



# OHIO DEPARTMENT OF HEALTH

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John R. Kasich/Governor

Richard Hodges/Director of Health

## MEMORANDUM

**Date:** September 26, 2016

**To:** Prospective Injury Prevention Program, Prescription Drug Overdose Prevention Applicants

**From:** Shancie Jenkins, Chief  
Office of Health Improvement and Wellness  
Ohio Department of Health

**Subject:** Notice of Availability of Funds – State Fiscal Year 2017  
January 1, 2017 – August 31, 2019 Program Period

The Ohio Department of Health (ODH), Office of Health Improvement and Wellness (OHIW), Bureau of Health Services (BHS), Violence and Injury Prevention Program (VIIPP) announces the availability of grant funds. Funds will be available to address areas of the state with the greatest fatal drug overdose rates. While all counties are eligible to apply, due to the very limited available funding, counties in the 75<sup>th</sup> percentile and higher will be weighted according to the criteria described within the RFP. The criteria includes number and rate of overdose deaths, along with indicators for prescribing behaviors. Up to five applicants will be awarded, based on review scores and need criteria.

To obtain a grant application packet:

1. Go to the ODH website at <http://www.odh.ohio.gov/>
2. From the home pages, click on "Funding Opportunities"
3. From the next page, click on "ODH Grants"
4. Next click "Grant Request for Proposals," this will give you a pull down menu with current RFPs by name; and
5. Select and highlight the ODH Injury Prevention Program RFP and click "Submit." This process invoke Adobe Acrobat and displays the entire RFP. You can either read and/or print the document as desired.

Please note that all interested parties must submit a Notice of Intent to Apply for Funding (Appendix A) no later than Friday, October 7, 2016. All potential applicants are encouraged to participate in a Bidders Conference Wednesday, October 12, from 11 a.m. to 12 p.m. that will be held via webinar. Webinar and call-in information will be made available to applicants that submit a Notice of Intent to Apply for Funding.

The Bidders Conference will provide an opportunity for interested parties to learn more about the RFP and to ask clarifying questions. Please contact Sara Morman to register (see contact information below).

All applications and attachments are due Monday, November 7, 2016. Electronic applications received after Monday, November 7, 2016 will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

All grant applications must be submitted via the Internet, using GMIS 2.0. All organizations are required to attend GMIS 2.0 training, complete and return the GMIS 2.0 training form by Friday, October 7, 2016.

If you have questions regarding this application, please contact Sara Morman at (614) 995-1428 or email at [Sara.Morman@odh.ohio.gov](mailto:Sara.Morman@odh.ohio.gov).



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

# **OHIO DEPARTMENT OF HEALTH**

**OFFICE OF**  
*Office of Health Improvement and Wellness*

**BUREAU OF**  
*Health Services*

*Injury Prevention Program, Prescription Drug Overdose Prevention*

**SOLICITATION**

**FOR**

**FISCAL YEAR 2017**

**(01/01/17 – 08/31/19)**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**

Revised 6/26/15

For grant starts 1/1/2016 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 Q, 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 Friday, October 7, 2016 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. Request for Taxpayer Identification Number and Certification (W-9), and Authorization Agreement for Direct Deposit of EFT Payments Form (EFT).

The above mentioned forms are located on the Ohio Department of Administrative Services website at: <http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>

or directly at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9),  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT)  
<http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- Vendor Information Form  
[http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\\_11+15+2013.pdf](http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf)

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. This manual 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:

<http://www.odh.ohio.gov>.

(Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) or copy and paste the following link into your web browser:

<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/funding%20opportunities/OGAPP%20Manual%20V100-2%20Rev%2010-1-2014.ashx>

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

- B. Application Name:** ***Injury Prevention Program, Prescription Drug Overdose Prevention***

- C. Purpose:** The purpose of this funding is to advance and evaluate comprehensive state-level interventions for preventing prescription drug overuse, misuse, abuse, and overdose. Interventions of priority address drivers of the prescription drug overdose epidemic, particularly the misuse and inappropriate prescribing of opioid pain relievers. The goal of this funding is for awardees to implement prevention strategies to improve safe prescribing practices and prevent prescription drug overuse, misuse, abuse, and overdose. In addition, the

grant program should enhance and empower local community interventions by deploying and coordinating intensive prevention efforts in high-burden communities and working with local entities to disseminate analyses of prescribing and overdose trends. |

- D. Qualified Applicants:** | *All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training form must be submitted (Appendix B). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply. |*

*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, November 7, 2016.** |

- E. Service Area:** | *All funded projects are expected to target high risk populations in their county. Applications may include a single county project area or multiple county project area (e.g., county, city, or township) or, census tracts, census block groups, census block. |*

- F. Number of Grants and Funds Available:** | The source of the funding is the Centers for Disease Control and Prevention (CDC) Prescription Drug Overdose Prevention for States. The entire project period is January 1, 2017 to August 31, 2019. Up to five grants will be awarded. Funding will be based on the following criteria: county population; prescribing behaviors; and overdose fatalities.

This first program year will span 8 months from 1/1/2017 – 8/31/2017. Funding for the first program year will not exceed \$400,000.

\* Counties with a population less than 200,000\* may apply for a maximum of \$60,000.

\* Counties with a population greater than 200,000\* may apply for a maximum of \$75,000.

\* Multi-county projects with a combined population size exceeding 150,000\* may apply for a maximum of \$90,000.

Continuation program years will span 12 months on the following schedule: Year 2 (9/1/2017 – 8/31/2018); Year 3 (9/1/2018 – 8/31/2019). Funding for continuation years will not exceed \$520,000.

\* Counties with a population less than 200,000\* may apply for a maximum of \$65,000.

\* Counties with a population greater than 200,000\* may apply for a maximum of \$90,000.

\* Multi-county projects with a combined population size exceeding 150,000\* may apply for a maximum of \$105,000.

\*Per the US Census 2014 Population Estimates (See Appendix O. for a list of counties ranked by population size.)

An OPTIONAL Supplemental Funding Opportunity is available for two counties to implement a pilot project. Funding will be for program year 1 which will span 8 months from 1/1/2017 to 8/31/2017. Each county is eligible for up to \$50,000 to implement the pilot

project. County size is not a factor in the amount of funding received for the pilot project. Supplemental funding will not exceed \$100,000, and will not be available in continuation years.

No subrecipient is guaranteed a certain percentage of the total funds available.

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

*Allotments will be established in GMIS by ODH.*

- 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, November 7, 2016**. Applications and required attachments received after this deadline will not be considered for review.

Contact Sara Morman, 614-995-1428, or Sara.Morman@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill \_\_\_\_\_ and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 93.996*.

