



## MEMORANDUM

Date: March 16, 2020

To: Prospective Subrecipient Agencies

From: Sara Morman, Program Administrator, Bureau of Health Improvement and Wellness, Violence and Injury Prevention Section | Ohio Department of Health *SM*

Subject: Competitive Solicitation – Integrated Naloxone Access and Infrastructure (IN22) – 9/29/2020 – 9/28/2021

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

All electronic applications and attachments are due by 4:00 p.m., Monday, May 4, 2020. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted. Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments. Submission of the application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information.

A Bidders Information Call will be held Monday, April 6, 11:00 am – 12:30 pm. Conference line number: (614) 721-2972; Conference ID: 744078289. Notices of Intent to Apply for Funding are due by Tuesday, April 7, 2020.

If you have questions, please contact Sierra Dantzler at 614-995-1431 or e-mail at [Sierra.Dantzler@odh.ohio.gov](mailto:Sierra.Dantzler@odh.ohio.gov). Email is preferred.



**ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET**

## **OHIO DEPARTMENT OF HEALTH**

**BUREAU OF**  
*Health Improvement and Wellness*  
*Violence and Injury Prevention Section*

*Integrated Naloxone Access and Infrastructure (IN22)*

**SOLICITATION**  
**FOR**  
**FISCAL YEAR 2021-22**  
**(09/29/2020 – 9/28/2021)**

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

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

Revised 12/02/2019  
For grant starts 10/1/2019 and thereafter

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## **I. APPLICATION SUMMARY and GUIDANCE**

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

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by **April 7, 2020** so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

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

Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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

## Budget Justification Certification language

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

**B. Application Name:** *Integrated Naloxone Access and Infrastructure (IN22)* |

**C. Purpose:** *The purpose of this funding is to support innovative, evidence-informed, and sustainable infrastructure for community naloxone distribution reaching Ohio's highest-risk population to prevent overdose deaths.* |

**D. Qualified Applicants:** *All applicants must be a local public or non-profit agency in Ohio. Agencies currently registered as Project DAWN (Deaths Avoided With Naloxone) programs are eligible to apply, but it is not required for an agency to currently operate a Project DAWN program to be eligible for this funding. Please be aware that funded applicants will be required to register as a Project DAWN program once the grant period begins. Applicants must have the ability to store and prescribe/personally furnish naloxone (including a current Terminal Distributor of Dangerous Drugs (TDDD) Category II or Category III license, or the ability to apply for one. Please note: If planning to apply for the TDDD, the license must be in place prior to the start of this project. If not in place, any previously issued NOA will be considered null and void). Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B).* |

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

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, May 4, 2020.** |

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

**F. Number of Grants and Funds Available:** *Federal funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), through the Ohio Department of Mental Health and Addiction Services (OhioMHAS), will support this subgrant program. Up to \$4.0*

*million will be awarded. Total number of applicants funded will be dependent on the specific allowable activities that are proposed within the submitted applications. The maximum award per project will be \$118,000.*

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

- G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery by **4:00 p.m. by Monday, May 4, 2020**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sierra Dantzler at [Sierra.Dantzler@odh.ohio.gov](mailto:Sierra.Dantzler@odh.ohio.gov); (614) 995-1431 with any questions. Email is preferred.

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

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

- J. Program Period and Budget Period:** The program period will begin 9/28/2020 and end on 9/29/2022. The budget period for this application is 9/28/2020 through 9/29/2021.

- K. Public Health Accreditation Board (PHAB) Standard(s):** This program will address PHAB standards:

- **Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions
- **Standard 3.1:** Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes
- **Standard 4.2:** Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health
- **Standard 6.2:** Educate Individuals and Organizations On the Meaning, Purpose, and Benefit

of Public Health Laws and How to Comply

- **Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions
- **Standard 10.2:** Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

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

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

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

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

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

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. Evidence of Health Equity Strategies

The ODH is committed to the elimination of health disparities and health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

The following information is provided to explain key health equity concepts and terms.

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



incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):**

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

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

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

☒ **X** Applicable      ☐ Not Applicable to (Integrated Naloxone Access and Infrastructure)

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

**P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOI AF. Please contact Sierra Dantzler, [Sierra.Dantzler@odh.ohio.gov](mailto:Sierra.Dantzler@odh.ohio.gov); (614) 995-1431 for questions regarding this Solicitation. Email is preferred.

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

**R. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, May 4, 2020 at 4:00 p.m.**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable

as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.
- T. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
  - 1. Contributes to the advancement and/or improvement of the health of Ohioans;
  - 2. Is responsive to policy concerns and program objectives of the initiative/program/ activity for which grant dollars are being made available;
  - 3. Is well executed and is capable of attaining program objectives;
  - 4. Describe Specific, Measureable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
  - 5. Estimates reasonable cost to the ODH, considering the anticipated results;
  - 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  - 7. Provides an evaluation plan, including a design for determining program success;
  - 8. Is responsive to the special concerns and program priorities specified in the Solicitation;
  - 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
  - 10. Has demonstrated compliance to OGAPP;
  - 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
  - 12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

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

- W. Ownership Copyright:** Any work produced under this grant, including any documents, data,

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

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

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, [Bureau of Health Improvement and Wellness], [Violence and Injury Prevention Section] and as a sub-award of a grant issued by [the Substance Abuse and Mental Health Services Administration (SAMHSA)] under the [State Opioid Response (SOR)] grant, grant award number [(to be determined)], and CFDA number [93.788].”

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

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

Reports shall be submitted as follows:

- a. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. [Subrecipients must submit progress updates on a quarterly basis with a summary of all activities completed during the previous quarter and anticipated activities that will take place during coming quarter. **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

  X   Program Reports Required             No Program Reports Required

<i><b>Budget Year 1</b></i>	
<i><b>Period</b></i>	<i><b>Program Report Due Date</b></i>
<i>September 29 – December 31, 2020</i>	<i>January 5, 2021</i>
<i>January 1 – March 31, 2021</i>	<i>April 5, 2021</i>
<i>April 1 – June 30, 2021</i>	<i>July 5, 2021</i>
<i>July 1 – September 28, 2021: End of first year</i>	<i>September 28, 2021</i>

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients will be reimbursed on a quarterly basis. There is no option for monthly reimbursement for this funding opportunity.

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

<b>Budget Year 1</b>	
<b>Period</b>	<b>Expense Report Due Date</b>
September 29 – December 31, 2020	January 10, 2021
January 1 – March 31, 2021	April 10, 2021
April 1 – June 30, 2021	July 10, 2021

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

- c. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before November 5<sup>th</sup>, 2021. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

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

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

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

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees -- unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;

16. Drug checking supplies (i.e. fentanyl test strips);
17. Syringes and/or needles;
18. Incentives to participants;
19. Meals and snacks;
20. Travel to a conference, lodging or associated costs (meals, incidentals, etc.) for conference attendance or registration for a conference;
21. Marketing of programs or groups

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

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

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

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

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

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

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

## **AB. Submission of Application**

### **Formatting Requirements:**

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

The GMIS application submission must consist of the following:

<p><b>Complete &amp; Submit Via Internet</b></p>
--

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budgets
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program
  - a. Letter(s) of support from local health department(s) in the applicant's service area (required ONLY if applicant is not a local health department)
  - b. Letter(s) of commitment from partnering organizations, agencies, and/or service providers
  - c. Letter of commitment from the medical director who will authorize program staff to personally furnish naloxone pursuant to a protocol (required ONLY if applicant **is not** a registered Project DAWN program)
  - d. Copy of existing protocol that authorizes staff to furnish naloxone, signed by a medical director (only required for agencies proposing to implement new or expansion

- distribution strategies)
- e. Staff position description
- f. OPTIONAL: Letter(s) of support from local community agencies (local drug coalition; local law enforcement agency; etc.)

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

Complete  
Copy &  
E-mail or  
Mail to  
ODH

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

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

## **II. APPLICATION REQUIREMENTS AND FORMAT**

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

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

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page 10 of the Solicitation for unallowable costs.

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

- 1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).
- 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period [9/29/2020 to 9/28/2021].

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

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the*

*administrative standards of ODH and federal grants.*

- C. **Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

C. **Project Narrative:**

See Appendix F (Application Instructions) for guidance.

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

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

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

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

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

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

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



the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before May 4, 2020**.

*A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.*

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Access Form
- C.** C1 Deliverable – Objective Descriptions (if applicable)  
C2 Deliverable – Objective Allocations (if applicable)
- D.** Application Review Form
- E.** Background and Goal
- E2.** Funding Eligibility and Guidance
- E3.** Additional Deliverable Objectives Descriptions and Expectations
- F.** Application Instructions
- G.** Workplan Template
- H.** Budget Justification Example
- I.** Project DAWN Registration Form
- I2.** Ohio Department of Health Client Intake Form (v.3.2)
- I3.** Ohio Department of Health Naloxone Monthly Distribution Log – 2020
- I4.** Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol
- J.** Training Resources

Reimbursement  
Type  
Select one of the  
options below:

- ☐ Monthly  
OR  
☐ Quarterly

## NOTICE OF INTENT TO APPLY FOR FUNDING

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

## Submission Required

See Due Date Below

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

ODH Program Title:  
*Integrated Naloxone Access and Infrastructure*

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

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

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

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_

Agency Head (Signature) \_\_\_\_\_

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES ☐ NO ☐

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Sierra.Dantzler@odh.ohio.gov](mailto:Sierra.Dantzler@odh.ohio.gov) BY April 7, 2020

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

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

## GMIS User Access, Access Change or Deactivation Request

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

Date: \_\_\_\_\_

Check the type of access and complete the information requested:    ☐ New Agency - needs GMIS Access

☐ New Employee - needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee - New GMIS User or GMIS User Access Change. Effective/Change Date: \_\_\_\_\_

☐ Deactivation - User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

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

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames): \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Office Phone Number: \_\_\_\_\_

Employee Office Fax Number: \_\_\_\_\_

Employee Office Email Address: \_\_\_\_\_

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

Email Notifications: ☐ Yes    ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
 Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
 Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY - Date Received:

Date Processed:

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4<sup>th</sup> Floor, Columbus, Ohio 43215 Or

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

**Name of Subgrant Program:**  
**Budget Period: 9/29/2020 – 9/28/2021**  
**# of Deliverables: 8**  
**Use Budget Justification Scenario#: 3**

**X** **Deliverables Only**

**Deliverable – Objective 1: Program Administration**

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

<b>Level 1 Subrecipient</b>	<b>Level 2 Subrecipient</b>
<p><b><u>Objective 1A:</u></b></p> <p>By October 31, 2020, subrecipient will register as a new Project DAWN program and upload proof of registration via GMIS.</p>	<p><b><u>Objective 1A:</u></b></p> <p>By October 31, 2020, subrecipient will upload proof of current Project DAWN registration via GMIS.</p>
<p><b><u>Objective 1B:</u></b></p> <p>By November 30, 2020, subrecipient will submit a role transition plan with a description and contact information for the designated program coordinator and other staff involved in program operations, including anticipated number of weekly hours to be devoted to project via GMIS.</p>	<p><b><u>Objective 1B:</u></b></p> <p>By November 30, 2020, subrecipient will submit a role transition plan with a description and contact information for the designated program coordinator and other staff involved in program operations, including anticipated number of weekly hours to be devoted to project via GMIS.</p>
<p><b><u>Objective 1C:</u></b></p> <p>By December 31, 2020*, subrecipient will participate in ‘Naloxone 101’ informational webinar for Overdose Education and Naloxone Distribution Programs (OENDP).  <i>*Actual day and time of webinar is TBD, but it will occur before December 31, 2020.</i></p>	<p><i>(OPTIONAL)</i> <b><u>Objective 1C:</u></b></p> <p>By December 31, 2020*, subrecipient will participate in ‘Naloxone 101’ informational webinar for Overdose Education and Naloxone Distribution Programs (OENDP).  <i>*Actual day and time of webinar is TBD, but it will occur before December 31, 2020.</i></p>

**Deliverable – Objective 2: Policies and Procedures**

The subrecipient should develop or update standard operating procedures (SOP) document for each setting and

protocol(s) authorizing program staff to personally furnish naloxone. These documents must define the program goals, setting and hours, services offered, staff responsibilities, and specific procedures for program participants to receive naloxone medication and training. Additionally, subrecipients should finalize participation agreements for each partner agency that was identified in the proposal. Agreements should define the level of involvement in the subrecipient's project(s) by detailing the agreed-upon roles and responsibilities. Distribution strategies will not be considered fully implemented until all necessary infrastructure is in place (all policies, procedures, protocols, other documents are finalized, kits are actively distributed). Further implementation requirements are outlined Deliverable – Objective 8.

