

Washington State Department of Health

Attachment 1

Local Health Jurisdiction Grant Application Packet for Overdose Data to Action in States (OD2A-S)



DOH 971-064

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Applicant Information

LHJ Legal Name
Counties/Regions Served
Address
Application Point of Contact
Title
Phone Number
Email address

One-Time Federal Funding Questions

Note: Please refer to the “Funding Considerations” section of the RFA for more information

1. In addition to your Year 1 budget request, are you also requesting additional, one-time only, non-renewable federal funds for Year 1?
 - a. Yes
 - b. No
2. If you answered “Yes” to Question #1, how much are you requesting for this one-time-only opportunity? You can request up to \$50,000.
3. Please e-sign below to confirm your understanding that these funds are one-time only, non-renewable, and must be spent by August 31, 2025.

Naloxone Purchase

1. Does the purchase and distribution of naloxone support your proposed work plan activities?
 - a. Yes
 - b. No
2. In addition to your Year 1 budget request, are you also requesting funds to support the purchase of naloxone?
 - a. Yes
 - b. No

Narrative Questions

One-Time Enhancement

Note: Please refer to the “Funding Considerations” section of the RFA for more information.

If you are requesting a One-Time Enhancement, please describe how you will use the extra, non-renewable funds to support a time-limited project or to build capacity for your proposed long-term projects.

Naloxone Purchase

Note: Please refer to the “Funding Considerations” section of the RFA for more information.

If you are requesting the purchase of naloxone, please describe how it will support the implementation of your proposed work plan activities.

Section I: Data to Action Framework

The OD2A-S grant is underpinned by a Data to Action framework that describes how multiple sources of data should be used to identify populations and geographic regions of focus. We also know that not all populations who are at risk are captured in the data we collect.

1. Please share which populations you aim to serve through activities funded under this grant. If you aim to serve populations not identified by DOH (see “Applicant Eligibility” section in the RFA), how did you determine that these populations were a priority for your program?

2. Please share what regions you aim to serve through activities funded under this grant. How did you identify these regions as a priority for your program?

Section II: Partnerships

The OD2A-S grant identifies maintaining and expanding cross-sector partnerships as crucial to establishing sustainable and well-coordinated overdose prevention interventions.

1. Please list organizations and groups that you consider to be your community partners. Please share how you maintain collaboration and communication with these partners.

2. Programs should continuously integrate feedback and suggestions from program participants when planning and implementing interventions. Please share how your program will solicit feedback from and foster shared decision-making among program participants.

Section III: Health Equity

The OD2A-S grant identifies prevention activities that reduce health inequities and disparities as a key focus.

1. Please share how your program will tailor activities and interventions to be culturally sensitive and responsive to the changing needs of the communities and priority populations you identified in Section I.

3. Please share any other equity considerations that your organization will incorporate into your program planning, implementation, and tracking.

Workplan

Instructions:

- Please describe your work plan activities in the spaces provided below.
- Applicants must apply for a **minimum of two (2) required activities**. The two (2) required activities may fall under one strategy or may span one, two, or three strategies.
- At least 60% of proposed activities must be for direct client services.
- Applicants should propose activities that aim to meet the desired outcomes listed below.

Desired Outcomes:

<ul style="list-style-type: none"> ➤ Increased collaboration, coordination, and communication among partners ➤ Increased awareness of the drug overdose epidemic, harm reduction efforts, and evidence-based approaches ➤ Increased use of navigators to link people who use drugs (PWUD) to care and services ➤ Increased availability of and decreased barriers to care/services, especially for those disproportionately affected by overdose and those previously underserved by overdose prevention programs ➤ Increased linkages to care and engagement in care across various settings 	<ul style="list-style-type: none"> ➤ Increased equitable delivery and improved access to care/services, especially among PWUD as well as those previously underserved by overdose prevention programs ➤ Reduced health disparities related to access to and receipt of care, including care for pain, especially among PWUD as well as those previously underserved by overdose prevention programs ➤ Increased access to harm reduction education and services, including increased distribution of naloxone
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6. Clinician/Health System Engagement

Goal 1: Build and implement system-wide clinical capacity to screen, diagnose, and support trauma-informed holistic care and recovery for adults and adolescents.