- I. Goals:** The consequences of prescription drug overdose can be far reaching and severe. Every five hours, an Ohioan dies from an unintentional drug overdose. Like the nation, Ohio has experienced a dramatic increase in unintentional drug overdose deaths in the past decade; from 1999 to 2012, these fatalities increased over 440% in Ohio. Ohio's rates are among the highest in the country, with 18.2 unintentional overdose fatalities per 100,000 people in 2013, and have surpassed motor vehicle crashes as the leading cause of injury-related death in Ohio since 2007.<sup>2</sup> Abuse of prescription opioids has been driving this epidemic; opioid overdoses accounted for 7,929 deaths between 2001 and 2012, of which 5,360 were due to prescription opioids. In 2012, more than a third of unintentional overdose deaths in Ohio involved prescription opioids and two-thirds of fatal overdoses involved any opioids, more than any other substance. There have been more deaths in Ohio from prescription opioids than from cocaine, heroin, and marijuana combined. The effects of this prescription drug overdose (PDO) epidemic reach beyond lost lives. Unintentional drug overdoses accounted for \$2.0 billion in medical costs and lost productivity in Ohio in 2012.<sup>2</sup> Prescription opioid abuse is also related to increases in heroin use and fatal heroin overdoses. According to a 2014 CDC MMWR, heroin use is increasing among those reporting nonmedical use of prescription opioids.<sup>3</sup> Ohio heroin overdose deaths increased from 16% of all drug overdose deaths in 2008 to 35.5% in 2012.<sup>2</sup> Many prescription opioid users have switched to heroin due to its lower price and increased availability. Evidence shows a strong relationship between the increase in exposure to prescription opioids and fatal unintentional overdoses: as the number of grams distributed to retail pharmacies increases, the death rate also increases.<sup>2</sup> Ohio has seen a 643% increase in the amount of prescription opioid grams per 100,000 people distributed to retail pharmacies across the state from 1997 to 2011. From 2010 to 2012, the number of pills per capita increased from 66.3 to 66.9 pills per Ohio resident, although this number decreased to 65.3 in 2013 due to successful interventions.<sup>4</sup> Ohio is also one of the top prescribing states for painkillers in the country; in 2012, there were 100 painkiller prescriptions per person, making it the 12th highest prescribing state of opioid pain relievers in the US.<sup>5</sup> Higher opioid prescribing rates are associated with higher rates of

overdose deaths. The following factors have contributed to the increased availability of opioids available and the subsequent rise in opioid overdose in Ohio: overprescribing by physicians due to changes in clinical pain management guidelines in the late 1990s; aggressive marketing by pharmaceutical companies of new, extended-release prescription opioids to physicians; direct marketing to consumers; rises in substance abuse; illegal online “pharmacies;” improper storage and disposal of medications; medication diversion; and “doctor shopping” by consumers. Ohio has a growing substance abuse population and was formerly home to several “pill mills,” or high-volume pain clinics that prescribed or directly dispensed unscrupulously, often to clients with no medical need for prescription opioids.<sup>1</sup> However, state legislation passed in 2011 has successfully shut down many of these “pill mills” by requiring licensure of pain clinics. The goal of the proposed approach is to reduce PDO fatalities in Ohio by targeting opioid prescribers and communities at high risk for prescription drug abuse in the highest burden counties. Specifically, ODH proposes to improve the state PDMP system (OARRS); to increase its use among prescribers; to build the capacity of high-burden counties to address the PDO epidemic through various community-based initiatives; and to evaluate the effects of recent legislation on opioid prescribing behaviors across the state.

**J. Program Period and Budget Period:** The program period will begin January 1, 2017 and end on August 31, 2019. The budget period for this application is January 1, 2017 through August 31, 2017.

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities.

**Standard 1.1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

- **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:

**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:

The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:

- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

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.

**M. Incorporation of Strategies to Eliminate Health Inequities**  
**Health Equity Component (Standard Health Equity Language)**

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to achieve and sustain optimal health. Throughout the various components of this application (e.g., Program Narrative, Objectives) applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) who experience a disproportionate burden of disease or health condition (this information must be supported by data).
- 2) Explain and identify how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities.

- 3) Explain how proposed program interventions will address this problem.
- 4) Link health equity interventions in the grant proposal to national health equity strategies using the GMIS Health Equity Module. These four items should be incorporated into the grant language in specific areas of the application and not left to the applicant to decide where to insert this information. Also care should be taken to avoid repetition to keep the responses focused and specific.

The following section will provide basic framework, links and guidance to information to understand and apply health equity concepts.

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

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. 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 can occur because of 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, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

**GMIS Health Equity Module:**

The GMIS Health Equity Module links health equity initiatives in grant proposals to national health equity strategies such as those found in *Healthy People 2020* or the *National Stakeholder Strategy for Achieving Health Equity*. Applicants are required to select the goals and strategies from the module which best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- 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.

Applicable  to Prescription Drug Overdose Prevention

**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:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Sara Morman, 614-995-1428, or Sara.Morman@odh.ohio.gov with questions regarding this solicitation.

**Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.**

**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, November 7, 2016 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; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture.

**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 Services, Violence and Injury Prevention Program and as a sub-award

of a grant issued by [the Centers for Disease Control and Prevention] under the [Ohio Prescription Drug Overdose Prevention grant, grant award number [DOHF24W6F1], and CFDA number [93.136].”

**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:

**1. Program Reports:** Subrecipients Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates: Reporting form due at the close of each quarter of the project period. Subsequently, quarterly reporting will begin with a Quarterly Reporting Form which includes: Quarterly Work Plan Progress Narrative, Annual Success Story, Annual Achievements Summary, and Quarterly Task Completion Report.

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – February 28, 2017</i>	<i>March 15, 2017</i>
<i>March 1 – May 31, 2017</i>	<i>June 15, 2017</i>
<i>June 1 – August 31, 2017</i>	<i>September 15, 2017</i>

Any paper non-Internet compatible report attachments must be submitted to GSU Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

***Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.***

**New Program Coordinators/Directors Meeting:** At least one representative from your agency must attend a new program coordinators meeting to be held at a date TBD. The purpose of this meeting is to clarify and provide guidance on required objectives and activities with funded sub grantees early in the grant cycle. There will be information provided on Grants Administration Policies and Procedures (GAPP) including reporting requirement, responding to grant special conditions, budget revisions, etc., as well as program-specific information. Costs associated with attending this meeting are an allowable expense for this grant proposal and should be included in the budget.

**Annual Project Meeting:** At least one representative from your injury prevention program must attend this meeting. The objective for this meeting is to provide technical assistance and an opportunity for sharing successes and barriers in program implementation. Costs associated with attending this meeting are an allowable expense for this grant proposal and should be included in the budget.

**Ohio Injury Prevention Partnership Quarterly Meetings:** The Ohio Injury Prevention Partnership (OIPP) is a statewide group of professionals representing a broad range of agencies and organizations concerned with building Ohio’s capacity to address the prevention of injury, particularly related to the group’s identified priority areas. The group is coordinated by ODH with funds from the Centers for Disease Control and Prevention (CDC).

The OIPP advises and assists ODH Violence and Injury Prevention Program with establishing priorities and future directions regarding injury and violence prevention initiatives in Ohio. The group convenes quarterly all-day meetings to strengthen and sustain effective injury and violence prevention programs at the state and local level. Costs associated with attending these meetings are an allowable expense for this grant proposal and should be included in the budget. Attendance and active participation in the OIPP is a requirement of funded projects.

