MEMORANDUM

Date: 04/04/2025

To: First-tier subrecipient agencies

From:

Jennifer Voit MV#
Chief, Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Regional Prevention and Linkages to Care Collaborative RL26: 9/1/2025 – 8/31/2026

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

All electronic applications and attachments are due by 4:00 p.m., May 5, 2025. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The First-tier subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/

If you have questions, please contact Emily Ganz (614) 752-7447 or e-mail at Emily.Ganz@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

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

Submission of the continuation application constitutes acknowledgment and acceptance of ODH policies and procedures , and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 09/01/2025 – 08/31/2026 of the total project period, 01/01/2024 – 08/31/2028. Reference the competitive Solicitation for more information.

First-tier subrecipient personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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

- First-tier 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).
- First-tier 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.
- First-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- First-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. **Number of Grants and Funds Available:** This program is funded through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action in States (OD2A-S) funding, CDC-RFA-CE-23-2302. First-tier subrecipients previously funded for the Regional Prevention and Linkages to Care Collaborative (RL25) grant are eligible to apply. Four local health departments will be funded with up to $1,750,000 million available with a maximum of $350,000 available. First-tier subrecipients are eligible to apply for optional supplemental funds in the amount of $5,000 to expand optimal health activities. ODH reserves the right to modify the amount of funding based on funds available.

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

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. The 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 an application and all required attachments by **4:00 p.m. on Monday, May 5, 2025.**

II. PROGRAM UPDATES:

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

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. First-tier subrecipients are to submit their RL25 program reports in GMIS by the dates identified in the RL25 continuation solicitation.

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

- Program Updates.
  - Personnel – list all employees, percentage of time, and a short description of job responsibilities and duties.
  - Partnerships and contracts – provide an update on established partnerships you will be utilizing in the following year. If contracted, provide an updated and signed contract.
- Work Plan Updates.
  - Provide a narrative description of each deliverable, indicating any updates and/or progress and changes proposed for year three. This may include successes, challenges, and opportunities. Methods to address health disparities should be able to be identified through each update of how it is being integrated when developing and implementing initiatives for addressing priority populations.

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

and guidance.

D. Documentation and Progress on Activities to Address Health Disparities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to the reduction of health disparities. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan.

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

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

Cost-Sharing is not required by this program. Do not include cost-share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

2. [2025] Budget via GMIS: Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 9/1/2025 to 8/31/2026.

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

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

3. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.

11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: http://obm.ohio.gov/TravelRule/ default.aspx for the most recent Mileage Reimbursement memo).
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative and approved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.
21. Promotional items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.

Additional Unallowable costs are outlined below regarding CDC OD2A guidelines.

Public Safety Partnerships / Interventions Unallowable Costs:

1. Public safety activities that do not include overlap/collaboration with public health partners and objectives.
2. Purchase of handheld drug testing machines such as TruNarc, Fourier-transform infrared (FTIR)machines, or HPMS machines for the purposes of reducing possible law enforcement exposure to fentanyl.

Harm Reduction Unallowable Costs:

1. Purchase of naloxone.
2. Establishing new Syringe Service Programs.
3. Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.).
4. Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags.
5. Provision of equipment solely intended for illegal drug use such as cookers/spoons, syringes, and pipes.
6. Procurement of other equipment solely intended for preparing drugs for illegal drug injection.
7. Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education.) Developing educational outreach and guidance or materials about supervised/safe injection sites.
8. Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs.

Community-Based Linkage to Care Unallowable Costs:

1. Housing assistance.
2. Food assistance.
3. HIV/HCV and other STD/STI testing.
4. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention.
5. Safer sex kits (condoms and lubricant).

6. Childcare and childcare-related purchases (e.g., pack-n-play).
7. Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities).
8. Prevention of adverse childhood experiences (ACEs) as a standalone activity.

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

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- Application Attachments:
  - Annual Program Narrative
  - Annual Workplan
  - Budget Justification
  - Formal Contracts (if applicable)

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

a. Other Required Documentation:

- First-tier 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: First-tier subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** First-tier subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.

- **Assurances Certification:** Each First-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the First-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All new 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 register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to https://sam.gov/.

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

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

- **For Non-Profit Organizations Only:**

  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.

  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

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

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

a. Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
   1. Populations at increased risk
   2. Mental health population
   3. Homeless population
b. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

_X_ Applicable to Drug Overdose Prevention Program

H. Post Submission Requirements: Continuation applicants are required to submit First-tier subrecipient program and expenditure reports.

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

Reports shall be submitted as follows:

a. Program Reports: First-tier subrecipient program reports must be completed and submitted via GMIS by the following dates. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

X Program Reports Required _____No Program Reports Required

Period	Report Due Date
September 1, 2025 – November 30, 2025	*December 5, 2025*
December 1, 2025 – February 28, 2026	*March 5, 2026*
March 1, 2026 – May 31, 2026	*June 5, 2026*
June 1, 2026 – August 31, 2026	*September 5, 2026*

b. First-tier subrecipient Reimbursement Expenditure Reports: First-tier subrecipient monthly expenditure reports
must be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
September 1 – 30, 2025	*October 10, 2025*

October 1 – 31, 2025	*November 10, 2025*
November 1 – 30, 2025	*December 10, 2025*
December 1 – 31, 2025	*January 10, 2026*
January 1 – 31, 2026	*February 10, 2026*
February 1 – 28, 2026	*March 10, 2026*
March 1 – 31, 2026	*April 10, 2026*
April 1 – 30, 2026	*May 10, 2026*
May 1 – 31, 2026	*June 10, 2026*
June 1 – 30, 2026	*July 10, 2026*
July 1 – 31, 2026	*August 10, 2026*
August 1 – 31, 2026	*September 10, 2026*

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
September 1, 2025 – November 30, 2025	*December 5, 2025*
December 1, 2025 – February 28, 2026	*March 5, 2026*
March 1, 2026 – May 31, 2026	*June 5, 2026*
June 1, 2026 – August 31, 2026	*September 5, 2026*

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 First-tier 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, 2026— 5th day of 2nd month after a grant period ends. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL First-tier subrecipient program and expenditure reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

A. Continuation Solicitation ReimbursementType Form
B. B1 Deliverable — Objective Descriptions
C. Evidence of Optimal Health Strategies Checklist
D. Program Guidance
E. Application Review Form
F. Application Instructions
G. Workplan Guidance and Template
H. Budget Justification Template
I. Regional Map
J. Education and Awareness Campaign Metrics
K. List of Identified Metrics and Disaggregates
L. Health Navigator Encounter Checklist

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Bureau
of Health Improvement & Wellness
ODH Program Title:
Regional Prevention and Linkages to
Care Collaborative RL26

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐
(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:
Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

_____ _____
Agency Head (Print Name) Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by April 11, 2025
Please email completed form to Geoff Grove at Geoff.grove@odh.ohio.gov.