Required Activity 6.1.1: Integrate navigators into an Emergency Department (ED) to link patients to holistic, longer-term care upon release from the ED using the following approach:

- A. Utilize a multidisciplinary team approach that includes navigators
- B. Broaden outreach strategies beyond overdose scenarios to include conditions that may represent symptoms of substance use (e.g., skin/soft tissue infections)
- C. Enhance universal screening for substance use disorder (SUD) by engaging with patients presenting to the ED for reasons not specifically related to SUD

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the above activity:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

7. Public Safety Partnerships/Interventions

Goal 1: Develop and maintain public health/public safety partnerships or collaborations.

Optional Activity 7.1.1: Establish and/or support a multidisciplinary Overdose Fatality Review (OFR) team. The OFR lead will coordinate routine meetings, recruit partners, and engage in DOH standardized processes and procedures including data sharing, as appropriate.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the above activity:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

8. Harm Reduction

Goal 1: Engage navigators to connect people to services.

Required Activity 8.1.1: Initiate, expand, and support overdose prevention programs and outreach activities led by navigators with the intention of promoting access to harm reduction services (e.g., Syringe Service Programs (SSPs)) and to link people to care from harm reduction services.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the above activity:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

Goal 2: Ensure that PWUD have access to overdose prevention and reversal tools, treatment options, and drug-checking supplies.

Required Activity 8.2.1: Develop and expand overdose education and naloxone distribution programs that prioritize those who are at the greatest risk of experiencing or witnessing an overdose.

Optional Activity 8.2.2: Improve access to low-threshold medications for opioid use disorder (MOUD) and treatment for substance use disorders. For example, providing low-barrier transportation services to treatment, distributing take-home lockboxes for safe MOUD storage, and limiting infrastructure costs associated with co-location of treatment and harm reduction services or patient navigation.

Optional Activity 8.2.3: Improve education on and increase access to drug-checking supplies (such as Fentanyl, Xylazine, and Benzodiazepine Test Strips) as a means of overdose prevention.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the required activity 8.2.1:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 8.2.2:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 8.2.3:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

Goal 3: Create and disseminate education and communication materials to reduce the stigma of and improve social norms related to harm reduction strategies, and increase awareness of and access to harm reduction resources.

Optional Activity 8.3.1: Produce and distribute risk reduction and overdose prevention educational resources and materials for PWUD.

Optional Activity 8.3.2: Develop and implement training and education interventions for those who interact with or provide services to PWUD (ex. clinicians, CBOs) to address stigma experienced by PWUD in their community.

Optional Activity 8.3.3: Launch a communications campaign that focuses on reducing stigma and improving social norms related to harm reduction strategies. Campaigns can include messaging through television, print, radio, online, and social media outlets. Campaign resources must be evidence-based. If developed locally, resources must have been tested with the intended audience.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 8.3.1:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is an LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 8.3.2:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 8.3.3:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

9. Community-Based Linkage to Care

Goal I: Initiating linkage to care activities.

Required Activity 9.1.1 Use navigators to facilitate linking people to care and other services. This can include linkage to MOUD and other evidence-based treatment for SUD as well as harm reduction services.

Optional Activity 9.1.2: Develop case management systems to help individuals navigate the processes to get care. Recipients are encouraged to implement these case management systems within existing SSPs and local harm reduction programs.

Optional Activity 9.1.3: Create a post-overdose outreach team or Assertive Community Outreach program that connects with an individual within 72 hours of a suspected overdose and provides linkages to care. Team composition may include, but is not limited to, first responders, community health workers, and health care workers. The composition of these teams is expected to vary by community.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the required activity 9.1.1:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 9.1.2:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve optional activity 9.1.3:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Goal 2: Supporting retention in care.

Required Activity 9.2.1: Use navigators to facilitate the implementation of monitoring programs following individuals' discharge from acute care to prevent treatment interruption.

Optional Activity 9.2.2: Create peer support groups or linkages to community-based self-help groups with an emphasis on peers with lived experience.

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the required activity 9.2.1:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Please describe the work you will implement and milestones you will meet in each of the 4 quarters of Year 1 to achieve the optional activity 9.2.2:

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

Please share the population(s) of focus for this activity:

Please share which partners will be involved in activity implementation and how:

If a partnership is crucial to the implementation of proposed activities, is a LOS/MOU provided with this application?

- Yes
- No

If no, do you have a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date?

- Yes
- No

Desired Outcomes (refer to the above list) of your implementation:

Timeline

Quarter 1 (September 2024-November 2024) – Progress Report due November 20

Quarter 2 (December 2024-February 2025) – Progress Report due February 20

Quarter 3 (March 2025-May 2025) – Progress Report due May 20

Quarter 4 (June 2025-August 2025) – Final Progress Report due September 30