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

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – 31, 2017</i>	<i>February 10, 2017</i>
<i>February 1 – 28, 2017</i>	<i>March 10, 2017</i>
<i>March 1 – 31, 2017</i>	<i>April 10, 2017</i>
<i>May 1 – 31, 2017</i>	<i>June 10, 2017</i>
<i>June 1 – 30, 2017</i>	<i>July 10, 2017</i>
<i>July 1 – 31, 2017</i>	<i>August 10, 2017</i>
<i>August 1 – 31, 2017</i>	<i>September 10, 2017</i>

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

<i>Period</i>	<i>Report Due Date</i>
<i>January 1, 2017 – March 31, 2017</i>	<i>April 10, 2017</i>
<i>April 1, 2017 – June 30, 2017</i>	<i>July 10, 2017</i>
<i>July 1, 2017 – August 31, 2017</i>	<i>September 10, 2017</i>

*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.*

- 3. 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 Oct. 5, 2017. 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.***

- 4. Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of

the subrecipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Subrecipient. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

**Y. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. This link is viewable only after the issuance of the subrecipient's first payment. 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets)

**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. Client Incentive and Client Enablers:**

Client incentives are *an unallowable cost*. The following client incentives are allowed.

Client Enablers are *an unallowable cost*. The following client enablers are allowed.

Recipients of incentives must sign a statement acknowledging the receipt of the incentive and agreeing to the purpose(s) of the incentive. Subrecipients are required to maintain a log of all client incentives and enablers purchased and distributed. These files must be readily available for review during your programmatic monitoring visit.

**AB. 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 via e-mail to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) 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.

## **AC. 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 25 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. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s).**)
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)

Attachments as required by Program:

- A. Executive Summary – 1 page limit – Named “Insert County\_ Executive Summary\_2017”**
- B. Program Narrative – 25 page limit – Named “Insert County\_Narrative\_2017”**
- C. Work Plan – no page limit - Named “Insert County\_Workplan\_2017”**
- D. Budget – no page limit – Named “Insert County\_Budget\_2017”**
- E. Key Personnel Form – form available in Appendix J**
- F. Community Demographics Table – form available in Appendix N**
- G. Resumes and Position Descriptions – no page limit - Named “Insert County\_Resumes\_2017”**
- H. Coalition Member Listing – no page limit – Named “Insert County\_CoalitionListing\_2017”**
- I. Letters of Support – no page limit – Named “Insert County\_LOS\_2017”**
- J. Letter indicating permission to travel out of county for meetings should be named “County Name\_Travel Letter 2016”**

One copy of the following document(s) must be e-mailed to [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov) 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 St.  
Columbus, Ohio 43215**

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive access after the Solicitation is posted to the ODH website.

*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   Y   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 detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).

2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2017 to August 31, 2017.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **Indirect (Facilities and Administration): Note to Applicant- please select one of the 3 options that apply.**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see section B2.10 of OGAPP.

4. **Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

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

By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

**D. Project Narrative:**

**1. Executive Summary:** *Complete the Executive Summary and Program Narrative as directed in Appendix G and attach in GMIS 2.0.*

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

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

Describe the capacity of your organization, its personnel or contractors to communicate effectively 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, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

**3. Problem/Need:** Identify and describe the local health status concern(s) 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. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

*Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.*

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

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

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

automatically with each application via the Internet.

- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:** 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 <http://fedgov.dnb.com/webform>. For information about System for Award Management (SAM) go to [www.sam.gov](http://www.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 [www.whitehouse.gov/omb/open](http://www.whitehouse.gov/omb/open).

**(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. Public Health Impact:** Applicants that are not local health departments are to attach in GMIS the statement(s) of support from the local health district(s) regarding the impact of your proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary that your agency forwarded to the local health district(s).

- H. 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 Monday, November 7, 2016**.

### **III. APPENDICES**

- A. Notice of Intent to Apply For Funding**
- B. GMIS Training Form**
- C. Application Review Form**
- D. Prescription Drug Overdose Prevention Project Overview**
- E. Summary of Required Grant Strategies**
- F. Guidance for Required Grant Strategies**
- G. Prescription Drug Overdose Prevention Grant RFP Application Instructions**
- H. Work Plan Template**
- I. OPTIONAL Supplemental Project Funding Opportunity**
- J. Key Personnel Form**
- K. Core Competency for Violence and Injury Prevention Professionals**

- L. Sources of Ohio-specific data**
- M. Coalition Representation ideas**
- N. Community Demographics Data Table**
- O. Scoring Criteria and Reviewer Sheet**
- P. 2014 County Population Estimates for Determining Budget Ceiling**

Reimbursement Type  <input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly
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**NOTICE OF INTENT TO APPLY FOR FUNDING**

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

*ODH Program Title:*

Violence and Injury Prevention Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.

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

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) \_\_\_\_\_

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

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable); Proof of Liability Coverage (if applicable); Request for Taxpayer Identification Number and Certification (W-9), Authorization Agreement for Direct Deposit of EFT Payments Form (EFT), (New Agency Only) Vendor Information Form. These forms are located on the Ohio Department of Administrative Services website at:

<http://www.ohiosharedservices.ohio.gov/VendorsForms.aspx>. You can also access these forms at the following websites:

- Request for Taxpayer Identification Number and Certification (W-9), <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=103>
- Authorization Agreement for Direct Deposit of EFT Payments Form (EFT) <http://media.obm.ohio.gov/oss/documents/EFT+FORM+-+REVISED+01+14+2014.pdf>
- Vendor Information Form [http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form\\_11+15+2013.pdf](http://media.obm.ohio.gov/oss/documents/New+Vendor+Information+Form_11+15+2013.pdf)

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. ODH will forward the forms to Ohio Shared Services. FORMS MUST BE RECEIVED BY Friday, October 7, 2016

Mail, E-mail: Sara Morman, Program Manager, 614-995-1428, [sara.morman@odh.ohio.gov](mailto:sara.morman@odh.ohio.gov)  
 Ohio Department of Health Violence and Injury Prevention Program  
 246 North High Street – 35 E. Chestnut, 5<sup>th</sup> Floor  
 Columbus, OH 43215  
 E-mail: [Sara.Morman@odh.ohio.gov](mailto:Sara.Morman@odh.ohio.gov)

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.



Grants Management  
Information System

## GMIS Training, User Access, Access Change or Deactivation Request

*One request per person.* Requests will only be honored when signed by your Agency Head or Agency Financial Head and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. Refresher guides can be found on the ODH web site: <http://www.odh.ohio.gov/en/about/grants/grants.aspx> ODH Grants Page - "GMIS Training Resource" Section.* Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.

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

Check the type of access and complete the information requested:     Employee - needs GMIS Training

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

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

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

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

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

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

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

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

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

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

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

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

Email Notifications:     Yes     No

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

Authorization Signature for User Access/Change/Deactivation:

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

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

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

Date Processed:

Deliver Requests to 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)

## Prescription Drug Overdose Prevention Project Overview

**Number of Awards:** Up to 5; number of awards will be determined by reviewer scores and need criteria.

**Project Timeframes:**

**Project Year 1:** 1/1/2017 – 8/31/2017\*

**Project Year 2:** 9/1/2017 – 8/31/2018

**Project Year 3:** 9/1/2018 – 8/31/2019

*\* Project Year 1 is only eight months to align with federal funding and current grantee programs. This Request for Proposal (RFP) will refer to Project Year 1 in reference to the first eight months of the project.*

**Eligibility Criteria:** The intent of this funding is to address areas of the state with the greatest fatal drug overdose rates. While all counties are eligible to apply, due to the very limited available funding, counties in the 75<sup>th</sup> percentile and higher will be weighted according to the criteria described in Appendix O. The criteria includes number and rate of overdose deaths, along with indicators for prescribing behaviors. Communities may provide additional community-based data to demonstrate a compelling local need for reviewers to consider.