Appendix B1

Name of Subgrant Program: Regional Prevention and Linkages to Care Collaborative (RL)
Budget Period: 9/1/2025 - 8/31/2026
# of Deliverables: 8
Use Budget Justification Scenario #: 3

100% Deliverables

Deliverable – Objective 1: Regional Prevention Lead Standard Operating Guide (SOG) and Agency Cross-Training.
Regional prevention leads must maintain an up-to-date SOG for succession planning in the event of turnover.

Objective 1A. By August 31, 2026, regional prevention Leads will cross-train all necessary staff on RL26 solicitation initiatives as well as maintain the agency's SOG.

Required benchmarks:

- Documentation of ongoing cross-training due February 28, 2026, and August 31, 2026.
- Updates and/or changes made to the SOG due February 28, 2026, and August 31, 2026.

Objective 1B. By November 30, 2025, regional prevention Leads will complete a Motivational Interviewing training course.

Required benchmarks:

- Motivational Interviewing certificate or proof of completion due November 30, 2025.
- Summary of how Motivational Interviewing can be applied to current role due November 30, 2025.

Deliverable – Objective 2: State Initiative Participation.
Regional prevention leads will participate in all meetings with ODH to coordinate statewide initiatives, discuss regional implementation, outcomes, and lessons learned.

Objective 2A. By August 31, 2026, regional prevention Leads will demonstrate their attendance and participation in all meetings with ODH.

Required benchmarks:

- Meeting evidence due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 2B. By August 31, 2026, regional prevention Leads will prepare and present one presentation during a monthly RL26 collaborative call. ODH program consultants will inform First-tier subrecipients in advance of the quarter in which they will be presenting. The scope of the presentation should cover progress, initiatives, partnerships, successes, and challenges.

Required benchmarks:

- First-tier subrecipients are expected to submit their presentation materials as quarterly documentation for the quarter they present in.

Deliverable – Objective 3: Key Local Partnership(s) Initiative.
Regional prevention leads will maintain and enhance relationships with key Leads within local drug overdose prevention, harm reduction, and community-based organizations across their region.

Objective 3A. By August 31, 2026, regional prevention leads should maintain and enhance relationships with relevant personnel and Leadership as well as provide technical assistance and support to counties in their region as

needed.

Required benchmarks:

- Meeting evidence due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 3B. By August 31, 2026, regional prevention leads should serve as the regional hub and convene to inform their region of upcoming and ongoing initiatives.

Required benchmarks:

- Meeting evidence due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Deliverable – Objective 4: Implement Education and Awareness Campaign.

Regional prevention leads will work with identified key Leads and partners to educate underserved communities within their region around overdose prevention and harm reduction education through the dissemination of the OH Against OD campaign.

Objective 4A. By August 31, 2026, regional prevention leads must provide evidence of implemented education and awareness campaign messages that are inclusive of emerging and priority audiences.

Required benchmarks:

- Underserved communities identified due November 30, 2025.
- Campaign implementation evidence due February 28, 2026, May 31, 2026, and August 31, 2026.
- Campaign saturation expansion due May 31, 2026, and August 31, 2026.

Deliverable – Objective 5: Interventions at the Intersection of Public Health and Public Safety.

Regional prevention leads will maintain and enhance relationships with key Leads within local law enforcement and public safety agencies to support implementation of interventions at the intersection of public health and public safety.

Objective 5A. Regional prevention leads will be expected to implement the public safety engagement training in year three.

Required benchmarks:

- Reporting of public safety engagement training implementation due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 5B. Regional prevention leads are expected to expand opportunities to increase the uptake of naloxone leave-behind programs and engage with interested EMS providers and other First Responders to begin provision of leave-behind naloxone.

Required benchmarks:

- Documentation of meeting minutes due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 5C. By August 31, 2026, Regional prevention leads are expected to host or assist facilitation of one Operation BRIDGE event within their region as well as to serve as a contact for and increase collaboration with Ohio Department of Public Safety "Operation BRIDGE" partners within the region.

Required benchmarks:

- Documentation of meeting minutes due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.
- Reporting of activities related to hosting or assisting one Operation BRIDGE event due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Deliverable – Objective 6: Ohio Overdose Prevention Network (OPN) Leadership and Involvement.

Regional participation in Ohio OPN will be maintained through regional prevention leads serving as the chair of their designated committee as well as regional health navigators participating in selected committee.

Objective 6A. By August 31, 2026, regional prevention leads will serve as a leader in Ohio OPN, including providing meeting minutes of facilitated committee meetings and quarterly updates of committee's progress on state strategies.

Required benchmarks:

- Documentation due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 6B. By August 31, 2026, the health navigators of each region will be expected to participate in the Ohio OPN Health Navigator Community of Practice Committee once a quarter.

Required benchmarks:

- Documentation due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Deliverable – Objective 7: Regional Health Navigator Implementation.

Regional prevention leads will continue to oversee and serve as a support to the 3-5 health navigators implemented in their region.

Objective 7A. By August 31, 2026, regional prevention leads will maintain relationships with agencies where health navigators are implemented across specified settings (e.g. clinical, harm reduction, community-based, public safety).

Required benchmarks:

- Updated versions of formalized contracts due November 30, 2025.

Objective 7B. By August 31, 2026, regional prevention leads will monitor activities and services provided by implemented health navigators to inform reporting of performance measure data, disaggregates, and contextual information identified by ODH.

Required benchmarks:

- Regional Performance Measure Reporting Tool due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Objective 7C. By August 31, 2026, regional prevention leads will work with health navigators and/or the agency to cross-train staff, develop a standard operating guide for succession planning in the event of turnover, and ensure health navigators complete a Motivational Interviewing training course.

Required benchmarks:

- Documentation of ongoing cross-training due February 28, 2026, and August 31, 2026.
- Updates and/or changes made to the SOG due February 28, 2026, and August 31, 2026.
- Motivational Interviewing certificate or proof of completion due November 30, 2025.
- Summary of how Motivational Interviewing can be applied to current role due November 30, 2025.

Objective 7D. By August 31, 2026, health navigators within each region will be required to attend the RL26 Monthly Collaborative Call once per quarter to discuss and share knowledge and information around current linkage and patient tracking systems.