Level 1 Subrecipient	Level 2 Subrecipient
<p><b><u>Objective 2A:</u></b></p> <p>By December 31, 2020, subrecipient will submit a copy of signed protocol via GMIS. Subrecipient may submit one protocol for all distribution strategies on the condition that designated personnel from each strategy is included.</p>	<p><b><u>Objective 2A:</u></b></p> <p>By December 31, 2020, subrecipient will submit a copy of <u>existing</u> protocol via GMIS. If subrecipient is Level 2 and proposing one or more 'expansion' distribution strategies, an <u>updated</u> protocol that includes new authorized staff/personnel must be submitted.</p>
<p><b><u>Objective 2B:</u></b></p> <p>By December 31, 2020, subrecipient will submit a document of standard operating procedures (SOP) document for New Strategy via GMIS.</p> <p><i>Required Benchmark(s):</i> An SOP document must be submitted for each additional strategy proposed by subrecipient; each document will be rewarded separately.</p>	<p><b><u>Objective 2B:</u></b></p> <p>By December 31, 2020, subrecipient will submit a document of standard operating procedures for 'Infrastructure' strategy via GMIS.</p> <p><i>Required Benchmark(s):</i> An SOP document must be submitted for each additional 'expansion' strategy proposed by subrecipient; each document will be rewarded separately.</p>
<p><b><u>(OPTIONAL) Objective 2C:</u></b></p> <p>By December 31, 2020, subrecipient will submit a participation agreement via GMIS for each strategy that involves a partner agency, as identified in the proposal. <b><i>(Only required for subrecipients who identified partner agencies in proposal)</i></b></p> <p><i>Required Benchmark(s):</i> A participation agreement must be submitted for each additional strategy proposed by subrecipient; each document will be rewarded separately.</p>	<p><b><u>(OPTIONAL) Objective 2C:</u></b></p> <p>By December 31, 2020, subrecipient will submit a participation agreement via GMIS for each strategy that involves a partner agency, as identified in the proposal. <b><i>(Only required for subrecipients who identified partner agencies in proposal)</i></b></p> <p><i>Required Benchmark(s):</i> A participation agreement must be submitted for each additional strategy proposed by subrecipient; each document will be rewarded separately.</p>

### Deliverable – Objective 3: Program Reporting

Throughout the duration of the program period, subrecipients must fulfill the tasks necessary for tracking and monitoring program progress, performance metrics, and data reporting. Performance metrics and program data reporting are only required for Level 2 subrecipients for the first quarter of the program period.

**IMPORTANT:** If, for any reason, no kits are furnished within a given month while the strategy or program is in “Implemented/Active” status, subrecipient must provide a statement on agency letterhead explaining the reasons behind lack of program activity. Subrecipient is still required to submit a Monthly Distribution Log (with ‘0’ reported in the appropriate sections) to meet Objective 3A, but compensation for Objective 3B (Intake Form information) will not be available.

Level 1 Subrecipient	Level 2 Subrecipient
<p><b><u>Objective 3A:</u></b></p> <p>By September 5, 2021, subrecipient will submit client intake form data via REDCap for all kits dispensed, and upload REDCap data report to GMIS.</p> <p><i>Required Benchmarks:</i> Due on the 5<sup>th</sup> of every month, <b>starting February 5, 2021.</b> However, if Level 1 Subrecipient implements any strategies prior to February 5, they may request payment.</p>	<p><b><u>Objective 3A:</u></b></p> <p>By September 5, 2021, subrecipient will submit client intake form data via REDCap for all kits dispensed, and upload REDCap data report via GMIS.</p> <p><i>Required Benchmarks:</i> Due on the 5<sup>th</sup> of every month, <b>starting October 5, 2020.</b></p>
<p><b><u>Objective 3B:</u></b></p> <p>By September 5, 2021, subrecipient will submit a Monthly Distribution Log via GMIS.</p> <p><i>Required Benchmarks:</i> Due on the 5<sup>th</sup> of every month, <b>starting February 5, 2021.</b> However, if Level 1 Subrecipient implements any strategies prior to February 5, they may request payment.</p>	<p><b><u>Objective 3B:</u></b></p> <p>By September 5, 2021, subrecipient will submit a Monthly Distribution Log via GMIS.</p> <p><i>Required Benchmarks:</i> Due on the 5<sup>th</sup> of every month, <b>starting October 5, 2020.</b></p>
<p><b><u>Objective 3C:</u></b></p> <p>By September 28, 2021, subrecipient will submit quarterly progress report with annual summary via REDCap. Survey confirmation page must be uploaded to GMIS.</p> <p><i>Required Benchmarks:</i> Due quarterly on <b>December 31, 2020; March 31, 2021; June 30, 2021, and September 28, 2021.</b></p>	<p><b><u>Objective 3C:</u></b></p> <p>By September 28, 2021, subrecipient will submit quarterly progress report with annual summary via REDCap. Survey confirmation page must be uploaded to GMIS.</p> <p><i>Required Benchmarks:</i> Due quarterly on <b>December 31, 2020; March 31, 2021; June 30, 2021, and September 28, 2021.</b></p>

**Deliverable – Objective 4: Participation**

To connect with other organizations and advance program goals, the subrecipient should participate in quarterly grant conference calls and attend quarterly state coalition meetings.

Level 1 and Level 2 Subrecipients
<p><b><u>Objective 4A:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will attend quarterly grantee phone conferences.</p> <p><i>Required Benchmarks:</i> Attendance is quarterly on <b>December 10, 2020; March 15, 2021; June 15, 20201; and September 15, 2021.</b></p>
<p><b><u>Objective 4B:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will attend quarterly meetings for Ohio Overdose Prevention Network (Ohio OPN) and one Ohio OPN subcommittee. <u>Attendance must be in person.</u></p> <p><i>Required Benchmarks:</i> Attendance is quarterly; Ohio OPN meeting dates for 2021 to be determined.</p>
<p><b><i>(OPTIONAL)</i> <u>Objective 4C:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will attend quarterly meetings for Ohio Injury Prevention Partnership (OIPP). <u>Attendance must be in person.</u></p> <p><i>Required Benchmarks:</i> Attendance is quarterly; OIPP Annual Meeting November 6, 2020; Meeting dates for 2021 to be determined.</p>

**Deliverable – Objective 5: Community Outreach**

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

*(Table for Objective 5 on next page)*

Level 1 and Level 2 Subrecipients
<b><u>Objective 5A:</u></b> <u>By December 31, 2020</u> , subrecipient will submit an outreach plan via GMIS.
<b><u>Objective 5B:</u></b> <u>By September 28, 2021</u> , subrecipient will submit a final outreach report via GMIS

### Deliverable – Objective 6: Targeted Evaluation Plan

The subrecipient should create and execute a Targeted Evaluation Plan (TEP) to gain insight about program activities and support program improvement. Funded applicants will determine the topic, methods, scale, scope, and duration of their targeted evaluation projects, based on their capacity and program needs, in consultation with ODH. The evaluation work could be formative, process, or outcome oriented. Subrecipients should conduct evaluation throughout the duration of the grant cycle, with at least one targeted evaluation project active over the course of the project, through September 2022. Findings and conclusions should be in the form of a final evaluation report due at the end of the continuation year in September 2022.

Level 1 and Level 2 Subrecipients
<b><u>Objective 6:</u></b> <u>By January 31, 2021</u> , subrecipient will submit an evaluation plan via GMIS.

### Deliverable – Objective 7: Naloxone Distribution Strategies

Subrecipient should implement and/or maintain the infrastructure of up to four naloxone distribution strategies. The proposed strategies will be considered fully implemented once all necessary infrastructure is in place; all policies, procedures, protocols, and other documents are finalized; program operations are fully functioning; naloxone is actively being distributed to community members using this strategy; and a site visit has been conducted by the assigned ODH Program Consultant. Subrecipients will document implementation of each proposed strategy by completing the appropriate section and recording the number of kits distributed in the quarterly progress report in REDCap. Please note, compensation for this deliverable may not be requested early; it will be paid at the end of the budget year.

*(Table for Objective 7 on next page)*



Level 1 and Level 2 Subrecipients
<p><b><u>Objective 7A:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will mark Strategy 1 as ‘Active/Fully Implemented’ in the quarterly progress report.</p>
<p><i>(OPTIONAL)</i> <b><u>Objective 7B:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will mark Strategy 2 as ‘Active/Fully Implemented’ in the quarterly progress report.</p>
<p><i>(OPTIONAL)</i> <b><u>Objective 7C:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will mark Strategy 3 as ‘Active/Fully Implemented’ in the quarterly progress report.</p>
<p><i>(OPTIONAL)</i> <b><u>Objective 7D:</u></b></p> <p><u>By September 28, 2021</u>, subrecipient will mark Strategy 4 as ‘Active/Fully Implemented’ in the quarterly progress report.</p>

### Deliverable – Objective 8: Program Performance

The subrecipient will distribute the number of naloxone kits associated with the tier they identified in the proposal, and kits will be supplied by Ohio Department of Health. Number of kits distributed as a Project DAWN program will be documented through the monthly distribution logs, and the number of kits distributed in each funded strategy will be documented in the quarterly progress report. Because the focus of the grant is community naloxone distribution, naloxone provided to law enforcement or first responders for the purposes of administration will not be counted toward this deliverable. Except for Tier 1, subrecipient will be paid for each tier goal that is met; the final selected tier goal will not be paid until the end of the budget year. Example: If subrecipient identifies Tier 3 in the proposal, they will be compensated for reaching Tier 1 and Tier 2 throughout the budget year; however, the final amount for Tier 3 will not be paid until the end of the budget year in September 2021. **Subrecipient will not be paid at a tier greater than what was proposed and budgeted in the application**, but ODH will provide additional kits, when possible, if a need is identified and communicated.

*(Table for Objective 8 on next page)*

**Level 1 and Level 2 Subrecipients****Objective 8:**

By September 28, 2021, subrecipient will distribute the number of kits designated in the chosen distribution tier.