**Background:** Drug overdoses have reached epidemic levels in Ohio. Unintentional drug overdose continued to be the leading cause of injury-related death in Ohio in 2015, ahead of motor vehicle traffic crashes – a trend which began in 2007. Unintentional drug overdoses caused the deaths of 3,050 Ohio residents in 2015, the highest number on record, compared to 2,531 in 2014. The number of overdose deaths increased 20.5 percent from 2014 to 2015.

**Approach:** Programs should be data driven and address groups at highest risk. For example, Ohio's death data reveal that adults aged 25-54 are at the highest risk for fatal overdose.

**Project Activities:** This funding is intended to be used in a prescriptive manner. There are required population- based focus areas, required program impact objectives, and a list of activities that applicants can chose from to customize the project to the need in their county. Required program activities are listed in Appendix E – Summary of Required Grant Strategies. Additional information is available in Appendix F – Guidance for Required Grant Strategies to demonstrate implementation expectations. Additionally, ODH will provide several tools and resources to complete this project. The expectation is for applicants to utilize the materials available from ODH to optimize project implementation timeframes.

**OPTIONAL Supplemental Project Funding Opportunity:** Newly selected and existing Prescription Drug Overdose Prevention grantees are eligible to apply for supplemental funding to implement a pilot project to identify best practices to link the reentry population with treatment and naloxone. Funding will be for program year 1 which will span 8 months from 1/1/2017 to 8/31/2017. Each county is eligible for up to \$50,000 to implement the pilot project. County size is not a factor in the amount of funding received for the pilot project. Supplemental funding will not exceed \$100,000, and will not be available in continuation years. See Appendix I for additional project information including narrative and work plan requirements.

### Summary of Required Grant Strategies

The project is divided into the following categories which are termed “Required Population-Based Focus Areas.”

- 1) Partnerships, Coalition Building and Coalition Evaluation
- 2) Data & Evaluation
- 3) Policy, Systems, and Environmental Changes (PSECs)
- 4) Policy, Systems, and Environmental Changes Supportive (PSEC Supportive)

Each focus area also has *required* “program impact objectives,” and the applicant can choose from a list of approved program activities to customize the program to their county. Several of the required strategies only have one option listed, if there is one option listed then it is a required activity. Guidance on implementation of the required strategies is available in Appendix F – Guidance for Required Grant Strategies.

*Please note that different or innovative projects can be proposed in addition to the required activities. However, the applicant must demonstrate the effectiveness of the proposed activity by providing research or evidence of the activity being a promising practice. Innovative activities are subject to approval or special conditions by ODH.*

Additionally, each applicant should determine their Long-Term Objective which should be related to reducing fatalities. The preferred format is: **By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.**

**Required Program Impact Objective – Partnerships, Coalition Building and Coalition Evaluation:** *By August 31, 2017, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.*

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – * Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement. ** Counties without an existing coalition do not need to complete a coalition evaluation in year 1, but must establish a new coalition in project year 1.
Partnerships, Coalition Building and Coalition Evaluation	Convene a community coalition**	Establish a community coalition comprised of partners with an interest in reducing fatalities associated with drug overdose
Partnerships, Coalition Building and Coalition Evaluation	Conduct coalition evaluation	Conduct an evaluation of XYZ Coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations
Partnerships, Coalition Building and Coalition Evaluation	Recruit 3 key stakeholders	Using results of coalition evaluation to identify gaps in membership and strategically recruit three key stakeholders

**Required Program Impact Objective – Data and Evaluation:** *By August 31, 2017, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.*

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
Data & Evaluation	Establish baseline for required outcomes	Establish baseline data for the required short and intermediate outcomes
Data & Evaluation	Develop Poison Death Review	Develop or maintain a Poison Death Review to identify specific circumstances to inform prevention activities
Data & Evaluation	Develop/Implement Community Response Plan	Implement an immediate community response plan to facilitate response to EpiCenter anomalies or other documented increases in drug overdoses
Data & Evaluation	Improve Data Quality	Assess ICD10 reporting into EpiCenter at local hospitals
		Educate and promote tools and resources to improve ICD10 reporting into EpiCenter at local hospitals
		Implement continuous quality improvement project at local hospitals to improve ICD10 reporting in EpiCenter

**Policy, Systems and Environmental Changes –**

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XYZ Agency will increase the use of OARRS by INSERT ACTIVITY FROM LIST BELOW.</i>		
Policy Systems and Environmental Change (PSEC) – PSEC	a) Policies/Systems to Institutionalize Use of OARRS	Engage local health system or health care provider to integrate OARRS into their electronic health records, using Board of Pharmacy resources – <a href="https://www.ohiopmp.gov/Portal/Integration.aspx">https://www.ohiopmp.gov/Portal/Integration.aspx</a>
		Encourage local health care system or health care providers to adopt policy requiring the use of OARRS within their practice
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency will facilitate the adoption of pain management guidelines by INSERT ACTIVITY FROM LIST BELOW.</i>		
Policy Systems and Environmental Change (PSEC) – PSEC	b) Policies/Systems to Increase Uptake of Pain Management Guidelines	Facilitate a local health system to adopt a policy to implement pain management guidelines into Emergency Department
		Increase number of health systems requiring Smart RX training for physicians
		Facilitate adoption of State Medical board policy encouraging physicians to co-prescribe or personally furnish naloxone to patients who are at risk for an opioid overdose <a href="http://www.pharmacy.ohio.gov/naloxone">www.pharmacy.ohio.gov/naloxone</a>

		Encourage the adoption of policy to utilize pain management prescribing guidelines for local health care organizations – <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a>
		Encourage adoption of pain management policies in health care systems that include alternate therapies in addition to prescription opioids.
		Share data and work with local emergency departments to encourage adoption of the Ohio emergency department opioid prescribing guidelines and patient handout.
		Promote adoption of policy to use trigger guidelines for patients on high doses of opioids: <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a>
		Promote implementation and adoption of policy to utilize the <i>Ohio Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guidelines</i> <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a>
		Promote implementation and adoption of policy to utilize <i>Ohio Acute Pain Prescribing Guidelines</i> in Primary Care Practices <a href="http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Acute-pain-infographic.pdf">http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Acute-pain-infographic.pdf</a>
Required Program Impact Objective: By August 31, 2017, XYZ Agency will expand access to naloxone by INSERT ACTIVITY FROM LIST BELOW.		
<b>Policy Systems and Environmental Change (PSEC) – PSEC</b>	<b>c) Development or Expansion of Naloxone Education and Distribution Programs</b>	Develop and implement a Post Overdose Response Team (PORT) to make home visits and supply naloxone to locations with a recent overdose
		Integrate naloxone distribution into Emergency Department settings within county
		Increase local pharmacies offering naloxone from X to X
		Identify and facilitate community serving agencies to implement a Project DAWN - <a href="http://www.healthyohiprogram.org/vipp/drug/ProjectDAWN.aspx">http://www.healthyohiprogram.org/vipp/drug/ProjectDAWN.aspx</a>
		Encourage the adoption of policy for local law enforcement to carry naloxone.
		Facilitate the adoption of policy within schools to carry and administer naloxone
		Facilitate provision of naloxone or referral to Project DAWN upon release from correctional facilities within the county