Required benchmarks:

- Documentation due quarterly: November 30, 2025, February 28, 2026, May 31, 2026, and August 31, 2026.

Supplemental Deliverable(s)
Overdose Prevention Activities to Address Health Disparities

Deliverable – Objective 8: Activities to Address Health Disparities.
Regional prevention leads will work with key Leads and partners to develop and implement an overdose prevention activity to reduce barriers and inequities among population(s) of focus identified in the region.

Objective 8A. By August 31, 2026, regional prevention leads will implement a specific and tailored health activity in their jurisdiction to address inequities and provide a detailed summary report to ODH.

Required benchmarks:

- Detailed summary report of activity implementation due August 31, 2026.

Appendix C

Evidence of Health Disparity Strategies Checklist

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

Health Disparities, Health Inequities, and Social Determinants of Health

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 **optimal health for all**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health and reducing disparities.

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

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment

2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

4) Identify measurable health disparity targets that demonstrate reducing disparities and improving health disparity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish disparity targets, review the Target Setting Methods

resource.

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 aimed at eliminating disparities and achieving health disparity. They are not required but highly encouraged to use.

1) Link proposed activities to health disparity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in 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
   -

2) Develop staffing plans where board members, Leadership and program staff reflect multifaceted community composition 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 opportunities for people to achieve their full health potential. Downstream approaches focus on providing 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.

Appendix D
Year Three Regional Prevention and Linkages to Care Guidance

Overview
Year three of the RL grant is supported by ODH through the Centers for Disease Control and Prevention (CDC) Overdose Data to Action in States (OD2A-S) funding. This application is for the program period 9/1/2025 – 8/31/2026. The budget justification needs to cover the budget period of 9/1/2025 – 8/31/2026.

Formal Contracts
In order to implement initiatives and strategies within each region, contracts may be needed for partnerships and/or the implementation of health navigators. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. The CCA must be completed to provide a brief description of the services to be performed under the contract and the amount budgeted for the contract. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditure is authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

First-tier subrecipients will be expected to keep a record of all financial documentation that could be reviewed during desk reviews, on-site visits, audits, or other circumstances determined by ODH. ODH may request backup validation documentation at any time when expenditures are being reimbursed. Please reference the OGAPP manual for further guidance.

Regional Prevention Lead Standard Operating Guide and Agency Cross-Training
In years one and two, regional prevention leads alongside their agencies were required to develop and maintain a SOG for succession planning in the event of turnover as well as providing ongoing cross-training to staff.

<u>Standard Operating Guide and Agency Cross-Training</u>
In year three, regional prevention leads are required to maintain an up-to-date SOG for succession planning which may include but is not limited to: scope of work of the regional prevention lead, Leadership role(s) in Ohio OPN committee(s), key contacts at the funded agency, summaries of services of partnering counties within the region, and planned activities or work for the current and subsequent grant years. Updates and/or changes to the SOG as well as documentation of ongoing cross-training provided to staff on RL26 initiatives will be reported to ODH.

<u>Motivational Interviewing</u>
Regional prevention Leads will be expected to complete a Motivational Interviewing training course by the end of the first quarter and provide a certificate or proof of completion to ODH. If the regional prevention lead completed a Motivational Interviewing training course within the past 12 months (Nov. 2024 – Nov. 2025), documentation can be submitted to ODH to determine if it is sufficient for completion of the deliverable objective. Regional prevention leads will be expected to submit contextual information regarding how Motivational Interviewing can be applied to their roles and a summary of lessons learned to ODH.

A list of free Motivational Interviewing courses will be provided by ODH upon award.

State Initiative Participation
Regional prevention leads will participate in all meetings with ODH to coordinate statewide initiatives, discuss regional implementation, outcomes, and lessons learned. Please note that scheduled meeting dates and times are subject to change and ODH will notify First-tier subrecipients of additional required meetings throughout the year. The following

meetings are required by ODH:

RL26 Monthly Collaborative Calls.
Second Tuesday of each month from 10 – 11 a.m. EST.

Regional prevention leads are expected to prepare and present one presentation during an RL26 Monthly Collaborative Call. ODH program consultants will inform First-tier subrecipients in advance of the quarter in which they will be presenting and will provide a PowerPoint template. The scope of the presentation should cover progress, initiatives, partnerships, successes, and challenges. First-tier subrecipients are expected to submit their presentation materials as quarterly documentation for the quarter they present in.

Key Local Partnership(s)

Regional prevention leads will be required to maintain and enhance relationships that were developed and established in years one and two. Regional prevention leads are allowed to continue to build new relationships outside of years one and two, but relationships must be with programs offering SUD services across the continuum of care, including county and regional health departments/district staff, public safety agencies, harm reduction programs, clinical settings, and community-based organizations.

In year three, regional prevention Leads will be expected to continue to serve as the regional hub and convene to inform their region of upcoming and ongoing initiatives. Continuation and/or expansion as a regional hub should be inclusive to all areas of the region to streamline communication and avoid duplication of efforts and initiatives. In addition, regional prevention leads will be expected to educate and raise awareness around state and local funding opportunities, upcoming webinars, innovative drug overdose prevention strategies, and ODH updates.

Regional prevention leads will be allowed to design how they best see fit to bring awareness to their respective region whether it be through quarterly lunch-and-learns, monthly newsletters, and/or webinars.

Education and Awareness to Underserved Communities

In addition to serving as a regional hub, regional prevention Leads will work with identified key Leads and partners to educate underserved communities within their region through the dissemination of the ODH campaign, OH Against OD. Educational materials and requests for specific materials can be found at https://odh.ohio.gov/know-our-programs/oh-against-od

The implementation and dissemination plan should be inclusive of emerging populations and priority audiences with increased risk. Regional prevention leads alongside key Leads and partners should include how they have identified message dissemination channels to best address the underserved communities. Refer to **Appendix J** for required qualitative and quantitative data to collect.

Utilizing state and local data sources, regional prevention leads will develop a dissemination plan that outlines how they intend to educate emerging populations and priority audiences with increased risk. The plan should include the following components:

- Identified key leads and partners involved in planning and/or implementing activities;
- Identified emerging population and/or priority audiences with increased risk;
- Description of culturally and linguistically appropriate communication strategies; and
- Intended outcomes and key metrics for measuring success.

Regional prevention leads will implement their dissemination plan and submit campaign implementation evidence. Documentation evidence should include the following components:

- Strategies implemented;
- OH Against OD campaign materials utilized;

- Dissemination channels utilized; and
- Outcomes and key metrics.