*Required Benchmarks:* (choose **one** tier range)

Tier 1: 1 – 250 kits

Tier 2: 251 – 500 kits

Tier 3: 501 – 750 kits

Tier 4: 751 - 1,000 kits

Tier 5: 1,001 - 1,250 kits

Tier 6: 1,251 - 1,500 kits

Tier 7: 1,501 - 1,750 kits

Tier 8: 1,750 - 2,000 kits

## Name of Subgrant Program: Integrated Naloxone Access and Infrastructure Grant

Budget Period: 9/29/2020 - 9/28/2021

# of Deliverables: 8

Use Budget Justification Scenario #: 3

☒ X Deliverables Only

	Level 1 Subrecipients	Level 2 Subrecipients	Maximum Compensation Available for Deliverable
<b><u>Deliverable - Objective 1: Program Administration</u></b>			
1A. Registration	\$500.00	\$500.00	\$3,000.00
1B. Staff Designation & Role Transition Plan	\$1,000.00	\$1,000.00	
1C. Naloxone 101 Webinar (Only required for Level 1 Subrecipients)	\$1,500.00	\$1,500.00	
<b><u>Deliverable - Objective 2: Policies and Procedures</u></b>			
2A. Signed Naloxone Distribution Protocol	\$1,500.00	\$1,500.00	\$7,500.00
2B. Standard Operating Procedures	\$3,000.00	\$3,000.00	
SOP for Setting 1 (Required)	\$750.00	\$750.00	
SOP for Setting 2 (Optional)	\$750.00	\$750.00	
SOP for Setting 3 (Optional)	\$750.00	\$750.00	
SOP for Setting 4 (Optional)	\$750.00	\$750.00	
2C. Participation Agreements (Optional: See Appendix C1 )	\$3,000.00	\$3,000.00	
Participation Agreement for Setting 1	\$750.00	\$750.00	
Participation Agreement for Setting 2	\$750.00	\$750.00	
Participation Agreement for Setting 3	\$750.00	\$750.00	
Participation Agreement for Setting 4	\$750.00	\$750.00	
<b><u>Deliverable - Objective 3: Program Reporting</u></b>			
3A. Intake Form Information (See Appendix C1)	\$6,000.00	\$6,000.00	\$15,000.00
3B. Monthly Distribution Logs (See Appendix C1)	\$6,000.00	\$6,000.00	
3C. Quarterly Progress Report	\$3,000.00	\$3,000.00	
<b><u>Deliverable - Objective 4: Participation</u></b>			
4A. Quarterly Grantee Conference Calls	\$2,000.00	\$2,000.00	\$8,000.00
4B. Ohio OPN Meeting Attendance	\$3,000.00	\$3,000.00	
4C. Ohio Injury Prevention Partnership (Optional)	\$3,000.00	\$3,000.00	
<b><u>Deliverable - Objective 5: Annual Outreach</u></b>			
5A. Community Outreach Plan for Year 1	\$1,000.00	\$1,000.00	\$2,500.00
4B. Community Outreach Report for Year 1	\$1,500.00	\$1,500.00	
<b><u>Deliverable - Objective 6: Targeted Evaluation Plan</u></b>	\$2,000.00	\$2,000.00	\$2,000.00
<b><u>Deliverable - Objective 7: Naloxone Distribution Strategies</u></b>			
8A. Strategy 1 (Required)	\$5,000.00	\$5,000.00	\$20,000.00
8B. Strategy 2 (Optional)	\$5,000.00	\$5,000.00	
8C. Strategy 3 (Optional)	\$5,000.00	\$5,000.00	
8D. Strategy 4 (Optional)	\$5,000.00	\$5,000.00	
<b><u>Deliverable - Objective 8: Program Performance</u></b> (choose one tier for final deliverable amount)			
Tier 1: 1 – 250 kits	\$7,500.00	\$7,500.00	\$60,000.00
Tier 2: 251 – 500 kits	\$15,000.00	\$15,000.00	
Tier 3: 501 – 750 kits	\$22,500.00	\$22,500.00	
Tier 4: 751 - 1,000 kits	\$30,000.00	\$30,000.00	
Tier 5: 1,001 - 1,250 kits	\$37,500.00	\$37,500.00	
Tier 6: 1,251 - 1,500 kits	\$45,000.00	\$45,000.00	
Tier 7: 1,501 - 1,750 kits	\$52,500.00	\$52,500.00	
Tier 8: 1,750 - 2,000 kits	\$60,000.00	\$60,000.00	
<b>Total Program Budget for Year 1</b>	<b>\$118,000.00</b>	<b>\$118,000.00</b>	<b>\$118,000.00</b>

## Application Review Form/Scoresheet

Integrated Naloxone Access and Infrastructure Grant

(September 29, 2020 – September 28, 2021)

Applicant Agency:  
Applicant Number:  
Recommended for Funding: Yes/No

Requested Budget:  
Tier Selected by Applicant:  
Reviewer Name or Number:

Notes/ <u>Special</u> Conditions:		
Overall Scoring Summary	Maximum Score	Reviewer Score
Executive Summary	15	
Project Narrative: Applicant Agency/Documentation of Eligibility/Personnel	25	
Project Narrative: Methodology (Part 1 through 6)	30	
Project Narrative: Methodology (Parts 7 and 8)	35/70/105/140	
Workplan	40	
Budget Justification Narrative	10	
Letter(s) of Support and Commitment	N/A	
Total	155/190/225/ 260	

Executive Summary	Maximum Score	Reviewer Score	Notes
Eligibility level is stated (Level 1 or Level 2)	1		
Program goals are briefly outlined	3		
Includes the proposed naloxone distribution strategies	3		
Provides justification of the strategies chosen	3		
States whether partner agencies are involved and/or identifies them.	2		
States proposed naloxone distribution tier	1		
States total amount of funding requested and intended use	2		
Total Executive Summary	15		
Project Narrative: Applicant Agency/Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Notes
Summarizes agency's structure as it relates to this program and, as lead agency, how it will manage the program	5		
Describes the agency's experience in providing community naloxone distribution or other harm reduction services; if applicable, describes current program(s)	5		
Describes staff expertise in harm reduction principles/strategies and/or plans for training	5		

Describes capacity of organization/staff to address stigma and communicate to diverse audiences	3		
Lists personnel who will be involved in the program and describes roles, relationships, and hours per week dedicated to the program	5		
Describes personnel or equipment insufficiencies and plans for hiring and training staff	2		
Total Project Narrative: Applicant Agency/Documentation of Eligibility/Personnel	25		
Project Narrative: Problem/Need	Maximum Score	Reviewer Score	Notes
Identifies, describes, and provides data about the health concern(s) that will be addressed by the program	5		
Describes segments of the population who experience a disproportionate health burden or those who are at an increased risk for the problem	5		
Identifies the target population for the program and how this funding opportunity will improve health equity and address the stated health concerns or issues	10		
Describes other agencies or organizations also addressing this problem; describes gaps in naloxone access in the community and explains how the proposed project will remedy these gaps instead of duplicate efforts	10		
Total Project Narrative: Problem/Need	30		
Project Narrative: Methodology (Part 1-6)	Maximum Score	Reviewer Score	Notes

<i>1. Program Administration; 2. Policies and Procedures; 3. Reporting; 4. Participation; 5. Outreach; and 6. Evaluation</i>			
Describes activities to designate program coordinator or hire & train new staff, and develop role transition plan	10		
Identifies personnel responsible for Project DAWN registration and Naloxone 101 webinar attendance <i>(only applies to applicants that are defined as Level 1)</i>	Yes/No		
Includes information on existing naloxone protocols and describes activities through which one will be developed or updated, including identifying the physician to authorize staff to personally furnish naloxone	10		
Describes activities to develop or update standard operating procedures	5		
Describes activities or any necessary processes to obtain signed partnership agreements <i>(only applies to applicants that identified partner agencies)</i>	Yes/No		
Describes activities to submit required program reporting and/or includes how intake form information and monthly distribution data will be communicated between multiple staff members and partner agencies	10		
Describes how participation in conference calls and Ohio OPN meetings will benefit program	5		
Includes information about existing outreach plan (if applicable) and/or how one will be developed or updated; describes possible objectives or strategies that will be included in the outreach plan; describes how final outreach report will be completed	15		

Describes <u>proposed</u> Targeted Evaluation Plan that includes information about possible evaluation topic; evaluation questions; data sources; evaluation questions; timeline; and any partner agency involvement (if applicable).	15		
Total Project Narrative: Methodology (Part 1-6)	70		
Project Narrative: Methodology (Part 7 and 8)	Maximum Score	Reviewer Score	Notes
<i>7.Naloxone Distribution Strategies</i>			
Strategy 1 (Required)			
Clearly numbers the strategy and indicates if it's a 'New', 'Maintenance of Infrastructure', or 'Expansion' strategy	2		
Identifies and describes partner agencies or organizations	Yes/No		
Summarizes basic operations of the proposed strategy and includes information about setting/location; hours or frequency of operation; and staff/agency responsible for furnishing kits	15		
Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population	10		
Provides an estimate or projection of number of kits to be distributed this strategy during the first grant year	3		
Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a unique approach	5		
Indicates how the strategy will be evaluated to measure success	5		
Total Strategy 1	35		



Strategy 2 (Optional)			
Clearly numbers the strategy and indicates if it's a 'New', 'Maintenance of Infrastructure', or 'Expansion' strategy	2		
Identifies and describes partner agencies or organizations	Yes/No		
Summarizes basic operations of the proposed strategy and includes information about setting/location; hours or frequency of operation; and staff/agency responsible for furnishing kits	15		
Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population	10		
Provides an estimate or projection of number of kits to be distributed this strategy during the first grant year	3		
Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a unique approach	5		
Indicates how the strategy will be evaluated to measure success	5		
Total Strategy 2	35		
Strategy 3 (Optional)			
Clearly numbers the strategy and indicates if it's a 'New', 'Maintenance of Infrastructure', or 'Expansion' strategy	2		
Identifies and describes partner agencies or organizations	Yes/No		
Summarizes basic operations of the proposed strategy and includes information about setting/location; hours or frequency of operation; and staff/agency responsible for furnishing kits	15		
Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population	10		

Provides an estimate or projection of number of kits to be distributed this strategy during the first grant year	3		
Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a unique approach	5		
Indicates how the strategy will be evaluated to measure success	5		
Total Strategy 3	35		
<b>Strategy 4 (Optional)</b>			
Clearly numbers the strategy and indicates if it's a 'New', 'Maintenance of Infrastructure', or 'Expansion' strategy	2		
Identifies and describes partner agencies or organizations	Yes/No		
Summarizes basic operations of the proposed strategy and includes information about setting/location; hours or frequency of operation; and staff/agency responsible for furnishing kits	15		
Provides rationale for why this strategy was chosen and describes how it will increase access to naloxone among the target population	10		
Provides an estimate or projection of number of kits to be distributed this strategy during the first grant year	3		
Describes how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a unique approach	5		
Indicates how the strategy will be evaluated to measure success	5		
Total Strategy 4	35		
<i>8. Distribution Tier</i>			

Identifies tier of naloxone funding that indicates number of kits to be dispensed to community members during the first grant year	Yes/No		
Selected tier indicates a reasonable goal for number of kits distributed that is appropriate to the proposed strategies	Yes/No		
Total Project Narrative: Methodology (Part 7 and 8)	35/70/105/140		<i>NOTE: maximum score for this section will be 35, 70, 105, or 140 depending on the number of strategies proposed</i>
Workplan	Maximum Score	Reviewer Score	Notes
Includes all required deliverable and objectives outlined in the narrative	5		
Specifies person/agency responsible for activities	5		
Specifies timeline, including realistic start and end dates for the activities	5		
Activities and steps proposed are clearly defined and described, are relative to the required objectives, and provide adequate insight into how objectives will be met	20		
Includes performance measures or intended outcomes	5		
Total Workplan	40		
Budget Justification Narrative	Maximum Score	Reviewer Score	Notes

Correct scenario was used (Scenario 3; specified in Appendix C2)	Yes/No		
Costs are appropriately tied to program objectives and activities, and total budget matches the amount stated in Executive Summary	5		
Project is sufficiently funded to be feasibly accomplished	5		
Total Budget	10		
Letter(s) of Support and Commitment			Notes
Applicant included letter(s) of support from local health department(s) included <i>(required ONLY if applicant is not a local health department)</i>	Yes/No or N/A		
Applicant included letter(s) of commitment from all partner agencies identified in the methodology section of the application narrative	Yes/No or N/A		
Applicant included letter(s) of commitment Medical Director of the proposed program and/or other physician(s) who will sign a protocol authorizing program staff to personally furnish naloxone <i>(only required for agencies proposing to implement new or expansion strategies)</i>	Yes/No or N/A		
Applicant included letters of support from local community agencies or other relevant entities (for example, local drug coalitions; law enforcement agencies; etc.) -- <i>OPTIONAL for all applicants</i>	Yes/No		
Letter(s) of Support and Commitment	No Score		