<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency in conjunction with XXX Coalition/Task Force will identify, plan and implement a community-specific strategy. Potential activities below.</i>		
<b>Policy Systems and Environmental Change (PSEC) – PSEC</b>	<b>d) Community-Specific Policy, Systems, or Environmental Changes</b>	Assist law enforcement agencies or pharmacies in acquiring drug drop boxes to collect excess medications in the community.
		Promote court-based drug treatment programs as an alternative to incarceration. <a href="http://www.nadcp.org/learn/what-are-drug-courts">http://www.nadcp.org/learn/what-are-drug-courts</a>
		Develop college/university campus policies regarding PDA/O or ensure the inclusion of PDA in peer programs addressing alcohol/drug use; implement policies to educate faculty and staff; include information about PDA in orientation courses.
		Encourage adoption of Screening, Brief Intervention and Referral to Treatment (SBIRT) programs for prescription substance abuse in emergency departments and physicians' offices.
		Promote drug-free workplace policies that include abuse/misuse of prescription drugs and promote access to treatment as needed. New Jersey – Partnership for a Drug Free New Jersey - <a href="http://www.drugfreenj.org/drugs_overview/">http://www.drugfreenj.org/drugs_overview/</a>

**Policy, Systems and Environmental Change (PSEC) Supportive –**

***Please note:*** There is only **one** required PSEC Supportive Strategy- PDO Education in School Settings. The PSEC Supportive strategies related to health care provider education and training, and media advocacy and awareness are intended to support the implementation and promotion of policy, systems, and environmental changes (PSEC) activities outlined above. The applicant may add in objectives for the optional strategies if the proposed activities are robust enough to require its own work plan to accomplish the project.

<b>Required Population-Based Focus Areas</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b> <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency will prioritize a minimum of three school settings to INSERT ACTIVITY FROM LIST BELOW.</i>		
<b>PSEC Supportive</b>	<b>PDO Education in School Settings</b>	Implement Start Talking! Programs <a href="http://starttalking.ohio.gov/">http://starttalking.ohio.gov/</a>
		Implement Generation RX Curriculum <a href="http://www.generationrx.org/">http://www.generationrx.org/</a>
<b>OPTIONAL Program Impact Objective:</b> <i>By August 31, 2017, XYZ Agency will train health care providers by INSERT ACTIVITY FROM LIST BELOW.</i>		
<b>PSEC Supportive</b>	<b>Health Care Provider Education/Training</b>	Recruiting and training instructors for health education programs to incorporate prescription drug overdose prevention education

		Training for local health care providers about the implementation of a Project DAWN site
		Training for law enforcement on the benefits to their community on carrying naloxone
		Training health care provider on overdose recognition, response and referral to treatment
		Training health care providers about prescription drug abuse and the availability of prescribing guidelines
		Dangers of prescribing multiple medications, especially multiple central nervous system (CNS) depressants, specifically opioids, sedatives, anxiolytics and muscle relaxants, and anti-depressants (OSAMRADs) simultaneously
		Recognizing substance misuse/abuse and local resources for substance abuse treatment
		Encouraging use of pain management contracts with patients
<p><b>OPTIONAL Program Impact Objective: By August 31, 2017, XXX Agency will implement one media by INSERT ACTIVITY FROM LIST BELOW.</b></p>		
<b>PSEC Supportive – Optional</b>	<b>Media Campaign – Optional</b>	Identify credible local spokespeople (e.g., physician, pharmacist, coroner, law enforcement, survivor of prescription drug abuse, family member, etc.) to respond to media inquiries and help disseminate/promote campaign messages.
		Disseminate media toolkits containing state and local data, sample article template, call to action information, prevention information, sample campaign materials, contact information, resource list, etc.
		Conduct a press conference to raise awareness of the extent of the problem locally.
		Use multiple local media outlets to disseminate written and verbal campaign materials (newspaper articles, TV/radio PSAs, Facebook/Twitter, movie theaters, etc.) to advance other PSEC strategies
		Utilize ODH-developed social marketing campaign for customization and implementation in applicant’s county

## Guidance for Required Grant Strategies

### 1. Partnerships, Coalition Building and Coalition Evaluation

Most successful prescription drug overdose prevention approaches require building local partnerships to assure sustainability of efforts. All funded projects will be responsible for working with a functioning, local coalition comprised of appropriate, multi-disciplinary and representative community stakeholders. A list to help generate ideas for coalition membership is included in Appendix M. For all key partners identified in the work plan, a letter of agreement from the partner describing the partnership and responsibilities to carry out the work plan **must** be provided with this application.

**Required: For those applicants establishing new coalitions,** the year one activity is to establish a functional coalition dedicated to the prevention of your prescription drug overdose. Projects establishing new coalitions in project year 1 will be required to evaluate their coalitions during year 2 of the project.

- a. Establish a multidisciplinary coalition comprised of appropriate and relevant key community stakeholders focused on prescription drug overdose prevention. This includes members from diverse communities including racial and ethnic minority populations. A list of members must be provided to ODH Program Consultant by May 31, 2017.
- b. The coalition should meet at least 2 times before August 31, 2017. Meeting agendas and notes should be developed as evidence of these meetings. Coalition development strategies and meetings should be clearly documented in the activities of the project year 1 work plan.

**Required: For those applicants with existing coalitions,** expansion and evaluation of the coalition will be a required year 1 activity. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH no later than August 31, 2017. ODH can provide a coalition evaluation that is customized for the applicant county. Applicants should strongly consider utilizing the ODH-provided coalition evaluation in order to optimize implementation timeframes for project year 1.

- a. Conduct an evaluation of your existing coalition during year 1 using guidance provided by ODH. Evaluation results must be provided to ODH Program Consultant by no later than June 30, 2017.
- b. Expand coalition focused on prescription drug overdose prevention by at least 3 key stakeholders per year. The coalition should meet in person no less than quarterly. Meeting agendas and notes should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan.

**Required Program Impact Objective – Partnerships, Coalition Building and Coalition Evaluation:** *By August 31, 2017, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.*

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>

		<i>** Counties without an existing coalition do not need to complete a coalition evaluation in year 1, but should establish a new coalition in project year 1.</i>
<b>Partnerships, Coalition Building and Coalition Evaluation</b>	<b>Convene a community coalition**</b>	Establish a community coalition comprised of partners with an interest in reducing fatalities associated with drug overdose.
<b>Partnerships, Coalition Building and Coalition Evaluation</b>	<b>Conduct coalition evaluation</b>	Conduct an evaluation of XYZ Coalition to identify member information and involvement; coalition structure, function and communication; membership; sustainability; and coalition challenges, strengths and aspirations.
<b>Partnerships, Coalition Building and Coalition Evaluation</b>	<b>Recruit 3 key stakeholders</b>	Using results of coalition evaluation to identify gaps in membership and strategically recruit three key stakeholders

## 2. Data & Evaluation:

All funded projects must conduct evaluation and data surveillance activities in the form of: 1) establishing baseline data for required outcomes; 2) development of a community immediate response action plan; and 3) development of a poison death review by August 31, 2017.