As the campaign is being disseminated and evaluated, regional prevention leads should look to see how they can expand the campaign into underserved areas in their community. Regional prevention leads will be expected to document campaign saturation and/or expansion in their quarterly REDCap reporting.

Public Health and Public Safety Intersection

Public Safety Partnerships

In year three, regional prevention leads will maintain and enhance relationships made in years one and two with key leads within local law enforcement and public safety agencies to support implementation of interventions at the intersection of public health and public safety.

Implementation of Public Safety Engagement Training

Utilizing the dissemination plan that was developed at the end of year two, regional prevention leads will be expected to implement their plan of the public safety engagement training to increase awareness and decrease stigma among local law enforcement. Regional prevention leads should examine how the training can be improved to increase participation in the training. Updates to the training will be documented in quarterly REDCap program reporting.

Expand Leave Behind Programs

Regional prevention leads are expected to expand opportunities to increase the uptake of naloxone leave behind programs and engage with interested EMS providers and other First Responders to begin provision of leave behind naloxone. Regional prevention leads will be expected to document engagement in their quarterly REDCap reporting. Should meetings occur with interested EMS providers and other First Responders, meeting minute evidence should be submitted quarterly.

Operation BRIDGE Contact

Regional prevention leads are also expected to continue to serve as a contact for and increase collaboration with Ohio Department of Public Safety "Operation BRIDGE" partners within the region. By the end of the grant year, August 31, 2026, Regional Prevention Leads will be expected to host or assist facilitation of one Operation BRIDGE Event. Regional prevention leads and/or another agency staff member is required to attend at least one Operation BRIDGE meeting per quarter.

OPN Leadership and Involvement

Ohio OPN Committee Chair(s)

Regional prevention leads will serve as the chair of the designated committee of the Ohio OPN that was assigned in year one based on background and skillset. Regional prevention leads will be expected to serve as a leader in Ohio OPN, including providing meeting minutes of facilitated committee meetings and quarterly updates of committee's progress on state strategies. Chairs should plan to attend all OIPP and OPN meetings.

Health Navigator Participation

The health navigators of each region will be expected to participate in the Ohio OPN Health Navigator Community of Practice Committee once a quarter.

Regional Health Navigators

Utilizing key partnerships made in year one, regional prevention leads worked in collaboration to deploy 3-5 health navigators to address gaps in services during year two. In year three, regional prevention leads will continue to oversee and support health navigators deployed in harm reduction, clinical (FQHCs, 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. In the event that a health navigator setting and/or location changes throughout the grant year please reach out to your ODH program consultant for guidance.

Health Navigator Contracts

Regional prevention leads will maintain relationships with agencies where health navigators are implemented across specified settings. Updated formalized contracts for health navigators will be due at the end of quarter one, November 30, 2025, to ensure health navigators will maintain roles and responsibilities.

Health Navigator Standard Operating Guide and Agency Cross-Training

Regional prevention leads in collaboration with health navigators and partner agencies will be required to utilize the SOG developed in previous grant years to cross-train staff for succession planning in the event of turnover. Please note, each health navigator SOG should be separated from the regional prevention lead SOG. The SOG should serve as a resource for health navigators and/or organizations to educate themselves on the ongoing initiatives being implemented to continue the work. Updates and/or changes to the SOG may include but are not limited to scope of work of the health navigators and key contacts at partnering agencies. Updates and/or changes to the SOG as well as documentation of ongoing cross-training provided will be reported to ODH.

Health Navigator Participation

Health navigators of each region are expected to attend the RL26 Monthly Collaborative Call once per quarter to discuss and share information around the use of linkage and patient tracking systems. Information shared will provide ODH with insight into the current methods being used to engage patients and track services across Ohio. ODH will notify the regional prevention leads and health navigators a month in advance of the meeting they will be required to attend.

Motivational Interviewing

Health navigators will be expected to complete a Motivational Interviewing training course by the end of the first quarter and provide a certificate or proof of completion to ODH. In the event that health navigators completed a Motivational Interviewing training course within the past 12 months, documentation can be submitted to ODH to determine if it is sufficient for completion of the deliverable objective. Health navigators will be expected to submit contextual information regarding how Motivational Interviewing can be applied to their roles and a summary of lessons learned to ODH through their quarterly REDCap.

A list of free Motivational Interviewing courses will be provided by ODH upon award.

Settings and Services

Health navigators will be required to continue to provide services to individuals within each setting. Services provided may include but are not limited to facilitation of referrals and warm hand-offs to wrap around services, case management, naloxone, and social supports. In addition to those services, regional prevention leads will continue to support the deployed health navigators with integration and provision of naloxone and fentanyl test strips.

Data Collection and Reporting

Year two was focused on regional prevention lead collaboration with partners and health navigators to establish data collection methods to facilitate the collection and reporting of quantitative and qualitative data. In year three, regional prevention leads will be expected to continue these efforts by monitoring activities and services provided by implemented health navigators and reporting quarterly on performance measure data, disaggregates, and contextual information identified by ODH in partnership with the Centers for Disease Control and Prevention (CDC). These measures will be used to track progress on key interventions and activities over time.

Refer to **Appendix K** for a list of identified quantitative metrics and disaggregates for year three. The identified metrics are subject to periodic reassessment and refinement and may change over the course of the grant due to external factors, changes in the drug overdose epidemic, effectiveness of prevention interventions, process improvement, or additional requirements and guidelines set forth by CDC.

Methods

To ensure that First-tier subrecipients are supported in data collection and reporting activities, the following resources will be utilized:

Research Electronic Data Capture (REDCap) – The REDCap system will be used to capture required general regional data and qualitative/contextual information on a quarterly basis in conjunction with required program reporting. Additional regional metrics may be included as the grant progresses.