## BACKGROUND AND GOAL

### Current State in Ohio

To date, more Ohioans have died from a drug overdose than motor vehicle accident and firearm injuries combined, with opioids continuing to be a major cause of unintentional drug overdose burden.<sup>1</sup> The increased prevalence of fentanyl — a powerful opioid — and its analogues in the supply of street drugs such as heroin, cocaine, and methamphetamine has been a major contributor to the overdose death rate in Ohio. The percentage of fatal overdoses involving fentanyl surged from 4% in 2013 to 73% in 2018; also, in 2018, 74% of overdose deaths related to cocaine conjointly involved fentanyl, and 67% of deaths related to psychostimulants involved fentanyl as well.<sup>2</sup> Although overdose death rates decreased for all sex and race/ethnicity groups in 2018, black non-Hispanic males continue to have the highest rate compared to other sex and race/ethnicity groups.<sup>3</sup>

### Naloxone Distribution as a Harm Reduction Strategy

Naloxone is an important harm reduction strategy that is effective in reversing overdoses caused by opioids, including prescription opioids, heroin, and fentanyl. Access to naloxone is crucial to preventing deaths among Ohioans who use both legal and illicit drugs. Encouragingly, the rate of increase in overdose deaths dropped from 2017-2018 compared to 2016-2017.<sup>4</sup> Drug overdose fatalities can continue to decrease if the most at-risk population is given adequate access to naloxone. When supported and funded appropriately, take-home naloxone programs are cost-effective and reduce fatal overdoses.<sup>5,6,7</sup>

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

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

The primary target population for this project is people who use illicit drugs, including: illegal opioid drugs such as heroin and fentanyl; non-opioid drugs such as methamphetamine and cocaine; and misuse of prescription opioids, especially those purchased on the black market which may be contaminated with fentanyl. Not only is this group most likely to administer naloxone during an overdose event or need naloxone themselves, they are

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<sup>1</sup> Ohio Department of Health, Bureau of Vital Statistics. Number of Resident Deaths by Year, Ohio. Ohio Public Health Data Warehouse.

<sup>2</sup> Ohio Department of Health. 2018 Ohio Drug Overdose Data: General Findings. Data source from Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Full report can be accessed at :

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2018-ohio-drug-overdose-report>

<sup>3</sup> Ibid, 2.

<sup>4</sup> Ibid.

<sup>5</sup> Coffin PO, Sullivan SD. Cost-effectiveness of distributing naloxone to heroin users for lay overdose reversal. *Ann Intern Med.* 2013 Jan 1;158(1):1-9.

<sup>6</sup> Walley AY, Xuan Z, Hackman HH, et al. Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: interrupted time series analysis. *BMJ.* 2013 Jan 30;346:f174.

<sup>7</sup> Albert S, Brason F, Sanford C, et al. Project Lazarus: Community-based overdose prevention in rural North Carolina. *Pain Medicine.* 2011;12:77.

also the highest priority population for most harm-reduction-related direct services. The secondary target population includes any person who may be able to assist an individual who is apparently experiencing, or at risk of experiencing, an opioid overdose.

### Additional Information

- Appendix E2: Funding Eligibility and Strategy Selection Guidance
- Appendix E3: Additional Deliverable Objectives Descriptions and Expectations
- Appendix F: Application Instructions
- Appendix G: Workplan Template
- Appendix H: Budget Narrative Example
- Appendix I: Project DAWN Registration Form
- Appendix I2: Ohio Department of Health Client Intake Form (v.3.2)
- Appendix I3: Ohio Department of Health Naloxone Monthly Distribution Log – 2020
- Appendix I4: Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol
- Appendix J: Training Resources

## FUNDING ELIGIBILITY AND STRATEGY SELECTION GUIDANCE

### Eligibility

All local public health agencies and not-for-profit organizations are eligible for this funding. Naloxone for these projects will be provided by Ohio Department of Health to agencies that have a current Terminal Distributor of Dangerous Drugs (TDDD) Category II or Category III License, or the ability to apply for one. A letter of commitment outlining the partnership and management of naloxone between the applicant (if non-profit organization or non-local health department agency) and local health department is required.

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

**\*\*Throughout the course of this grant, funded applicants will be identified as Level 1 or Level 2. In your proposal, you must clearly indicate which level applies to your agency.\*\***

**Level 1** applicants/subrecipient are considered agencies that are not currently registered Project DAWN programs or do not operate a naloxone distribution program.

**Level 2** applicants/subrecipients applies to agencies that are currently registered Project DAWN programs or operate a naloxone distribution program in accordance with Ohio law.

### Distribution Strategies and Settings

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

At least one, and not more than four, strategies must be clearly identified in the proposal. Multiple sites that are part of the same strategy may not be identified as separate strategies. For instance, if an applicant proposes to implement naloxone distribution at three separate treatment and recovery facilities, that counts as one strategy – not three.

Examples of distribution strategies include:

- Maintaining infrastructure within existing naloxone access/distribution programs
- Developing infrastructure for **new** or **additional/expansion** naloxone access sites at key locations in the community, including:
  - Community centers
  - Federally Qualified Health Centers
  - Businesses (pawn shops, barbershops, etc.)
  - Homeless shelters
  - Faith-based organizations
  - Not-for-profit organizations
- Integrating naloxone distribution into existing services, including:

- Bloodborne Pathogen Prevention/Syringe Access Programs
- HIV/STI/Hepatitis testing and prevention
- Substance use treatment and recovery services (including medication-assisted treatment service sites)
- Partnering with organizations for minorities and people of color
- Partnering with court systems to distribute naloxone (e.g. drug courts, family courts, re-entry programs)
- Partnering with correctional facilities/detention centers to provide naloxone prior to release
- Working with law enforcement or fire departments to set up naloxone leave-behind programs
- Equipping Quick Response Teams to distribute naloxone
- Mail-order naloxone
- Street outreach
- Mobile naloxone delivery
- Distributing naloxone kits through a peer volunteer network
- Implementing policy or systems changes to facilitate co-prescribing of naloxone with opioids

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



## ADDITIONAL DELIVERABLE OBJECTIVES DESCRIPTIONS AND EXPECTATIONS

Please be aware that if you intend to implement new or expansion strategies, the first quarter of this grant year should be spent preparing for program implementation by ensuring all necessary infrastructure is in place and required documents have been developed and submitted. The Ohio Department of Health expects all strategies to be active by January 2021.

### 1: Program Administration

#### 1A. Registration

Funded applicants are required to be a registered Project DAWN program to receive naloxone kits funded by Ohio Department of Health. Instructions for meeting this objective are as follows:

- **Level 1 Subrecipients:** Complete and submit the Project DAWN registration form to [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov), and upload a copy to the appropriate Program Reports section in GMIS by the specified due date. The registration form can be found in *Appendix I: Project DAWN Registration Form* or on the Project DAWN website at: [https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/projectdawn\\_registration](https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/projectdawn_registration).
- **Level 2 Subrecipients:** Upload a copy of your current registration to the appropriate 'Program Reports' section in GMIS by the specified due date.

#### 1B. Staff Designation/Role Transition Plan

Funded applicants must identify personnel to coordinate the Project DAWN program, specifically, a Program Coordinator. If necessary, staff may be hired to assist with and/or supervise program operations. A role transition plan for when essential personnel vacate a position and shall be utilized to ensure program operations continue. The plan should include the following, at a minimum:

- Name and contact information for the designated Program Coordinator and other staff involved in grant activities and/or program operations
- Job descriptions for each staff member listed (that pertains to the program)
- Training requirements, if any
- Description and timeline of how hand-off duties between current and succeeding staff personnel will be coordinated, including communication with ODH.

*As additional guidance, a template will be provided at a later date.*

Personnel and role recommendations:

Program Coordinator – administration; budget management and control; program reporting to ODH; management of naloxone inventory and purchasing

Community Liaison/Outreach Specialist – recruit program participants; facilitate the development and maintenance of partnerships with community stakeholders and residents; assist with the execution of marketing strategies; promote service(s) and provide information at community events

Naloxone Distribution Specialist – train program clients and personally furnish naloxone

- **Level 1 and Level 2 Subrecipients:** must upload the role transition plan to the appropriate 'Program Reports' section in GMIS by the specified due date.

**1C. ‘Naloxone 101’ Webinar** *(Only required for Level 1 Subrecipients)*

This webinar, offered by Ohio Department of Health, is for agencies new to operating an Overdose Education and Naloxone Distribution Program (OENDP) in Ohio, or those interested in improving their knowledge and learning about new developments surrounding naloxone. This webinar covers information such as: naloxone medication; relevant Ohio legislation; required protocols; and Project DAWN operation.

- **Level 1 Subrecipients:** The designated Program Coordinator’s (virtual) attendance is preferred. Additional guidance on how to meet this objective will be provided at a later date. Please contact your assigned ODH Grant Consultant for questions.
- **Level 2 Subrecipients:** This is an optional objective; however, subrecipient must determine participation before the grant year begins. Subrecipients may not request compensation for this objective if it has not been designated in application proposal and program budget. Additional guidance on how to meet this objective will be provided at a later date. Please contact your assigned ODH Grant Consultant for questions.

*The webinar will occur within the first quarter of the grant year; date is to be determined.*

## 2: Policies and Procedures

**2A. Naloxone Protocol**

All funded applicants must develop or update a protocol authorizing one or more individuals to personally furnish naloxone to be in compliance with Ohio Revised Code 4731.941. This document enables OENDPs to operate without a medical director (physician) on site. For ODH approval, it must contain the following:

- Definitions of authorized staff/personnel for each distribution strategy
- An outline of required training topics for required before authorized staff/personnel are able to furnish naloxone
- An outline of instructions or training topics an authorized individual must provide to an individual to whom naloxone is furnished

*For additional guidance, please find a template in Appendix I4: Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol*

- **Level 1 and Level 2 Subrecipients:** upload a copy of the naloxone protocol to the appropriate ‘Program Reports’ section in GMIS by the specified due date.

**2B. Standard Operating Procedures**

All funded applicants must develop or update standard operating procedures (SOP) documents appropriate for each proposed strategy setting. These guidance documents must define the program goals, setting and hours, services offered, staff responsibilities, and specific procedures for program participants to receive naloxone medication and training. It is encouraged to list personnel who is responsible for collecting and entering Intake Form information An SOP is required for each proposed strategy.

- **Level 1 and Level 2 Subrecipients:** upload a copy of at least one SOP for each strategy to the appropriate 'Program Reports' section in GMIS by the specified due date.

**2C. Participation Agreement(s)** *(Only required if partner agencies were identified in the proposal)*

Funded applicants that will collaborate with outside agencies to implement and/or operate distribution strategies must develop a participation agreement for each strategy. The partner agencies should be the same as those who provided a letter of commitment for the applicant's proposal. The agreements should define the level of involvement in the funded applicant's project(s) by detailing the agreed-upon roles and responsibilities. If working with multiple partners for one strategy, the subrecipient may choose to combine all information and signatures into one document. Each participation agreement must be signed.

*As additional guidance, a sample agreement will be provided at a later date.*

- **Level 1 and Level 2 Subrecipients:** upload all signed participation agreements to the appropriate 'Program Reports' section in GMIS by the specified due date.

## 3: Program Reporting

As another requirement of registered Project DAWN programs and to receive ODH-funded naloxone kits, all subrecipients must collect data for every kit furnished using the Ohio Department of Health-provided Client Intake Form, and submit data via REDCap on a monthly basis, according to established procedures (see *Appendix I2: Ohio Department of Health Client Intake Form*). This information is due on the 5<sup>th</sup> day every month after the reporting period (*example: intake form information for kits distributed in May is due June 5<sup>th</sup>*).

- **Level 1 Subrecipients:** As new Project DAWN programs, you are not expected to have implemented/active distribution strategies until the second quarter of the first grant year (January 1, 2021), with reporting to commence February 5, 2021; therefore, this objective is not required until that time. However, if all necessary infrastructure is in place (registration, staff designated, SOPs, protocols, and participation agreements finalized) and staff are actively furnishing kits to the community prior to the second quarter, you may request payment for this objective on your Period 1 Expenditure Report.