**Required: Establish baseline data for the following outcomes.** During project year 1, ODH will provide technical assistance to applicant counties to determine their baseline for the following outcomes:

### Short-term –

- Percentage of those prescribing opioids and benzodiazepines in the last 90 days in Ohio that have requested a patient report within the past month
- Percentage of those prescribing opioids in the last 90 days in Ohio who have requested a patient report within the past month. (Also include delegate's requests)
- Percentage of those prescribing opioids in the last 90 days in Ohio who are registered with OARRS.

### Intermediate –

- Decrease opioid distribution in doses per capita
- Decrease benzodiazepines distribution in doses per capita
- Decrease the number of persons receiving prescriptions at or above 80 MME/day
- Decrease number of individuals exhibiting doctor shopping behavior
- Increase in hospitals implementing ED prescribing guidelines
- Increase in primary care settings implementing acute pain guidelines

**Required: Develop (or maintain) a county or multi-county Poison Death Review (PDR) program** (based on Child Fatality Review model) to identify the circumstances surrounding the deaths to inform prevention. In project year 1, ODH will provide model policies and templated implementation materials for applicants to customize for use within their county.

- **Convene a PDR Committee:** The reviews should be conducted by representatives from the coalition. The coroner's office will assist in the identification of cases and accessing

prescription history reports. Additional stakeholders and potential data owners (e.g., treatment centers, law enforcement, health care providers, etc.) will be invited to participate in the review of cases in a confidential setting.

Resource: **Ohio Child Fatality Review Program** and materials  
<http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfr1.aspx>

- **Enter 2016 PDR data into ODH-provided database** from death certificates, coroner reports, autopsy, toxicology, prescription monitoring program (Ohio Automated Rx Reporting System) and other data as available (e.g., medical records, law enforcement/criminal records, substance abuse or mental health information). The database will contain the drugs involved in the death, circumstances of death (e.g., witnessed, EMS called, etc.) and any other available and informative details of the decedent's history (e.g., history of substance abuse treatment), that may inform future prevention efforts.
- **Provide ODH with a written summary of de-identified PDR data to ODH and coalition members.**

**\*Applicants must include a letter of support from the county coroner ensuring access to coroner data and prescription monitoring program data from the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS). Coroners may access these data in the course of investigating a drug overdose death:**

<http://www.pharmacy.ohio.gov/Documents/Pubs/Special/OARRS/Coroner%20Use%20of%20the%20Ohio%20Automated%20Rx%20Reporting%20System.pdf>

**Please note: Relevant information relating to a decedent's prescription history must be included as part of the coroner's report or obtained by the coroner. PDR participants may not have access to the decedent's OARRS report.**

**Required: Develop a local immediate community response action plan** for the purpose of mobilizing immediate local efforts to respond to EpiCenter anomalies when overdose visits to emergency departments and urgent care centers increase in their community. EpiCenter is Ohio's statewide syndromic surveillance system used by state and local public health agencies to detect, track and characterize health events. The system has traditionally been used to monitor pandemic influenza, outbreaks, environmental exposures and potential bioterrorism in real-time. EpiCenter gathers de-identified information on patient symptoms and automatically alerts public health when an unusual pattern or trend is occurring. The system was recently enhanced to include the ability to identify anomalies when overdose visits increase within a county in an effort to provide local health departments with more timely information to respond to appropriately. The purpose of syndromic surveillance is to act as a catalyst for action among local partners (i.e. first responders aware of increase in overdoses, and provided with additional naloxone; law enforcement informed of increase overdoses and provided with naloxone, etc.) and source for situational monitoring for acute illness events. For the purposes of the application, submit information on the process to develop a local immediate community response plan. In project year 1, ODH will provide a template response plan that can be customized for use within the applicant's county.

- **Develop an immediate community response action plan to utilize syndromic surveillance data:** EpiCenter alerts and provides surveillance data to local jurisdictions on increases in

emergency visits for drug-related admissions (overdoses, detox, withdrawals). The applicant must develop and submit a comprehensive community response plan by September 15, 2017. The plan must address the following: 1) verification and investigation of data; 2) immediate community response after verification of data; 3) resource identification and allocation; and 4) support of key partners within the community to implement the community response immediately. ODH can offer a plan template that can be customized for the applicant county.

**\* If the applicant is not a local health department designee with access to the EpiCenter syndromic surveillance data from ODH, the applicant must include a letter of support from the local health department entity stating their intent to work collaboratively to provide timely information from the system.**

**Required: Improve Data Quality** by assisting hospitals to improve ICD10 reporting into EpiCenter. Applicants can choose from the approaches outlined below, depending on hospital interest and readiness. A basic assessment to determine how current utilization of ICD10 reporting into EpiCenter is one approach to determine which area hospitals may be in need of assistance or training. Additionally, applicants may develop or utilize existing tools and resources to increase ICD10 reporting into EpiCenter. Improving data quality can also be approached through a process improvement project if there is interest and readiness from any local hospital.

**Required Program Impact Objective – Data and Evaluation:** *By August 31, 2017, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.*

<b>Required Population-Based Focus Areas</b>	<b>Required Strategies</b>	<b>Pick List of Activities –</b> <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
<b>Data &amp; Evaluation</b>	<b>Establish baseline for required outcomes</b>	Establish baseline data for the required short and intermediate outcomes
<b>Data &amp; Evaluation</b>	<b>Develop Poison Death Review</b>	Develop or maintain a Poison Death Review to identify specific circumstances to inform prevention activities
<b>Data &amp; Evaluation</b>	<b>Develop/Implement Community Response Plan</b>	Implement an immediate community response plan to facilitate response to EpiCenter anomalies or other documented increases in drug overdoses
<b>Data &amp; Evaluation</b>	<b>Improve Data Quality</b>	Assess ICD10 reporting into EpiCenter at local hospitals
		Educate and promote tools and resources to improve ICD10 reporting into EpiCenter at local hospitals
		Implement continuous quality improvement project at local hospitals to improve ICD10 reporting in EpiCenter

### 3. Policy, Systems and Environmental Change (PSEC) Strategies:

**Policy strategies** include steps taken or facilitated by program staff to bring about development of or change in policy. PSECs may include ordinances, organizational policies, environmental changes, health care system changes, systemic integration of community-based interventions, regulations, etc.

**Impacting PSEC goals should be the primary focus of your activities. Training and education of key stakeholders and media campaigns, should be supportive activities for evidence-based PSECs.**

Funded projects will describe plans to implement and demonstrate progress on the 4 required PSEC-related strategies.