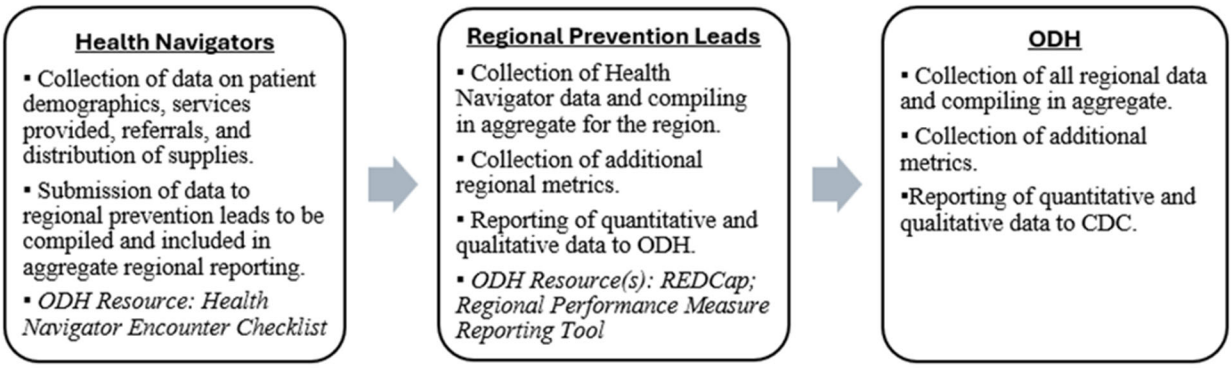
Health Navigator Encounter Checklist – The Health Navigator Encounter Checklist includes required data points to be collected by health navigators for each individual encounter on patient demographics, services provided, referrals, and distribution of supplies. Refer to **Appendix L**. As mentioned above, the metrics provided in this checklist are subject to change over the course of the grant. Please note the addition of race and ethnicity for year three data collection. A fillable version of the Word document will be provided by ODH upon award.

First-tier subrecipients may utilize this document directly as a form for health navigators to facilitate capturing information during/after each encounter or as a template for what should be included if regional prevention leads require use of a preferred data collection system or electronic database. The metrics on the checklist are required for collection and cannot be modified. Additional metrics can be collected/added by regional prevention leads if data gaps are identified as a need to inform program efforts.

Regional Performance Measure Reporting Tool – The Microsoft Excel reporting tool includes a breakdown of quantitative measures and disaggregates related to health navigators and service encounter activities for ease of compiling and reporting regional aggregate data to ODH. The reporting tool will be submitted quarterly by regional prevention leads to ODH via GMIS with their aligned program reporting documentation. A copy of the reporting tool will be provided by ODH upon award.

Process and Workflow

Collaboration between implemented health navigators, regional prevention leads, and ODH is necessary to ensure data quality, and that data collection processes, and reporting methods are consistent. Regional prevention leads should utilize the data collection cadence (e.g., monthly) established in year two to allow time for compiling data and information from health navigators prior to the required quarterly reporting to ODH. A visualization of the process/workflow, funneling of information, and use of resources is included below.



Budget Project Tracker
ODH will provide a budget project tracker upon award if First-tier subrecipients feel it will be useful for monthly and/or quarterly tracking.

Site Visits
First-tier subrecipients must complete one site visit per year. During the site visit, an ODH program consultant will visit a program site, meet key staff members, and observe the program in action. Program consultants will schedule an appropriate time to conduct the in-person site visit and be completed before the end of quarter four, August 31, 2026.

Supplemental Funding Guidance
RL grant First-tier subrecipients are eligible to apply for an additional $5,000.00 in funding to implement a specific and tailored activity to address health disparities in their jurisdiction. Regional prevention leads who apply will work with key leads and partners to develop and implement an overdose prevention activity to reduce barriers and inequities among population(s) of focus identified in the region. This funding is intended to support activities that are implemented intentionally to reduce disparities related to drug overdose and are culturally relevant and tailored to racially, ethnically, and linguistically diverse populations.

Examples of acceptable interventions or activities include:
- Distribution of naloxone and overdose prevention education in jails specifically among Black/African American and Hispanic/Latino populations who are disproportionately held on minor drug offenses.
- Utilize health navigators to conduct outreach through homeless service organizations to link non-Hispanic, Black/African American men experiencing homelessness to harm reduction services.
- Utilizing Spanish-speaking health navigators to reach Hispanic/Latino people who use drugs.

Examples of populations of focus for which an intervention or activity may need to be tailored include:
- Groups disproportionately affected by overdose as well as those previously underserved by overdose prevention programs and the healthcare system.
- People involved in the criminal justice setting, who might be incarcerated, detained, or recently released from incarceration.
- People experiencing a mental health condition.
- People experiencing homelessness or unstable housing.
- Pregnant women.
- People who lack access to any or adequate health insurance.
- Specific demographic groups defined by race, ethnicity, gender, and/or age.

The following should <u>not</u> be counted as an activity to address health inequities:
- If your region or jurisdiction is composed of majority-minority populations, but the activity is not designed or tailored to specific populations of focus.
- An intervention or activity conducted for all people who use drugs in the region or jurisdiction.
- An intervention or activity that broadly serves your region or jurisdiction but was not intentionally designed or tailored, and you did not intentionally partner with organizations that serve your populations of focus.
    - By August 31, 2026, regional prevention leads will submit a detailed summary report activity implementation that includes the following:
- Population of focus/for whom the activity was intended.
- How the activity was tailored for proportional support across identified populations.
- Setting where the activity occurred (e.g., health/clinical, harm reduction, community-based, public safety, other – please describe).

- How the activity was implemented.
- Barriers, successes, and lessons learned.
- Plans to share information with regional partners on activity implementation.

Appendix E

Regional Drug Overdose Prevention and Linkage to Care Collaborative (RL26) Scoring and Evaluation

Applicant Information	
Agency Name:	Total Funding Requested:

Application Components		
Program Narrative	☐ Yes	☐ No
Workplan	☐ Yes	☐ No
Budget Justification	☐ Yes	☐ No
Letter(s) of Support	☐ Yes	☐ No

Section	Maximum Points	Score
Executive Summary	15	
Description of Applicant	25	
Problem/Need	25	
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 94.5 points (70%) to be considered for funding.

Funding Recommendation:	☐ Recommended	☐ 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 RL26 Solicitation; 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RL26 review criteria; 3. Fraudulent presentation; 4. Determination that grant funds are to be used as substitute for an existing project's current resources.*

Reviewer Signature	Date

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 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	0	1	2	3	4	5	

project with measurable indicators.							
Identifies and describes segments of the local target population who experience a disproportionate health burden 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 and used from the community.	0	1	2	3	4	5	
	Total Score =						

Methodology	Score						Notes
Goals identified in SMART 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 disparities.	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 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 deliverables and 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.	0	1	2	3	4	5	
Budget in GMIS matches budget justification provided.	0	1	2	3	4	5	
	Total Score =						

RL26 Supplemental Activity to Address Health Disparities
Scoring and Evaluation

Applicant Information	
Agency Name:	Total Funding Requested:

Application Components		
Program Narrative	☐ Yes	☐ No
Supplemental Workplan	☐ Yes	☐ No
Budget Justification	☐ Yes	☐ No

Section	Maximum Points	Score
Methodology	35	
Workplan	20	
Budget Justification	15	
TOTAL	**70**	

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

Applicant must score at least 49 points (70%) to be considered for funding.