Starting February 5, 2021, **Level 1 subrecipients** are required to submit intake form information for all kits furnished via REDCap by the **5<sup>th</sup> of every month**. Additionally, subrecipients must upload a monthly REDCap data report that reflects submitted intake form information for the month to the appropriate 'Program Reports' section in GMIS by the **5<sup>th</sup> of every month** (see note on next page).

- **Level 2 Subrecipients:** As existing/active Project DAWN programs, starting October 5, 2020, you are required submit intake form information for all kits furnished via REDCap by the **5<sup>th</sup> of every month**. Additionally, subrecipients must upload a monthly REDCap data report that reflects submitted intake form information for the month to the appropriate 'Program Reports' section in GMIS by the **5<sup>th</sup> of every month** (see note on next page).

The REDCap link for Intake Form surveys will be provided at the beginning of the grant period.

Ohio Department of Health understands there are strategies with a great amount of monthly distribution and

submitting individual client intake information can be burdensome. To avoid overburdening your agency and prevent a time lag for REDCap submission, it is suggested that Intake Form submissions to REDCap be assigned to staff at partner agencies on the condition they are thoroughly trained on how to properly complete the task, and that this expectation is outlined in the participation agreement.

**NOTE:** Monthly REDCap data reports can only be provided by Ohio Department of Health. It is the responsibility of the subrecipient to request reports from their assigned ODH Grant Consultant in advance, before the 5<sup>th</sup> of every month. Subrecipient must coordinate with ODH Grant Consultant to determine the best course of action. It is acknowledged that all intake form information for every kit furnished may not be available in REDCap by the time a data report is requested; the purpose of the report is to provide further evidence this objective has been met.

Based on the unique nature of this activity, the requirements for this objective may be subject to change. Any changes made will be immediately communicated to all subrecipients.

### 3B. Monthly Distribution Log

As a requirement of registered Project DAWN programs and to receive ODH-funded naloxone kits, all subrecipients must track and log the number of kits furnished on a monthly basis using the provided Monthly Distribution Log (see *Appendix I3: Ohio Department of Health Naloxone Monthly Distribution Log*). This information is due on the 5<sup>th</sup> day every month after the reporting period (example: *Monthly Distribution Log for kits distributed in May is due June 5<sup>th</sup>*).

Data reported on this form will include the following:

- Number of kits provided to community members, according to funding source
- Number of individuals trained
- Number of known overdoses that were reversed using naloxone distributed through the program

Data should reflect kits distributed as a program and for all distribution strategies unless your agency is partnering with an existing registered Project DAWN program; in that case, separate logs should be submitted. Reporting for strategy-specific data should be done in the quarterly progress report in REDCap (Objective 4C). Naloxone kits provided to law enforcement or first responders to be administered in cases of suspected overdose should not be counted on the Monthly Distribution Log.

- **Level 1 Subrecipients:** As new Project DAWN programs, you are not expected to have implemented/active distribution strategies until the second quarter of the first grant year (January 1, 2021), with reporting to commence February 5, 2021; therefore, this objective is not required until that time. However, if all necessary infrastructure is in place (registration, staff designated, SOPs, protocols, and participation agreements finalized) and staff are actively furnishing kits to the community prior to the second quarter, you may request payment for this objective on your Period 1 expenditure report.

Starting February 5, 2021, **Level 1 subrecipients** are required to upload the Monthly Distribution Log to the appropriate 'Program Reports' section in GMIS by the 5<sup>th</sup> of every month and email a copy of the log to the Project DAWN email address at [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov).

- **Level 2 Subrecipients:** As existing/active Project DAWN programs, starting October 5, 2020, you are required to upload the Monthly Distribution Log to the appropriate 'Program Reports' section in GMIS by the 5<sup>th</sup> of every month and email a copy of the log to the Project DAWN email address at [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov).

**\*\*IMPORTANT:** *If, for any reason, no kits are furnished within a given month while the strategy or program is in “Implemented/Active” status, subrecipient must provide a statement on agency letterhead explaining the reasons behind lack of program activity. This statement will help ODH Program Consultants provide appropriate technical assistance.* \*\*

### **3C. Quarterly Progress Report**

All funded applicants are required to provide quarterly updates on the program. The purpose of the progress report is to discuss the performance of the program and any activities carried out during the reporting period. The report should reflect accomplishments, challenges, projected milestones, coalition participation (such as Ohio OPN subcommittees), strategy status, strategy-specific kit distribution data, and any other measures taken to meet the required objectives of this funding. In the final quarterly progress report, subrecipients are expected to complete a brief annual summary to describe overall progress during the first grant year.

- **Level 1 and Level 2 Subrecipients:** complete quarterly progress report via REDCap and upload confirmation page to the appropriate ‘Program Reports’ section in GMIS by specified due date.

*A REDCap link to the quarterly report will be provided to funded applicants at a later date.*

## **4: Participation**

### **4A. Quarterly Grantee Phone Conference**

All funded applicants are required to attend the quarterly grant conference calls to receive updates from Ohio Department of Health; share information with other subrecipients; and/or raise questions or other discussion topics.

- **Level 1 and Level 2 Subrecipients:** To meet this objective, subrecipients must call in using conference line information (provided at a later date) and upload a copy of the attendance sheet (with agency highlighted) to the appropriate ‘Program Reports’ section in GMIS. Ohio Department of Health staff will perform a roll call and the attendance list will be emailed to all subrecipients after the conference call.

### **4B. Ohio Overdose Prevention Network Meetings**

Ohio Overdose Prevention Network (Ohio OPN), formerly the Prescription Drug Abuse Action Group (PDAAG), is one of the action groups of the Ohio Injury Prevention Partnership (OIPP) that is a multi-disciplinary work group focused on reducing drug overdoses. Participants from across the state collaborate to produce multi-faceted solutions/approaches and engage in resource and information-sharing concerning substance misuse.

Subcommittees of this workgroup include: Harm Reduction; Pain Management; Data; and Policy.

All funded applicants are required to attend quarterly meetings for Ohio OPN. Please note, there are only three meetings each year, and they typically occur in the afternoon following the Ohio Injury Prevention Partnership (OIPP) session (see Objective 4C). During this grant year, all meeting dates will occur in winter, spring, and summer of 2021; exact dates are to be determined.

**IMPORTANT:** Attendance must be in person by a representative of the subrecipient’s agency. Absence will be excused if there is inclement weather, however, attendance must be virtual by dialing in to the provided conference line. Other excused absences must be discussed with the subrecipient’s assigned ODH Grant Consultant prior to the meeting; depending on the circumstance, compensation will be at ODH’s discretion.

Additional Ohio OPN information, including how to become a member, can be found at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/resources/ohio-overdose-prevention-network>

- **Level 1 and Level 2 Subrecipients:** To meet this objective, please attend all Ohio OPN meetings in person and participate in one subcommittee. Additionally, subrecipients must upload a copy of the attendance sheet (only the page where the signature of your agency representative is located **and** highlighted) to the appropriate 'Program Reports' section in GMIS. The attendance sheet will be emailed to all Ohio OPN members after the meeting. Participation in subcommittees must be documented in the quarterly progress report submitted to REDCap (Objective 3C).

#### **4C. Ohio Injury Prevention Partnership Meetings** *(Optional for all subrecipients)*

Ohio Injury Prevention Partnership (OIPP) is a state coalition devoted to strengthening and sustaining effective injury and violence prevention measures relating to the following priority injury areas (all of which are action groups): falls among older adults; drug overdose; and child/youth injury. Please be advised there are four OIPP meetings within a given year and they typically occur in the morning before Ohio OPN meetings.

- **Level 1 and Level 2 Subrecipients:** This objective is optional; however, subrecipient must determine its participation before the grant year begins. Subrecipients may not request compensation for this objective if it has not been designated in program budget. To meet this objective, subrecipient must attend all scheduled OIPP meetings in person (first meeting is **November 6, 2020**; 2021 meeting dates to be determined) and upload a copy of the attendance sheet (only the page where the signature of your agency representative is located **and** highlighted) to the appropriate 'Program Reports' section in GMIS. The attendance sheet will be emailed to all OIPP members after the meeting. Please note, the attendance for OIPP that is separate from the one provided at Ohio OPN meetings.

**IMPORTANT:** Attendance must be in person by a representative of the subrecipient's agency. Absence will be excused if there is inclement weather, however, attendance must be virtual by dialing in to the provided conference line.

## 5: Community Outreach

The program period for the Integrated Naloxone Access and Infrastructure grant is two years. Over the course of this period, all funded applicants should expect to provide an outreach plan and final outreach report on an annual basis.

#### **5A. Annual Community Outreach Plan**

All funded applicants must develop an outreach plan to raise awareness about the program and recruit participants within the target demographics, with a focus on health equity and outreach to underserved populations.

Outreach strategies must incorporate cultural competency and social determinants of health at all levels of intervention. Outreach should include target awareness strategies for racial and ethnic minorities who may be unaware of the extent of the opioid epidemic in their communities. Subrecipients should emphasize meaningful collaboration with community-based organizations (including those which serve racial and ethnic minority

populations) that have a demonstrated record of service and are trusted by local residents. These may include agencies that have experience with addiction issues as well as religious organizations; social services organizations; and fraternities and sororities.

Outreach should focus on the target population(s) for the program. When conducting outreach to individuals who use illicit drugs, strategies should target not only people who use opioids, but also people who use non-opioid drugs, such as cocaine or methamphetamine, which may be adulterated with opioids such as fentanyl or carfentanil.

While the outreach plan will likely have a marketing component, it should not be simply a marketing or media plan; it should include objectives for raising awareness about naloxone within the proposed service area and facilitating contact and access to potential program clients. The pursuit of innovative outreach strategies is highly encouraged.

The outreach plan should outline the following, at a minimum:

- Outreach objectives related to how program will be promoted
- Community engagement via collaboration with community-based organizations and local events
- A timeline or description of projected milestones
- Person(s) responsible each outreach objective (it should include partner agencies!!)
- Descriptions of intended messaging
  - strategies to address stigma and shame often associated with substance use
  - description of how proposed messaging is culturally and linguistically appropriate for the target population
  - description of how messages will be tailored to meet the needs of people with low literacy levels, people with disabilities, and local communities for whom English is a second language
- Anticipated data elements to be collected (such as Intake Form information and naloxone kit distribution data)
- Rationale behind outreach objectives and data measures

*As additional guidance, a template will be provided at a later date.*

- **Level 1 and Level 2 Subrecipients:** Upload the outreach plan to the appropriate 'Program Reports' section in GMIS by the specified due date.

### **5B. Annual Community Outreach Report**

At the conclusion of the grant year, all funded applicants must submit a final outreach report evaluating the effectiveness of the outreach strategies and objectives outlined in the plan. The report should use program data, including data on distribution of naloxone kits, to evaluate whether specific outreach strategies were successful in engaging the target population(s) and achieving health equity goals.

Subrecipient will be expected to utilize the findings described in the final outreach report to update the outreach plan in the next grant year.

- **Level 1 and Level 2 Subrecipients:** Upload the final outreach report to the appropriate ‘Program Reports’ section in GMIS by the specified due date.

## 6: Evaluation

### 6. Targeted Evaluation Plan

The Ohio Department of Health expects all applicants to conduct evaluation throughout the duration of the program period (two years), with at least one Targeted Evaluation Project (TEP) active over the course of the project (through September 2022). The TEP is designed to evaluate one component of the program in depth. The evaluation can be formative, process-oriented, or outcome-oriented and should be designed to obtain new insight about program activities and support ongoing program improvement. Funded applicants will determine the topic, methods, scale, and scope of their targeted evaluation projects, based on their capacity and program needs, in consultation with ODH. Subrecipients are expected to present findings and conclusions in the form of a final evaluation report due at the end of the continuation year in September 2022.