Local health departments and hospitals have an essential role in ensuring that decision makers and partners have the best available evidence to prevent injuries through active participation in the policy process. For example, programs play an important role in using scientific evidence and epidemiological data to educate both internal and external decision makers and partners about the prescription drug overdose and other related health issues. In addition to educating about the burden of prescription drug overdose, and corresponding public health problem issues, health-related organizations also have a role to play in presenting information about evidence based policy interventions when describing strategies to prevent drug overdoses. Public health agencies have a role to play in all types (organizational, regulatory, and legislative) of policy initiatives.

The PD subgrants are supported by the funding from the Centers for Disease Control and Prevention (CDC). Federal funds may not be used directly or indirectly “to favor or oppose any legislation, law, ratification, policy, or appropriation” or “to support or defeat any legislation pending before the Congress or any state legislature”.<sup>1</sup> CDC does not use or allow grantees/contractors/subgrantees to use appropriated funds, directly or indirectly, to lobby any federal or state legislative body. These prohibitions do not impact subgrantees’ ability to communicate through a normal and recognized executive relationship and grantees are allowed to participate in the normal policymaking and administrative processes within the executive branch of their state and local government, if within appropriate boundaries<sup>2</sup>.

Allowable activities related to contact with public policymakers vary by organization; therefore it is important to consult internal agency or organizational rules, state laws, and (where applicable) federal laws to ensure full compliance in addition to consulting your ODH Program Consultant.

**Required: All 4 of the following Policy, Systems, and Environmental Changes (PSEC) strategies must be included:**

- a) **Policies/Systems to Institutionalize Use of OARRS.** [www.ohiopmp.gov](http://www.ohiopmp.gov) OARRS is Ohio’s prescription drug monitoring program for controlled substances and can be used to identify and discourage doctor shopping behavior. Efforts should be made to obtain commitment from local physicians to register for OARRS and use it when prescribing controlled substances. Activities should include educating prescribers about: availability of resources to integrate OARRS into electronic health records, prescription drug overdose epidemic, laws requiring OARRS use; and available resources. The ultimate outcome of

<sup>1</sup> Lobbying of Federal or State Legislative Bodies Memo. June 11, 2003. (Document cites the following two laws: Federal Law 18 USC 1913 and The Department of Health and Human Services Appropriation Act, 2003 (Pub. L. 108-7). Retrieved from <http://pgo.cdc.gov/pgo/webcache/Regulations/Lobbying%20of%20Federal%20or%20State%20Legislative%20Bodies%20Memo%206-11-03.pdf>

<sup>2</sup> CDC Implementation of Anti-Lobbying Provisions. Retrieved from: [http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

- these education activities should result in a policy or systems change taking place.
- b) **Policies/Systems to Increase Uptake of Pain Management Guidelines** Ohio has developed three sets of prescribing guidelines, available at <http://mha.ohio.gov/Default.aspx?tabid=828>. The purpose of this strategy is to increase the uptake of all three sets of guidelines among prescribers and their support staff in Ohio. Applicants should use education as a key activity to encourage prescribers to work toward adoption of policy or systems change within their practices or health systems to consistently utilize the existing prescribing guidelines. The ultimate outcome of these education activities should result in a policy or systems change taking place.
  - c) **Development or Expansion of Naloxone Education and Distribution Programs** The VIPP is interested in expanding access to naloxone in Ohio. Naloxone education and distribution projects are a promising practice to prevent prescription opioid-related overdose among high risk individuals. Applicants may consider facilitating implementation of a local naloxone education and distribution program or expansion of an existing one to EDs, pharmacies or treatment facilities.
  - d) **Community-Specific PSEC.** The intent of the Community-Specific PSEC strategy is to allow applicants to identify and address needs that are unique to their county. The expectation for the first project year is for the applicant to work collaboratively with their coalition to identify their community-specific PSEC and develop plans to implement the work in year 2 of the funding. A list of potential community-specific PSEC activities is outlined in the table below. If the applicant wishes to propose a different activity, they must include a statement related to the evidence or support for the activity as a promising practice.

**Policy, Systems and Environmental Changes (PSEC) – 4 required strategies**

- a) **Policies/Systems to Institutionalize Use of OARRS**
- b) **Policies/Systems to Increase Uptake of Pain Management Guidelines**
- c) **Development or Expansion of Naloxone Education and Distribution Programs**
- d) **Community-Specific Policy, Systems, or Environmental Changes**

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XYZ Agency will increase the use of OARRS by INSERT ACTIVITY FROM LIST BELOW.</i>		
<b>Policy Systems and Environmental Change (PSEC) – PSEC</b>	a) <b>Policies/Systems to Institutionalize Use of OARRS</b>	Engage local health system or health care provider to adopt policy to integrate OARRS into their electronic health records, using the State of Ohio Board of Pharmacy resources – <a href="https://www.ohiopmp.gov/Portal/Integration.aspx">https://www.ohiopmp.gov/Portal/Integration.aspx</a>
		Encourage local health care system or health care providers to adopt policy requiring the use of OARRS within their practice
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency will facilitate the adoption of pain management guidelines by INSERT ACTIVITY FROM LIST BELOW.</i>		
Policy Systems and	b) <b>Policies/Systems to Increase</b>	Facilitate a local health system to adopt a policy to implement pain management guidelines into Emergency Department

<p><b>Environmental Change (PSEC) – PSEC</b></p>	<p><b>Uptake of Pain Management Guidelines</b></p>	<p>Increase number of health systems requiring Smart RX training for physicians</p>
		<p>Facilitate adoption of State Medical board policy encouraging physicians to co-prescribe or personally furnish naloxone to patients who are at risk for an opioid overdose <a href="http://www.pharmacy.ohio.gov/naloxone">www.pharmacy.ohio.gov/naloxone</a></p>
		<p>Encourage the adoption of policy to integrate the use of pain management prescribing guidelines for local health care organizations – <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a></p>
		<p>Encourage adoption of pain management policies in health care systems that include alternate therapies in addition to prescription opioids.</p>
		<p>Share data and work with local emergency departments to encourage adoption of the Ohio emergency department opioid prescribing guidelines and patient handout.</p>
		<p>Promote adoption of policy to use trigger guidelines for patients on high doses of opioids: <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a></p>
		<p>Promote implementation and adoption of policy to utilize the <i>Ohio Emergency and Acute Care Facility Opioid and Other Controlled Substances Prescribing Guidelines</i> <a href="http://www.opioidprescribing.ohio.gov">www.opioidprescribing.ohio.gov</a></p>
		<p>Promote implementation and adoption of policy to utilize <i>Ohio Acute Pain Prescribing Guidelines</i> in Primary Care Practices <a href="http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Acute-pain-infographic.pdf">http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Acute-pain-infographic.pdf</a></p>
<p><b>Required Program Impact Objective: By August 31, 2017, XYZ Agency will expand access to naloxone by INSERT ACTIVITY FROM LIST BELOW.</b></p>		
<p><b>Policy Systems and Environmental Change (PSEC) – PSEC</b></p>	<p><b>c) Development or Expansion of Naloxone Education and Distribution Programs – Expand Access to Naloxone</b></p>	<p>Develop and implement a Post Overdose Response Team (PORT) to make home visits and supply naloxone to locations with a recent overdose</p>
		<p>Integrate naloxone distribution into Emergency Department settings within county</p>
		<p>Increase local pharmacies offering naloxone from X to X</p>
		<p>Identify and facilitate community serving agencies to implement a Project DAWN - <a href="http://www.healthyohiprogram.org/vipp/drug/ProjectDAWN.aspx">http://www.healthyohiprogram.org/vipp/drug/ProjectDAWN.aspx</a></p>
		<p>Encourage the adoption of policy for local law enforcement to carry naloxone.</p>
		<p>Facilitate the adoption of policy within schools to carry and administer naloxone</p>

