcome Objective:** Complete at least one (1) long-term outcome objective that should remain consistent for each category. A suggested long-term outcome objective is: *By September 1, 2029, this program will reduce morbidity and mortality related to substance use disorders by supporting a five-region drug overdose prevention collaborative that will support and sustain overdose prevention efforts across the state of Ohio.*
2. **Required Objectives**
 - Required program objectives are listed in **Appendix C1**.
 - 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 delineate 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_2024”**. Please attach the Excel file in GMIS 2.0.

**Ohio Department of Health Violence & Injury Prevention Section
2024 - 2028 Drug Overdose Prevention Program
MONTH DD, YYYY - MONTH DD, YYYY**

Agency Name:		County/Countries:			
Program Coordinator:		Email:		Phone:	
Secondary Contact:	<i>(if applicable)</i>	Email:	<i>(if applicable)</i>	Phone:	<i>(if applicable)</i>

SECTION I - ANNUAL WORK PLAN (YYYY-YYYY)

The purpose of the workplan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. Please be detailed and descriptive when completing the workplan.

Objective 2

Requirements of Objective:	Objective 2: Regional prevention leads will attend all meetings with ODH to coordinate statewide initiatives, discuss assessment development and implementation, and establish regional goals.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Objective 3

Requirements of Objective:	Objective 3A: Regional prevention leads will identify key leaders of and develop relationships with local drug overdose prevention, harm reduction, and community-based organizations across their region.
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Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		
Objective 4					
Requirements of Objective:	Objective 4A: Regional prevention leads will identify key leaders and programs to build relationships with local law enforcement and public safety agencies to develop and support implementation of interventions at the intersection of public health and public safety.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Objective 5					
Requirements of Objective:	Objective 5A: Regional prevention leads will conduct an assessment of drug overdose prevention efforts across Ohio centered on needs, gaps in service, opportunities for further development and navigator placement in healthcare, harm reduction, public safety, and community-based organizations.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		
Objective 6					
Requirements of Objective:	Objective 6A: Regional prevention leads will serve as the chair for a designated subcommittee for the Ohio Overdose Prevention Network (OPN). If elected, one prevention lead may serve as OPN Chair (see guidance for responsibilities).				
Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Objective 7

Requirements of Objective:	Objective 7A: Regional prevention leads will oversee linkage navigator placements in their region, specifically in harm reduction, clinical (FQHC's, free clinics, and other settings not included under the EDCC grant), community-based organizations (homeless shelters, food pantries, churches, etc.), and optionally public safety settings.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMARTIE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Ohio Department of Health, Violence & Injury Prevention Section 2024 - 2025 Supplemental Harm Reduction Expansion Program MONTH DD, YYYY - MONTH DD, YYYY

Agency Name:		County/Countries:			
Program Coordinator:		Email:		Phone:	
Secondary Contact:	<i>(if applicable)</i>	Email:	<i>(if applicable)</i>	Phone:	<i>(if applicable)</i>

SECTION II - SUPPLEMENTAL WORK PLAN (YYYY-YYYY)

The purpose of the supplemental workplan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. Please be detailed and descriptive when completing the workplan.

Supplemental Objective A

Requirements of Objective:	Objective A) Applicant agency will designate a Harm Reduction expansion project lead.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMART-IE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Supplemental Objective B

Requirements of Objective:	Objective B) Designated project leads will attend all meetings with ODH and the designated evaluation contractor to develop mandatory project deliverables, implementation manuals, logic models, data collection tools, and sustainability strategies.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMART-IE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes

	(List All Partners)	Start	End		

Supplemental Objective C

Requirements of Objective:	Objective C) Expand evidence-based harm reduction activities to Black, Hispanic and rural populations				
Long Term Objective(s):	<i>(Please write objective(s) in a SMART-IE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Supplemental Objective D

Requirements of Objective:	Objective D) Improve access to medication-assisted treatment (MAT) within existing SSPs				
Long Term Objective(s):	<i>(Please write objective(s) in a SMART-IE format.)</i>				
Priority Population(s)					

for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		
Supplemental Objective E					
Requirements of Objective:	Objective E) Provide harm services to those leaving local or regional jails.				
Long Term Objective(s):	<i>(Please write objective(s) in a SMART-IE format.)</i>				
Priority Population(s) for this Objective:					
Activity	Person and Agency Responsible (List All Partners)	Timeline (Month/Year)		Steps Proposed (Describe the significant steps and resources needed to achieve the objective(s).)	Evaluation Measures Intended Outcomes
		Start	End		

Appendix F: BUDGET JUSTIFICATION EXAMPLE

Assessment Samples: Organizations and Elements of Inclusion

Settings and Organizations	
Health System/Clinical <ul style="list-style-type: none"> FQHCs Free clinics Treatment facilities/centers Inpatient, primary care, and emergency departments not funded by the EDCC grant OBGYN/NICU (withdrawal) 	Harm Reduction <ul style="list-style-type: none"> SSPs Project DAWNs ODH – IH Grant Subrecipients Informal harm reduction organizations Harm reduction coalitions
Public Safety <ul style="list-style-type: none"> Jails Drug courts/other specialty courts Prosecution/probation/parole EMS leave-behind QRTs/Overdose Response Teams Drug/CODE Task Forces Connection to Operation BRIDGE Family navigators in Coroner's offices Re-entry coalitions 	Community-Based <ul style="list-style-type: none"> Peer recovery support organizations Homeless shelters/drop-in centers Food pantries Faith-based organizations/churches Mutual help organizations (AA/AN) Minority outreach organizations Human trafficking prevention organizations LGBTQ+ organizations Domestic violence shelters/organizations YMCA/Urban League Drug Free Communities (DFC)
Elements	
<ul style="list-style-type: none"> Naloxone and fentanyl test strip distribution; recovery/treatment services (peer recovery support services/social supports); case management services; screening for OUD/SUD, naloxone education, warm hand-offs to treatment or harm reduction services; transportation, insurance enrollment, housing assistance/resources/placement (other than shelters, long-term housing); healthcare resources, mental health resources, employment, education, legal assistance, children/family services Linkage to care navigators already in place (peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, persons with lived experience, other individuals who link to care and harm reduction resources) Services and organizations reaching underserved populations/identified target populations Identified opportunities for increased awareness (OH Against OD) Peer support/individuals with lived experience Drug overdose prevention efforts: <ul style="list-style-type: none"> Community response plans/overdose response plans; overdose fatality review committees; Overdose Prevention Network (OPN) involvement; drug overdose prevention staff within public health agencies; ODMAP; overdose and SUD prevention coalitions; other outreach/overdose response teams; other opportunities for awareness and education (naloxone, overdose, fentanyl) Identification of retention/outreach databases known throughout the region; mechanisms for patient tracking Other considerations: <ul style="list-style-type: none"> Partnerships; funding (OD2A LOCAL, OMHAS, COSSAP, SAMHSA, BJA); ADAMHS Boards, common barriers in minority/rural communities; easy wins/successes; general barriers 	