The Targeted Evaluation Plan should include the following, at a minimum:

- Program goals and objectives
- Evaluation topic
- Rationale for chosen topic
- Key evaluation questions
- Evaluation method(s) (formative, process, outcome, etc.)
- Performance metrics/data collection
- Timeline for evaluation project
- Dissemination/sharing plan

*Additional guidance will be provided at a later date.*

- **Level 1 and Level 2 Subrecipients:** Submit a Targeted Evaluation Plan to the appropriate ‘Program Reports’ section in GMIS by the specified due date.

## 7: Program Performance

### 7A. Implement and/or Maintain Infrastructure of Distribution Strategy 1 (Required)

- **Level 1 Subrecipient:** Implement a ‘New’ distribution strategy. To meet this objective, ensure all infrastructure is in place, submit all required documentation to ODH (through previous deliverable objectives), and complete a site visit with ODH Grant Consultant by the end of the grant year.
- **Level 2 Subrecipients:** Implement an ‘Expansion’ strategy or maintain the infrastructure of Strategy 1. To meet this objective, ensure all infrastructure is in place, submit all required documentation to ODH (through previous deliverable objectives), and complete site visit with ODH Grant Consultant by the end of the grant year.



**7B – 7D. Implement and/or Maintain Infrastructure of Distribution Strategy 2, 3, and/or 4 (Optional)**

Additional strategies (up to four) are optional, but all must be proposed in the application to receive compensation.

- **Level 1 Subrecipient:** Implement additional ‘New’ distribution strategies. To meet this objective, ensure all infrastructure is in place, submit all required documentation to ODH (through previous deliverable objectives), and complete a site visit with ODH Grant Consultant by the end of the grant year. Site visits and documentation must be completed for each additional strategy.
- **Level 2 Subrecipients:** Implement the ‘Expansion’ or maintain the infrastructure of additional strategies. To meet this objective, ensure all infrastructure is in place, submit all required documentation to ODH (through previous deliverable objectives), and complete site visit with ODH Grant Consultant by the end of the grant year. Site visits and documentation must be completed for each additional strategy.

## 8: Naloxone Distribution Strategies

### 8. Distribution of Naloxone Kits

During the application process, applicants must select a distribution tier (listed below) that reflects the range for number of kits they intend to distribute during the grant year. The range refers to the number of kits that will be distributed through the entire program (including both new naloxone distribution strategies implemented through the grant, in addition to any previously existing naloxone distribution methods as described in the “Description of Applicant Agency” section of the application narrative).

Number of kits distributed as a Project DAWN program will be documented through the monthly distribution logs; all kits furnished, no matter the funding source, will count towards this objective. Because the focus of the grant is community naloxone distribution, naloxone provided to law enforcement or first responders for the purposes of administration will not be counted toward this deliverable and should **not** be documented in Monthly Distribution Logs. However, if a law enforcement officer or first responder personally furnishes a naloxone kit to a community member pursuant to a protocol, that kit would be counted toward the deliverable objective.

Available Distribution Tiers:

- Tier 1:** 1 – 250 kits
- Tier 2:** 251 – 500 kits
- Tier 3:** 501 – 750 kits
- Tier 4:** 751 - 1,000 kits
- Tier 5:** 1,001 - 1,250 kits
- Tier 6:** 1,251 - 1,500 kits
- Tier 7:** 1,501 - 1,750 kits
- Tier 8:** 1,750 - 2,000 kits

Except for Tier 1, subrecipient will be paid for each tier goal that is met; the final selected tier goal will not be paid until the end of the grant year. Example: If subrecipient identifies Tier 3 in the proposal, they will be compensated for reaching Tier 1 and Tier 2 throughout the budget year; however, the final amount for Tier 3

will not be paid until the end of the year in September 2021. **Subrecipient will not be paid at a tier greater than what was proposed and budgeted in the application.** If, the funded applicant's program ends up distributing additional naloxone beyond the tier specified in the proposal, and a need is identified and communicated by subrecipient, additional naloxone may be provided, contingent upon available funding.

The Ohio Department of Health will provide each funded applicant with the number of naloxone kits in its selected tier. Kits contain two doses of Narcan Nasal Spray; one face shield for rescue breathing; one pair of nitrile gloves; and a storage bag. Alternatively, subrecipients may choose to order two-packs of Narcan Nasal Spray instead of the pre-assembled kits. Subrecipient agencies may purchase additional naloxone if desired.

- **Level 1 and Level 2 Subrecipients:** Distribute the required number of naloxone kits in accordance with established legal methods (prescribing kits to individuals; personally furnishing kits to individuals pursuant to a protocol; or providing kits to service entities) and provide training to program clients. Number of kits should be documented in the Monthly Distribution Log.

Funded applicants are expected to implement, expand, and/or maintain the infrastructure of at least one, and up to four, naloxone distribution strategies proposed in the application for the entire grant period (two years). A strategy will be considered fully implemented once all necessary infrastructure is in place; all policies, procedures, protocols, and other documents are finalized; program operations are fully functioning; naloxone is actively being distributed to community members using this strategy; and a site visit has been conducted by the assigned ODH Grant Consultant. Subrecipients will document implementation of each proposed strategy by completing the appropriate section and recording the number of kits distributed in the quarterly progress report in REDCap.

**IMPORTANT:** Funded applicants are expected to maintain the infrastructure of all proposed strategies in the continuation year of this grant period, so it is advised that strategies are chosen wisely. Subrecipients will have the option to release any additional strategies (only if proposed more than one) in the second grant year, but the option to implement additional or new strategies will not be available.

Please note, compensation for these objectives may not be requested early; it will be paid at the end of the grant year.

## Site Visits

Over the course of the entire program period (two years), all funded applicants should expect to host at least one site visit each grant year. Funded applicants must coordinate and facilitate the site visit where an onsite observation will be conducted by ODH staff for each distribution strategy. It is acknowledged that, depending on the strategy setting, access to some may be limited; please communicate possible barriers to onsite observation to your assigned ODH Grant Consultant to determine the best course of action.

## RFP Application Instructions

Only one application per agency will be reviewed. To form the application to ODH, respond to the prompts by fully addressing the statements or questions within each section below. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once a notice of intent to apply for funding has been submitted. Attachments should be named as outlined below and attached in GMIS 2.0 per system instructions.

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

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

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

**\*\*\*To avoid compatibility and/or formatting issues, please upload files in .pdf format**

- A. **Executive Summary: 1-page limit:** named "Agency Name\_ Executive Summary\_IN22"
- B. **Project Narrative: 20-page limit:** named "Agency Name\_ Program Narrative\_IN22"
  - Description of Applicant Agency/Documentation of Eligibility/Personnel
  - Problem/Need
  - Methodology
- C. **Workplan (Appendix G): no page limit:** named "Agency Name\_ Workplan\_IN22"
- D. **Budget Justification Narrative (Appendix H): no page limit:** named "Agency name\_ Budget Justification\_IN22"
- E. **Letter(s) of Commitment: no page limit:** "Agency Name\_LOCs\_IN22"
- F. **Staff Position Descriptions and Responsibilities: no page limit:** named "Agency Name\_Staff Position Descriptions\_IN22"
- G. **Letter(s) of Support: no page limit:** "Agency Name\_LOSs\_IN22"

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

### A. Executive Summary

The Executive Summary ***must be limited to one page***. It should be submitted on a separate page. The Executive Summary will be used for legislative and public inquiries about proposed programs. Please clearly describe the following:

- The eligibility level that applies to your agency (refer to Appendix E2)
- Program goals and objectives
- The naloxone distribution strategies you are proposing to implement, and if they are existing, expansion, or new strategies
- Please state if there are partner agencies; if so, identify them.
- Justification for why strategies were chosen
- Proposed naloxone distribution tier range
- Total amount of funding requested and how they will primarily be used

## B. Project Narrative

Refer to *Appendix E2: Funding Eligibility and Strategy Selection Guidance*; and *Appendix E3: Additional Deliverable Objectives Descriptions and Expectations* to complete the project narrative. The activities described in this section must align with the project workplan.

### Description of Applicant Agency/Documentation of Eligibility

#### Agency Eligibility and Structure

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

#### Personnel and Capacity

- Describe the agency's experience and history in providing community naloxone distribution or other harm reduction services and, if applicable, describe current naloxone distribution programs or strategies.
- Describe the capacity of your organization and its personnel or contractors to communicate effectively, address stigma and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, those who have low literacy skills, and individuals with disabilities.
- List all personnel who will be directly involved in program activities and their background. Describe their roles in the proposed project. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this project. If you are planning to designate an existing staff person as the Program Coordinator, please identify that person and describe their related experience. For each staff member, specify the hours per week that will be dedicated toward the proposed program.
- Describe plans for hiring and training staff as necessary. Applicants should demonstrate that staff have expertise or will be trained in harm reduction principles and/or strategies. Examples of training resources are included in *Appendix J: Training Resources*.
- Note any personnel or equipment insufficiencies that will need to be addressed in order to carry out the grant activities.
- Upload staff position descriptions separately (see letter F in this section).

### Problem/Need

#### Description of Local Health Status

Identify and describe the local health status concern(s) and any health disparities that will be addressed by the program. **Only restate national and state data if local data is not available.** The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. Explicitly describe segments of the population who

experience a disproportionate burden for the health concern or who are at an increased risk for the problem (such as high overdose death rates among non-Hispanic black males).

### Target Population

Clearly identify the target population and how this funding opportunity will improve health equity and address the stated health concerns or issues. Include a description of other agencies/organizations in your area also addressing this problem/need. Describe any gaps in naloxone access in the community and explain how the proposed project will fill these gaps rather than duplicating existing efforts.

### Methodology

Use this section of the narrative to explain the activities that will take place and how they will accomplish the required objectives (see details below), as well as activities that will accomplish any additional project objectives. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Timelines and benchmarks for program activities may be mentioned here and should be included in the workplan as well. Keep in mind, the entire program period is for two years, so overall program goals should be set for that time period or longer. The objectives outlined in this solicitation are for the first grant year and applicant should expect to pursue some goals in the next grant year as well.

If you are proposing new (Level 1) or expansion (Level 2) strategies, please use this section to communicate how your agency intends to implement those strategy before the end of the first quarter of the grant year. Ohio Department of Health expects all strategies to be active by January 2021.

Refer to *Appendix E3: Additional Deliverable Objectives Descriptions and Expectations* for additional information about the activities that are required for each objective.

#### 1. Program Administration.

- **Objective 1A.** By October 31, 2020, subrecipient will register as a new Project DAWN program and submit proof of registration via GMIS.
- **Objective 1B.** By November 30, 2020, subrecipient will submit a role transition plan with a description and contact information for the designated program coordinator and other staff involved in program operations, including anticipated number of weekly hours to be devoted to project via GMIS.
- **Objective 1C. (only required for Level 1 subrecipients)\*** By December 31, 2020, subrecipient will participate in 'Naloxone 101' informational webinar for Overdose Education and Naloxone Distribution Programs (OENDP).

*\*Note: Level 2 applicants may choose to participate in and receive compensation for Objective 1C on the condition it is included in the budget justification narrative section of this application (section D).*

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

describe planned activities for the development of the role transition plan, and describe staff responsibilities for Project DAWN registration and webinar attendance.

## 2. Policies and Procedures.

- **Objective 2A.** By December 31, 2020, subrecipient will submit a copy of signed protocol via GMIS. Subrecipient may submit one protocol for all distribution strategies on the condition that designated personnel from each strategy is identified.
- **Objective 2B.** By December 31, 2020, subrecipient will submit a document of standard operating procedures (SOP) document for each distribution strategy via GMIS.
- **Objective 2C. (only required for subrecipients that identified a partner agency in proposal)** By December 31, 2020, subrecipient will submit a participation agreement via GMIS for each strategy that involves a partner agency, as identified in the proposal.