Funding Recommendation: ☐ Recommended ☐ 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 RL26 Solicitation; 2. Gross inappropriateness in the purpose, objectives, and activities of an application or its budgets measured by RL26 review criteria; 3. Fraudulent presentation; 4. Determination that grant funds are to be used as substitute for an existing project's current resources.*

Reviewer Signature	Date

Methodology	Score						Notes
Goals identified in SMART format.	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 disparities.	0	1	2	3	4	5	
Describes evaluation measures that will be used to determine the overall success of the program.	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 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 deliverables and 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.	0	1	2	3	4	5	
Budget in GMIS matches budget justification provided.	0	1	2	3	4	5	
	Total Score =						

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 per system instructions.

Please note: Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health, Violence & 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 for the Year Three Regional Prevention and Linkages to Care deliverable funding are required:

A. **Year 3 Program Narrative: 20-page limit –** named *"Agency Name_Narrative_2026"* 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 population identified.
      c. Brief description of the program.
      d. Total funds requested and summarized how those funds will be used.

   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 First-tier 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 SMART format (in alignment with workplan objectives)
         2. Explanation of goals and how they are important to the overall program.
      b. Strategic partnerships will be vital to the success of the program.
         1. Settings(s) or locations(s) for your proposed activities.
      c. How activities will address identified health 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 third-party in-kind contributions may be leveraged through the use

of the ODH grant funds.

B. **Workplan (see Appendix G):** no page limit – named *"Agency Name_Workplan_2026"*
C. **Budget Justification (see Appendix H): no page limit** – named *"Agency Name_Budget Justification_2026".* This funding is deliverable-based, and the required budget narrative should follow the template provided. However, for the purposes of the application, please summarize how the requested funds will be allocated within the project including the following:
    1. Salary for personnel to implement identified strategies along with the names of staff, if known.
    2. Implementation funds and known objectives 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 5-6 of this solicitation for unallowable costs.

Supplemental Application Instructions

Provide a Program Narrative methodology, workplan and budget justification for this section and include in GMIS.

A. **Program Narrative Methodology -** named *"Agency Name Supplemental Narrative_2026"*
    a. Methodology Narrative.
        i. Foundational and optional objectives being applied for and activity descriptions for each.
            1. Goals listed in SMART format (in alignment with workplan objectives)
            2. Explanation of goals and how they are important to the overall program.
        ii. Strategic partnerships will be vital to the success of the program.
            1. Settings(s) or locations(s) for your proposed activities.
        iii. How activities will address identified health inequities.
        iv. Evaluation measures that will be used to determine the overall success of the program.
            1. Impact measures and process/activity-level measures.
B. **Work Plan (see Appendix G) -** named *"agency Name Supplemental work plan_2026".*
    a. Outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline.
C. **Budget Justification (See Appendix H) –** named *(Agency Name Supplemental Budget Justification_2026".*
    a. Include a detailed budget narrative justification describing each deliverable as it relates to your agency's ability to complete. See Appendix G for guidance.

Prior to completion of the budget section, please review pages 5-6 of this solicitation for unallowable costs.

Appendix G

Workplan Guidance 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 one which covers 9/1/2025 - 8/31/2026.

1. **Goal/Long-Term Outcome Objective:** Complete at least one (1) long-term outcome objective that should remain consistent for each category. A suggested long-term outcome objective is: *By August 31, 2028, 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 B.**
    - 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, Leads, 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_2026".* Please attach the Excel file to 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/Counties:**	
Program Coordinator:		**Email & Phone:**	
Secondary Contact:	*(if applicable)*	**Email & Phone:**	*(if applicable)*

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.

Deliverable 1: Regional Prevention Lead Standard Operating Guide (SOG) and Agency Cross-Training.

Required Objective(s)	*Objective 1A.* Regional prevention leads will cross-train all necessary staff on RL26 solicitation initiatives as well as maintain the agency's SOG.
	Objective 1B. Regional prevention leads will complete a Motivational Interviewing training course.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 2: State Initiative Participation.

Required Objective(s)	**Objective 2A.** Regional prevention leads will demonstrate their attendance and participation in all meetings with ODH.
	Objective 2B. Regional prevention leads will prepare and present one presentation during a monthly RL26 collaborative call. ODH program consultants will inform First-tier subrecipients in advance of the quarter in which they will be presenting. The scope of the presentation should cover progress, initiatives, partnerships, successes, and challenges.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 3: Key Local Partnership(s) Initiative.	
Required Objective(s)	**Objective 3A.** Regional prevention leads should maintain and enhance relationships with relevant personnel and Leadership as well as provide technical assistance and support to counties in their region as needed.
	Objective 3B. Regional prevention leads should serve as the regional hub and convene to inform their region of upcoming and ongoing initiatives.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 4: Implement Education and Awareness Campaign.			
Required Objective(s)	**Objective 4A.** Regional prevention leads must provide evidence of implemented education and awareness campaign messages that are inclusive of emerging and priority audiences.		
Goal:	*(Please write objective(s) in a SMART format.)*		
Identify Priority Population for this objective:			
Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 5: Interventions at the Intersection of Public Health and Public Safety.	
Required Objective(s)	**Objective 5A.** Regional prevention leads will be expected to implement the public safety engagement training in year three.
	Objective 5B. Regional prevention leads are expected to expand opportunities to increase the uptake of naloxone leave behind programs and engage with interested EMS providers and other First Responders to begin provision of leave behind naloxone.
	Objective 5C. Regional prevention leads are expected to host or assist facilitation of one Operation BRIDGE event within their region as well as to serve as a contact for and increase collaboration with Ohio Department of Public Safety “Operation BRIDGE” partners within the region.

Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 6: Ohio Overdose Prevention Network (OPN) Leadership and Involvement.	
Required Objective(s)	**Objective 6A.** Regional prevention leads will serve as a leader in Ohio OPN, including providing meeting minutes of facilitated committee meetings and quarterly updates of committee's progress on state strategies.
	Objective 6B. The health navigators of each region will be expected to participate in the Ohio OPN Health Navigator Community of Practice Committee once a quarter.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline** (Month / Year)		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Deliverable 7: Regional Health Navigator Implementation.	
Required Objective(s)	**Objective 7A.** Regional prevention leads will maintain relationships with agencies where health navigators are implemented across specified settings (e.g. clinical, harm reduction, community-based, public safety).
	Objective 7B. Regional prevention leads will monitor activities and services provided by implemented health navigators to inform reporting of performance measure data, disaggregates, and contextual information identified by ODH.
	Objective 7C. Regional prevention leads will work with health navigators and/or the agency to cross-train staff, develop a standard operating guide for succession planning in the event of turnover, and ensure health navigators complete a Motivational Interviewing training course.
	Objective 7D. Health navigators within each region will be required to attend the RL26 Monthly Collaborative Call once per quarter to discuss and share knowledge and information around current linkage and patient tracking systems.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline (Month / Year)**		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Ohio Department of Health, Violence & Injury Prevention Section **2025 - 2026 Supplemental Activities to Address Health Disparities in Overdose Prevention** **MONTH DD, YYYY - MONTH DD, YYYY**			
Agency Name:		**County/Counties:**	

Program Coordinator:		**Email & Phone:**	
Secondary Contact:	*(if applicable)*	**Email & Phone:**	*(if applicable)*

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.

Deliverable 8: Activity to Address Health Disparities

Required Objective(s)	**Objective 8A.** Regional prevention leads will implement a specific and tailored health activity in their jurisdiction and provide a detailed summary report to ODH.
Goal:	*(Please write objective(s) in a SMART format.)*
Identify Priority Population for this objective:	

Steps and Interventions (Describe the step, intervention, and necessary partnerships needed to achieve your goal for this objective.)	**Timeline (Month / Year)**		**Performance Measures and Intended Outcomes** (Describe your short-term and intermediate intended outcomes as well as the performance measures.)
	Start	**End**	

Appendix H

Deliverable Budget Justification Template
Scenario 3

First-tier subrecipients will be responsible for determining the funding allocation to each deliverable. The total amount must not exceed $350,000 for required deliverables. If choosing to complete the supplemental Health Opportunity activity (Deliverable – Objective 8), First-tier subrecipients must budget an additional $5,000. The maximum for all activities is $355,000. Each allocation amount must be justified by the identified activities dedicated to reaching the corresponding deliverable in the workplan (Appendix G).

NOTES:
Budget justification line items MUST be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Do not enter the deliverables budget in any other section in GMIS.

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

Deliverable – Objective 1	$ TBD by Applicant
Deliverable – Objective 2	$ TBD by Applicant
Deliverable – Objective 3	$ TBD by Applicant
Deliverable – Objective 4	$ TBD by Applicant
Deliverable – Objective 5	$ TBD by Applicant
Deliverable – Objective 6	$ TBD by Applicant
Deliverable – Objective 7	$ TBD by Applicant
Deliverable – Objective (Optional)	$ 5,000.00
Total Other Direct Costs	$ Total
Budget Grand Total	**$ Total**

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

First-tier subrecipient's authorized representative certifies the foregoing:

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

_____

[Signature]

_____

[Print Name & Title]

_____

[Date]

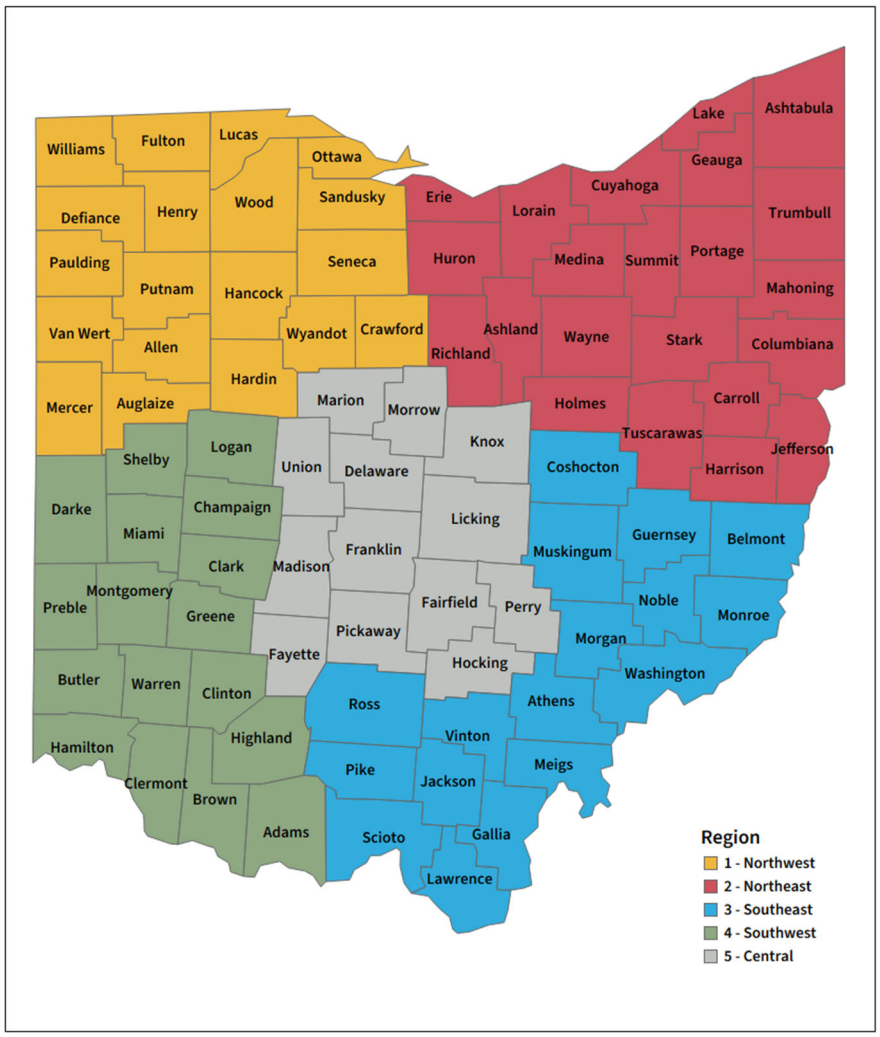
Appendix I

Regional Map

The map below illustrates the designated regions of the Regional Prevention and Linkages to Care Collaborative Grant that align with the ODH Project Deaths Avoided with Naloxone (DAWN) program.

Department of Health
Project DAWN

Project DAWN Regional Map



Appendix J

Education and Awareness Campaign Metrics

When developing your dissemination plan, First-tier subrecipients should not rely on just one dissemination channel for OH Against OD messaging. It is important to make sure the channels chosen are the most likely to reach your priority population.