Describe existing naloxone protocols (if applicable) and the process through which it will be updated. If you are proposing a new strategy, describe how the protocol will be developed, including the process to identify the physician to authorize individuals to personally furnish naloxone in your program. Also describe how the standard operating procedures document(s) will be updated or developed for each strategy. List all specific documents that will be submitted. If applicable, clearly identify any agencies or organizations with whom you will partner to implement each strategy (“partner agencies”). A letter of commitment for each partner agency should be uploaded in GMIS (see letter E in this section).

## 3. Program Reporting.

- **Objective 3A:** By September 5, 2021, subrecipient will submit client intake form data via REDCap for all kits dispensed, and upload REDCap data report to GMIS
- **Objective 3B.** By September 5, 2021, subrecipient will submit a Monthly Distribution Log via GMIS.
- **Objective 3C.** By September 28, 2021, subrecipient will submit program updates via quarterly progress report in REDCap. Survey confirmation page must be uploaded to GMIS.

Please identify the staff and/or partner agency responsible for each task. If applicable, describe how intake form data and naloxone distribution data will be communicated between multiple staff members and partner agencies and any training necessary to accomplish the tasks.

## 4. Participation.

- **Objective 4A:** By September 28, 2021, subrecipient will attend quarterly grantee phone conferences.
- **Objective 4B:** By September 28, 2021, subrecipient will attend quarterly meetings for Ohio Overdose Prevention Network (Ohio OPN) and one Ohio OPN subcommittee. Attendance must be in person.
- **Objective 4C (optional):** By September 28, 2021, subrecipient will attend quarterly meetings for Ohio Injury Prevention Partnership (OIIPP). Attendance must be in person.  
*\*Note: Applicants may choose to participate in and receive compensation for Objective 4C on the condition it is included in the budget justification narrative section of this application (section D).*

Identify the individual(s) responsible for attending the conference calls and meetings referenced above and describe how your program will benefit from participation. Please describe any other tasks related to meeting these objectives and who will be responsible for them.

## 5. Community Outreach.

- **Objective 5A** By December 31, 2020, subrecipient will submit an outreach plan via GMIS.
- **Objective 5B:** By September 28, 2021, subrecipient will submit a final outreach report via GMIS.

If the applicant agency has a current outreach plan, describe it and explain how the plan will be updated; if not, describe how a plan will be developed. If possible, please describe any outreach objectives and strategies you'd like to include in the outreach plan. Additionally, describe how the final outreach report will be completed and how you intend to utilize findings for next year's outreach plan.

## 6. Targeted Evaluation Plan.

- **Objective 6:** By January 31, 2021, subrecipient will submit an evaluation plan via GMIS.

In narrative form, propose a targeted evaluation project (TEP) that will evaluate one component of the program in depth. Identify the potential topic and evaluation process; impact, or outcome objectives; sources of data that will be used; key evaluation questions; approximate timeline for evaluation project; and partners with whom the applicant will engage to develop and execute the TEP. Objectives should be written in SMART format.

## 7. Naloxone Distribution Strategies.

- **Objective 7A. (Required)** By September 28, 2021, subrecipient will mark Strategy 1 as 'Active/Fully Implemented' in the quarterly progress report.
- **Objective 7B – 7D. (Optional)** By September 28, 2021, subrecipient will mark Strategy 2, 3, and/or 4 as 'Active/Fully Implemented' in the quarterly progress report.

Identify at least one, and up to four, proposed naloxone distribution strategies (see *Appendix E2: Funding Eligibility and Strategy Selection Guidance* for examples).

For each proposed strategy, please include the following information:

- List the strategy number (Strategy 1, 2, 3, or 4)
- Indicate the strategy as:
  - 'New' (only for Level 1 applicants);
  - 'Maintenance of Infrastructure' (only for Level 2 applicants); or
  - 'Expansion' (only for Level 2 applicants)
- Summarize the basic operations of the proposed strategy (e.g., naloxone distribution mechanism; individual(s) involved; setting/location; frequency of program activity (daily, weekly, etc.); setup of naloxone protocol; etc.)
  - If possible, please identify the staff and/or agency responsible for furnishing kits to the community.
- Clearly identify and describe any agencies or organizations with whom you will partner to implement the strategy ("partner agencies"). A letter of commitment for each partner agency should be uploaded in GMIS (see letter E in this section)

- An estimate or projection of how many kits you intend to distribute through the strategy during the first grant year (based on the selected distribution tier – Objective 8)
- Provide rationale for why this strategy was chosen and describe how it will increase access to naloxone among the target population
- Describe how this strategy is already being utilized in Ohio to enable access to naloxone, or whether it is a heretofore unique approach
- Indicate how each strategy will be evaluated to determine the level of success of the program

**IMPORTANT:** In the second grant year, funded applicants are expected to maintain the infrastructure of all strategies proposed in this application, so please choose strategies wisely. Subrecipients will have the option to release any additional strategies (only if proposed more than one) in the second grant year, but the option to implement additional or new strategies in the second grant year will not be available.

## 8. Program Performance.

- **Objective 8.** By September 28, 2021, subrecipient will distribute the number of kits designated in the chosen distribution tier.

Please clearly state the tier range below that reflects the total number of naloxone kits that your entire program will distribute to community members during the first grant year. Explain why this tier is appropriate, based on current naloxone distribution rates in your program (if applicable) and the specific strategies proposed. Proposals will be evaluated with the proposed tier in mind and scores will take into account whether the selected tier is appropriate and reasonable for the strategies proposed.

Available Distribution Tiers are as follows:

**Tier 1:** 1 – 250 kits

**Tier 2:** 251 – 500 kits

**Tier 3:** 501 – 750 kits

**Tier 4:** 751 - 1,000 kits

**Tier 5:** 1,001 - 1,250 kits

**Tier 6:** 1,251 - 1,500 kits

**Tier 7:** 1,501 - 1,750 kits

**Tier 8:** 1,750 - 2,000 kits

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

## 9. Other

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



## C. Workplan

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

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

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

## D. Budget Justification Narrative

Please see Appendix H for an example of the budget justification. Use Scenario 3. The budget justification must be signed by the agency head listed in GMIS.

## E. Required Letter(s) of Support and Commitment

Please include signed letters of support from the following entities:

1. Local health department(s) in the applicant's service area (required ONLY if applicant is not a local health department)

Please include signed letters of commitment from the following entities:

1. All partner agencies identified in the methodology section of the application narrative
2. The Medical Director of the proposed program and/or other physician(s) who will sign a protocol authorizing program staff to personally furnish naloxone (only required for agencies proposing to implement new or expansion strategies)
3. Any other agencies whose participation is critical to the implementation of the proposed naloxone distribution strategies described in the application narrative

***Note: Letters of support and letters of commitment are not the same document; letters of commitment are for the purpose of documenting the person's or entity's pledge to any specified involvement in the project.***

## **F. Staff Position Descriptions**

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

## **G. Optional Letter(s) of Support**

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

## Workplan Template

<b>Ohio Department of Health Violence and Injury Prevention Section</b> <b>Integrated Naloxone Access and Infrastructure Grant</b> <b>September 29, 2020 - September 28, 2021</b>					
<b>Agency:</b>					
<b>Contact:</b>					
<b>Annual Workplan</b>					
<i>The purpose of the workplan is to state your intended activities and outcomes for each objective to demonstrate how the project intends to move the required objectives forward. Please be detailed and descriptive when completing the workplan, and include the optional objectives you intend to complete, if any.</i>					
<b>Deliverable Objective Number and Name (Ex. 'Deliverable 1 - Program Administration')</b>					
<b>Goal(s):</b>					
<b>Required Objective(s):</b>		(Insert required deliverable objectives here)			
<b>Additional Objective(s):</b>					
<b>Community/Location(s):</b>					
Activity	Person and Agency Responsible	Timeline		Steps Proposed (Describe the significant steps proposed for each activity)	Performance Measures/Intended Outcomes
		Start	End		

## BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

### NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

### OTHER DIRECT COSTS

#### Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

#### **Scenario 1** (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000  
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000  
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000  
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

#### **Scenario 2** (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1
 

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

 Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2
 

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

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

- Deliverable – Objective 3

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

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

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

- Deliverable – Objective 1

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

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

- Deliverable – Objective 2

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

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

- Deliverable – Objective 3

Objective A	\$28,750
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Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

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

## Total Other Direct Costs

**\$Total**

### Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

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[Signature]

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[Print Name & Title]

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[Date]

# Project DAWN Registration Form



## Purpose

This form should be completed by opioid education and naloxone distribution programs (OENDPs) in Ohio to register as a Project DAWN (Deaths Avoided With Naloxone) community naloxone distribution program with the Ohio Department of Health (ODH). OENDPs must register as Project DAWN programs to be eligible for ODH-funded naloxone.

Agencies, organizations, or businesses that desire to keep one or more doses of naloxone on the premises to administer in case a suspected overdose occurs, but do not distribute take-home naloxone kits, are not considered Project DAWN programs. These agencies should consider establishing a service entity protocol.

Agencies that provide naloxone to law enforcement or first responders to administer in case a suspected overdose occurs, but do not distribute take-home naloxone kits, are not considered Project DAWN programs.

For questions about this form, please contact ODH at [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov).

## Project DAWN Program Requirements

1. Programs may be open to the public, may provide kits to special populations (such as prison inmates only or syringe access program clients only), or a combination.
2. Programs must comply with all Ohio Revised Codes, Ohio Administrative Codes, and pharmaceutical rules and regulations when storing, labeling, documenting, and dispensing naloxone (see page 2).
3. Each program must have a current Terminal Distributor of Dangerous Drugs (TDDD) license from the State of Ohio Board of Pharmacy, unless the agency is exempt according to the Board.
4. Programs may serve any population or geographic area within Ohio. There are no restrictions on the number of Project DAWN programs in each county.
5. Lead agency must be a not-for-profit organization.
6. Lead agency must identify a staff member to fulfill the role of Program Coordinator. This person will be the main point of contact with ODH and will take responsibility for required documentation. The agency must notify the ODH Coordinator promptly of program personnel changes.
7. Programs must register all permanent distribution sites with ODH and notify the ODH Project DAWN Coordinator promptly of any changes. These locations will be posted on the ODH website as a resource to the public. Only locations in Ohio may be considered Project DAWN sites.
8. All individuals who dispense naloxone as part of the program must either be a licensed prescriber, or be authorized to personally furnish naloxone under a protocol signed by a physician.
9. Naloxone funded by ODH must be provided at no cost to the client.
10. Programs may not bill client insurance for naloxone funded by ODH, but may bill insurance for naloxone funded through other sources.
11. A client intake form must be completed for every naloxone kit dispensed and data submitted to ODH according to established procedures.

12. Programs must report distribution data to ODH according to established procedures, including number of kits distributed; number of persons trained; and number of known overdose reversals.
13. Programs must advise all clients to call 911 every time that naloxone is administered.
14. Training provided to program clients must be described in the naloxone protocol. Each program may determine the length, content, and format of training (verbal, video, written material). ODH encourages programs to tailor training to meet the needs of the program and the client. Training may include:
  - Risk factors for overdose
  - How to recognize an overdose
  - How to respond to an overdose, including naloxone administration
  - Information about naloxone

### Select Ohio Laws on Community Naloxone Distribution

ORC 2925.61 Lawful administration of naloxone.

ORC 3707.562 Administration of naloxone; protocol.

ORC 4729.514 Procurement of naloxone by service entity.

ORC 4731.941 Authority to personally furnish supply of naloxone.

ORC 4731.943 Authority for service entity employee, volunteer, or contractor to administer naloxone.

OAC 4729-5-17 Personally furnishing dangerous drugs.

OAC 4729-9-11 Security and control of dangerous drugs.

OAC 4729-9-22 Records of dangerous drugs.

### Instructions

Complete the sections below and email to [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov). The Ohio Department of Health will confirm receipt of the form and will notify the agency once the application is approved.