Dissemination tactics stem from three main categories of marketing: social media, digital, and print marketing. All these categories can be used when implementing your campaign, but it is important to note that some of these categories may be used more frequently than others depending on who your priority audience is.

Types of Dissemination Channels for Marketing		
Channel	Description	Channel Assets
Social Media Marketing	Social media is a form of marketing that utilizes social media platforms to promote messaging. Posting can either be organically posted or to increase visibility, can be a paid media post.	Instagram, Facebook, Snap Chat, Twitter.
Digital Marketing	Digital Marketing utilizes digital communication to connect with the general public or a specific audience. While social media is a form of digital marketing, there are many more channels available through this channel.	TV commercials, email blasts, YouTube commercials, blog posts, website ads, display ads.
Print Marketing	Print Marketing utilizes advertisements in places where the general community and/or priority population can see, hear, or engage with the messaging offline.	Radio ads, newspapers, magazines, fliers, brochures, handouts, posters, hot cards, QR code cards, billboards, banners, various forms of signage.

Below outlines qualitative and quantitative information That should be collected through your dissemination plan.

Priority Population for Public Awareness Campaign Implementation- *Please describe your identified priority audience you wish to reach.*
Data Justification – *How did you identify this priority audience listed above? What data sources did you use?*
Campaign(s) Materials – *Please identify which parts of the OH Against OD campaign you intend to implement. Example: Will use billboards, brochures, and flyers.*

Measuring Metrics – *Please describe how you will measure the success of your campaign implementation. You may include quantitative and qualitative metrics. Examples of metrics include:*

- Social Media Metrics:
  - Amount of social media posts.
  - Organic vs. paid social posts.
  - Types of social media posts.
  - Reach of social media posts (this will differ between social media platforms.)
- Digital Marketing Metrics.
  - Types of digital marketing ads.
  - Reach of digital marketing ads.
- Print Marketing Metrics:
  - Types of print marketing.
  - Traffic overview of where print marketing was placed.
  - Amount of print marketing handed out.

Appendix K

List of Identified Metrics and Disaggregates

Regional Health Navigator Data
• Total # of service encounters by navigators ○ Of which: # of encounters where naloxone was distributed ○ Of which: # of encounters where fentanyl test strips were distributed ○ Of which: # of encounters where drug checking occurred, and a result was provided back to the individual ○ Breakdown of naloxone distribution, fentanyl test strips, and drug checking by zip code locations where services were provided. ○ Breakdown by type of service encounters[1] ○ Breakdown by type of setting and location
• Total # of naloxone *doses** distributed through navigators *(*if 2 doses in 1 kit, count 2 doses)* ○ Breakdown of doses distributed by type of organization/navigator placement[2] ○ Breakdown of doses distributed by zip code(s) of navigator placement • Total number of fentanyl test strips (FTS) distributed through navigators ○ Breakdown of FTS distributed by navigator placement/setting ○ Breakdown of FTS distributed by zip code(s) of navigator placement
• Total # of referrals by navigators ○ # of referrals to MOUD ○ # of referrals to behavioral treatment only (without MOUD) ○ # of referrals to harm reduction services ○ Breakdown of referrals by navigator placement/setting ○ Breakdown of referrals by race/ethnicity
• Any issues or concerns impacting quality of data or information being collected (encounters)
General Regional Data
• # of navigators placed ○ # of navigators placed in each setting – health care, public safety, harm reduction, community-based, other ○ Breakdown by position titles/types of navigators[3] implemented
• # of naloxone *doses** distributed by your agency during the quarter *(*if 2 doses in 1 kit, count 2 doses)* ○ Zip code of agency ○ Mechanisms of distribution[4]
• Any issues or concerns impacting quality of data or information being collected (regionally)
• Additional regional quantitative and qualitative/contextual information will be identified and included in quarterly REDCap program reporting.
Footnotes
[1]*Type of service encounters include: distribution of supplies (naloxone, FTS, wound care), education, medical services (HIV/HCV testing/treatment), and behavioral health support.* [2]*Type of organization/navigator placement includes: syringe service program, community-based organization, faith-based organization, emergency department/urgent care, other healthcare organization, police department, jail/prison, college/university, secondary education, health department, or other. If other organizations are captured, please specify in reporting breakdown.* [3]*Position titles/types of navigators can include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, and persons with*

lived experience. If other titles are used for navigator positions, please specify in reporting breakdown.
[4]*Mechanisms of distribution can include direct distribution, vending machines, mobile units, community events, warm hand-offs, mail-order, distribution to partners, or leave behind. If other mechanisms of distribution are used, please specify in reporting breakdown.*
Last revised: 1/23/2025

Appendix L

Health Navigator Encounter Checklist

	Site/Navigator Information	
	Zip Code of Encounter/Services Provided:	
	Position Title/Type of Navigator:	
	Setting (choose one):	☐Healthcare ☐Harm Reduction ☐Public Safety ☐Community-Based ☐Other
	If 'Other', please specify:	
	Setting type (choose one):	☐SSP ☐Faith-based ☐ED/Urgent Care ☐Police Department ☐Jail/Prison ☐College/Univ. ☐Secondary Edu. ☐Health Dept. ☐Other
	If 'Other', please specify:	
	Type of location (choose one):	☐Brick and mortar location ☐Mobile-based outreach ☐Other
	If 'Other', please specify:	
	Individual Demographics	
	Race:	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown; Prefer not to say
	Ethnicity:	☐ Hispanic ☐ Non-Hispanic ☐ Unknown; Prefer not to say
	Encounter Details	
1.	Please select all applicable types of services provided during the encounter:	☐Distribution of supplies (naloxone, fentanyl test strips, wound care) ☐Education ☐Medical services (HIV/HCV testing/treatment) ☐Behavioral health support
2.	Was naloxone distributed during the encounter?	☐Yes ☐No
	2a. Number of naloxone *doses**	

	that were distributed during the encounter: *(*If 2 doses in 1 kit – count as 2 doses)*	
3.	Were fentanyl test strips distributed during the encounter?	☐Yes ☐No
	3a. Number of fentanyl test strips distributed during the encounter:	
4.	Did drug checking occur where results were provided back to the individual?	☐Yes ☐No
5.	Please select all types of referrals provided to the individual during the encounter:	☐Referral to medications for opioid use disorder (MOUD) ☐Referral to behavioral treatment only (without MOUD) ☐Referral to harm reduction services
	Contextual	
	Any issues or concerns impacting the quality of data or information being collected during this encounter?	
	Last revised: 1/23/2025	