- ☐ Initial Program Registration  
☐ Update of Existing Program

### Lead Agency

Lead Agency Name	
Lead Agency Address	
Lead Agency Phone Number	Agency Type (select one)
Lead Agency Website (optional)	If 'Other', please specify

### Program Coordinator

Program Coordinator Name	
Program Coordinator Email	Program Coordinator Phone Number



**Secondary Contact (optional)**

Secondary Contact Name (optional)	
Secondary Contact Email (optional)	Secondary Contact Phone Number (optional)

**Distribution Setting(s)**

Please select all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Health Department          | <input type="checkbox"/> Emergency Department   |
| <input type="checkbox"/> Jail/Prison                | <input type="checkbox"/> Syringe Access Program |
| <input type="checkbox"/> Community Event            | <input type="checkbox"/> Treatment/Recovery     |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Mobile Unit            |
| <input type="checkbox"/> Quick Response Team        |   |
| Other: <input type="checkbox"/>                     |   |
| <input type="checkbox"/>                            |   |
| <input type="checkbox"/>                            |   |

**Distribution Site(s)**

Please list locations where naloxone is distributed on a regular or ongoing basis. This information will be listed on the ODH website. (Not required if the program distributes naloxone only at events)

Open to public?

1.	Site 1 Name	Website		Yes
	Street Address	City/Zip	Phone	
2.	Site 2 Name	Website		
	Street Address	City/Zip	Phone	
3.	Site 3 Name	Website		
	Street Address	City/Zip	Phone	
4.	Site 4 Name	Website		
	Street Address	City/Zip	Phone	
5.	Site 5 Name	Website		
	Street Address	City/Zip	Phone	
	Site 6 Name	Website		

6.	Street Address	City/Zip	Phone	
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By submitting this registration form, the agency:

1. Certifies that all information provided is correct.
2. Agrees to allow Ohio Department of Health to contact the agency using the information provided on the registration form.
3. Certifies that all personnel who distribute naloxone are authorized to personally furnish pursuant to a physician-established protocol.
4. Will ensure that all distribution sites have a Terminal Distributor of Dangerous Drugs (TDDD) license, unless agency is exempt.
5. Agrees to maintain and report information to ODH according to established procedure, including client intake form data; the number of naloxone kits distributed; number of people trained; and number of known overdose reversals.
6. Agrees to allow Ohio Department of Health to use the information provided on the registration form and supporting documents to track the agency's distribution efforts and conduct other public health and epidemiological surveillance activities.
7. Agrees to update ODH promptly of any changes in the information on this form.
8. Agrees to maintain a copy of the registration, which will include these terms and conditions.
9. Understands this registration shall be updated annually by July 1st.
15. Acknowledges that registering as a Project DAWN program does not guarantee that naloxone will be provided to the agency, and ODH has discretion for determining the statewide distribution of ODH- funded naloxone.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## NALOXONE INTAKE FORM

FOR OFFICE USE ONLY		
<b>Date of Kit Distribution:</b> ____ / ____ / ____  Form identification number: _____  Number of kits provided: _____  Type of kit: <input type="radio"/> Individual <input type="radio"/> Service entity	How is this naloxone funded?  <input type="radio"/> ODH general allocation  <input type="radio"/> ODH grant (IN20/IN21)  <input type="radio"/> Other _____	Distribution setting:  <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Health Department  <input type="radio"/> Jail/Prison  <input type="radio"/> Mobile Unit  <input type="radio"/> Quick Response Team  <input type="radio"/> Online/Mail Order  <input type="radio"/> Other _____               </div> <div> <input type="radio"/> Community Event  <input type="radio"/> Hospital/Emergency Department  <input type="radio"/> Syringe Access Program  <input type="radio"/> Treatment/Recovery               </div> </div>
<b>Age:</b> _____  <b>What sex were you assigned at birth, on your original birth certificate?</b> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to say <b>Do you consider yourself to be transgender or non-binary?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say <i>If yes, do you consider yourself to be:</i> <input type="radio"/> Male-to-female <input type="radio"/> Female-to-male <input type="radio"/> Gender nonconforming <input type="radio"/> Prefer not to say  <b>What race(s) and ethnicity do you consider yourself? (check all that apply)</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other _____		
<b>In which Ohio county do you live?</b> _____ <input type="radio"/> Prefer not to say <input type="radio"/> I do not live in Ohio		
<b>Do you have health insurance?</b> <input type="radio"/> No <input type="radio"/> Yes, I have Medicaid <input type="radio"/> Yes, I have other insurance (private; Medicare; TRICARE; etc.) <input type="radio"/> Unknown		
<b>Intended use for naloxone (Narcan):</b> <input type="checkbox"/> If I overdose <input type="checkbox"/> If a friend or family member overdoses <b>(check all that apply)</b> <input type="checkbox"/> If I see someone overdose <input type="checkbox"/> For location to have on hand (service entity)		
<b>Yes</b>	<b>No</b>	<b>Have you...</b>
<input type="radio"/>	<input type="radio"/>	...ever used intravenous (IV) drugs?
<input type="radio"/>	<input type="radio"/>	...ever been in a formal treatment program (other than AA, NA, or other peer support groups)?
<input type="radio"/>	<input type="radio"/>	...been released from an inpatient treatment facility within the past 30 days?
<input type="radio"/>	<input type="radio"/>	...been released from a jail or correctional facility within the past 30 days?
<input type="radio"/>	<input type="radio"/>	...ever overdosed? If yes, how many times? _____
<b>Is this the first naloxone (Narcan) kit you have received?</b> <input type="radio"/> Yes <input type="radio"/> No <i>If no, what happened to your previous kit?</i> <input type="radio"/> My kit was used on another person who was overdosing → Did the person survive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> My kit was used on me <input type="radio"/> The medication in my kit expired <input type="radio"/> Other _____		
<b>How many times have you witnessed someone overdosing?</b> _____ <b>How many times have you administered (used) naloxone on someone overdosing?</b> _____		

## Naloxone Monthly Distribution Log - 2020



Name of Program:

	Number of ODH Grant Kits Distributed (IN20-IN21)*	Number of ODH-GRF Kits Distributed	Number of Non- ODH-Funded Kits Distributed	Total Number of Kits Distributed	Number of Persons Trained	Number of Known Reversals
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total:	0	0	0	0	0	0

Please email this form to [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov) by the 5th day of each month.

\*If you are an IN20-IN21 Grantee, please upload form to GMIS and email to [projectdawn@odh.ohio.gov](mailto:projectdawn@odh.ohio.gov)

Enter "0" if no kits were distributed or no persons were trained during that month. DO NOT LEAVE BLANK.



## **Guidance Document – Personally Furnishing Naloxone Pursuant to a Protocol**

**Updated 6/18/2019**

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

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

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

### **Q1) What are the requirements for the protocol?**

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

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

**Q2) Is there a sample protocol available?**

The Ohio Department of Health, in collaboration with the State Board of Pharmacy, have developed the following sample protocol for personally furnishing naloxone that can be accessed [here](#).

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

The law does not specify or limit the type of naloxone that can be personally furnished pursuant to a physician approved protocol. However, the type of naloxone that may be personally furnished is subject to the formulations specified within the physician protocol. If new formulations are developed, they may be added to the protocol.

**Q4) Where do I obtain naloxone?**

Naloxone can be obtained using any of the following methods:

**Wholesale Purchase:** Naloxone can be obtained from a wholesaler that is licensed by the State of Ohio Board of Pharmacy. To verify a wholesale drug distributor is licensed in Ohio, visit: [www.pharmacy.ohio.gov/licenselookup](http://www.pharmacy.ohio.gov/licenselookup)

**Purchase from a Pharmacy:** The State of Ohio Board of Pharmacy permits a pharmacy licensed as a terminal distributor dangerous drugs to conduct an occasional sale of drugs at wholesale. There are no restrictions on the amount that can be provided by a pharmacy pursuant to rule [4729:5-3-09](#) of the Administrative Code.

The Ohio Department of Mental Health and Addiction Services operates Ohio Pharmacy Services, which sells naloxone kits. To contact Ohio Pharmacy Services, please call: 1-888-471-5632

**Purchase from another TDDD:** The State of Ohio Board of Pharmacy permits any entity licensed as a terminal distributor dangerous drugs to provide naloxone at wholesale. Please be advised that the terminal distributor must properly document the transaction (even if the health department is donating the naloxone). There are no restrictions on the amount that can be provided/sold by a terminal distributor.

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

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

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

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

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

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

- **Law enforcement (for naloxone only):** A guidance document for law enforcement is available by visiting: [www.pharmacy.ohio.gov/naloxone](http://www.pharmacy.ohio.gov/naloxone)
- **Certain prescriber practices:** For more information, please visit: [www.pharmacy.ohio.gov/prescribertddd](http://www.pharmacy.ohio.gov/prescribertddd)
- **Locations tied to an existing terminal distributor of dangerous drugs (naloxone only):** For more information, please visit: [www.pharmacy.ohio.gov/TDDDoftsite](http://www.pharmacy.ohio.gov/TDDDoftsite)

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

If your organization has an unlimited category II or category III TDDD license, you are not required to do anything to order naloxone.

If your agency has a limited TDDD category II or III license, you will need to update your drug list to reflect the addition of naloxone. The new drug list must contain the following information:

- a) the brand name (Narcan®)
- b) the generic name (Naloxone)
- c) strength to be stocked (Naloxone 2 mg / 2 mL)
- d) dosage form (*intranasal solution*)

Your drug list must be submitted electronically in .PDF format by visiting:  
[www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload). A [sample drug list](#) can be found on the Board's terminal distributor licensing page: <https://www.pharmacy.ohio.gov/Licensing/TDDD.aspx>.

**BE ADVISED:** Each time you revise your drug list you must upload your **ENTIRE** list. Previous versions of your drug list will not be displayed on the website; they will be replaced with your most current submissions once approved.



To check to see if your agency has a terminal distributor of dangerous drugs, please visit:  
[www.pharmacy.ohio.gov/licenselookup](http://www.pharmacy.ohio.gov/licenselookup)

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

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

Additional training materials can also be accessed here:

Ohio Department of Health - Project DAWN (Deaths Avoided with Naloxone):  
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/projectdawn/>

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

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

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

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

**NOTE: The naloxone must be personally furnished in the name of the person who requests it.**

**Q9) What type of prescribers can authorize a protocol to personally furnish naloxone?**

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

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

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

**Q11) When does the protocol expire?**

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

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

Medicaid, Medicare, and many private insurance companies may cover the cost of naloxone.

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

**Q13) Is there a limit to the amount of naloxone that can be personally furnished pursuant to a protocol?**

The authorized individual personally furnishing the naloxone should refer back to their protocol to determine if there are any established limits.

**Q14) Are there any substance abuse treatment resources available to patients and their families?**

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

## TRAINING RESOURCES

This document contains a limited list of training resources that funded applicants may utilize to address training needs for program staff. This is not an exhaustive list of available training, and alternative resources may be used depending on the needs of the staff.

### **TRAIN Learning Network**

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

**Addressing Opioid Use Disorders among LGBT People through Trauma-informed Care and Behavioral Health Integration**

<https://www.train.org/main/course/1077152/?activeTab=reviews>

**Combating the Opioid Crisis with Audience-Centric Communications Strategies**

<https://www.train.org/main/course/1087014/>

**Diversity and Cultural Competency in Public Health Settings – Basic Level**

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

**Exploring Cross Cultural Communication**

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

**From Concepts to Practice: Health Equity, Health Inequities, Health Disparities, and Social Determinants of Health**

<https://www.train.org/main/course/1061047/>

**Integrating Adverse Childhood Experiences (ACEs) Science to Address Substance Use Disorder**

<https://www.train.org/main/course/1079515/>

**Practicing Cross Cultural Communication: Community Health Worker Program**

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

To search for other available courses on TRAIN Learning Network, please visit [www.train.org](http://www.train.org)

### **Harm Reduction Online Training Institute – Harm Reduction Coalition**

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

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

### **Introduction to Motivational Interviewing – Bill Matulich, PhD**

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

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

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

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

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

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

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

For more information on SBIRT and how to receive training, please visit

<https://mha.ohio.gov/Treatment/SBIRT>