		Facilitate provision of naloxone or referral to Project DAWN upon release from correctional facilities within the county
<p><b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency in conjunction with XXX Coalition/Task Force will identify, plan and implement a community-specific strategy. Potential activities below.</i></p>		
<p><b>Policy Systems and Environmental Change (PSEC) – PSEC</b></p>	<p><b>d) Identify 4<sup>th</sup> community-specific PSEC activity</b></p>	Assist law enforcement agencies or pharmacies in acquiring drug drop boxes to collect excess medications in the community.
		Promote court-based drug treatment programs as an alternative to incarceration. <a href="http://www.nadcp.org/learn/what-are-drug-courts">http://www.nadcp.org/learn/what-are-drug-courts</a>
		Develop colleges/university campus policies regarding prescription drug abuse or overdose (PDA/O) or ensure the inclusion of PDA/O in peer programs addressing alcohol/drug use; implement policies to educate faculty and staff; include information about PDA/O in orientation courses.
		Encourage adoption of Screening, Brief Intervention and Referral to Treatment (SBIRT) programs for prescription substance abuse in emergency departments and physicians' offices.
		Promote drug-free workplace policies that include abuse/misuse of prescription drugs and promote access to treatment as needed. New Jersey – Partnership for a Drug Free New Jersey - <a href="http://www.drugfreenj.org/drugs_overview/">http://www.drugfreenj.org/drugs_overview/</a>

4. **PSEC Supportive Activities** are intended to support the implementation of policy, systems and environmental changes. Independent Direct Education/Services and individual programs should be kept to a minimum of grant-related effort. These activities must enhance and complement primary PSEC activities, but are not meant as stand-alone initiatives. **Please note:** There is only **one** required PSEC Supportive Strategy. The PSEC Supportive strategies related to health care provider education and training, and media advocacy and awareness are intended to support the implementation and promotion of policy, systems, and environmental changes (PSEC) outlined above. The applicant may add in a program impact objective for the optional strategies if the activity is robust enough to warrant its own objective in the work plan. **Example:** Educating prescribers on the need for and use of the pain management guidelines should be a standard activity to facilitate the adoption of a policy to utilize the guidelines. However, the applicant could also choose to hold a large conference for prescribers with CMEs and several speakers on prescribing topics. The conference would have enough activities to warrant the addition of an objective in the work plan.

- **REQUIRED – PDO Education in School Settings** – Awareness and education within the school setting is a critical activity to ensure projects reach at-risk youth and their caregivers. Activities should include identification of higher risk school settings within the applicant county; outreach

to school administrators and supporting partners; and implementation of required programs within appropriate school settings.

- **OPTIONAL – Training** – Training efforts should support and enhance the other PSEC categories across the spectrum of prevention. Steps taken or facilitated by program staff to train individuals to provide services that will extend beyond the project period will be supported
- **OPTIONAL – Media Advocacy, Information and Campaigns** – Media and social media can be cost-effective methods of reaching the focus population with your message. For example, when a law is passed requiring physicians to check OARRS prior to prescribing an opiate, it is critical that the affected community is aware or the change or policy will not be effective. Alternatively, informing the community about the dangers of addiction to prescription opiates through social media is not likely to be effective in changing behavior unless there is a new policy or another effort such as a drug take back day or overdose prevention kit giveaway to recognize. Strategies should work at multiple levels and be complimentary. Media strategies should be used to help advance, promote and/or support other PSEC strategies to enhance their effectiveness.

**Policy, Systems and Environmental Change (PSEC) Supportive –**

Required Population-Based Focus Areas	Required Strategies	Pick List of Activities – <i>* Must include at least one activity per population-based focus area in this column in the grant proposal. If only one activity is listed then it is a requirement.</i>
<b>Required Program Impact Objective:</b> <i>By August 31, 2017, XXX Agency will prioritize a minimum of three school settings to INSERT ACTIVITY FROM LIST BELOW.</i>		
PSEC Supportive	PDO Education in School Settings	Implement Start Talking! Programs <a href="http://starttalking.ohio.gov/">http://starttalking.ohio.gov/</a>
		Implement Generation RX Curriculum <a href="http://www.generationrx.org/">http://www.generationrx.org/</a>
<b>OPTIONAL Program Impact Objective:</b> <i>By August 31, 2017, XYZ Agency will train health care providers by INSERT ACTIVITY FROM LIST BELOW.</i>		
PSEC Supportive	Health Care Provider Education/Training	Recruiting and training instructors for health education programs to incorporate prescription drug overdose prevention education
		Training for local health care providers about the implementation of a Project DAWN site
		Training for law enforcement on the benefits to their community on carrying naloxone
		Training health care provider on overdose recognition, response and referral to treatment
		Training health care providers about prescription drug abuse and the availability of prescribing guidelines
		Dangers of prescribing multiple medications, especially multiple central nervous system (CNS) depressants,

		specifically opioids, sedatives, anxiolytics and muscle relaxants, and anti-depressants (OSAMRADs) simultaneously
		Recognizing substance misuse/abuse and local resources for substance abuse treatment.
		Use of pain management contracts with patients
<b>OPTIONAL Program Impact Objective: By August 31, 2017, XXX Agency will implement one media by INSERT ACTIVITY FROM LIST BELOW.</b>		
<b>PSEC Supportive – Optional</b>	<b>Media Campaign – Optional</b>	Identify credible local spokespeople (e.g., physician, pharmacist, coroner, law enforcement, survivor of prescription drug abuse, family member, etc.) to respond to media inquiries and help disseminate/promote campaign messages
		Disseminate media toolkits containing state and local data, sample article template, call to action information, prevention information, sample campaign materials, contact information, resource list, etc.
		Conduct a press conference to raise awareness of the extent of the problem locally
		Use multiple local media outlets to disseminate written and verbal campaign materials (newspaper articles, TV/radio PSAs, Facebook/Twitter, movie theaters, etc.) to advance other PSEC strategies
		Utilize ODH-developed social marketing campaign for customization and implementation in applicant’s county

## PRESCRIPTION DRUG OVERDOSE PREVENTION GRANT 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. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once the RFP is posted on the ODH website, and 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.

The following components are required:

- A. Executive Summary – 1 page limit – Named “Insert County\_ Executive Summary\_2017”**
- B. Program Narrative – 25 page limit – Named “Insert County\_Narrative\_2017”**
  - 1. Description of Applicant Agency and Documentation of Eligibility**
  - 2. Problem/Need**
  - 3. Methodology Narrative**
    - a) Partnerships, Coalition Building, and Coalition Evaluation**
    - b) Data and Evaluation**
    - c) Policy, Systems, and Environmental Change (PSEC) Strategies**
    - d) PSEC Supportive Strategies**
  - 4. Evaluation Plan**
  - 5. Sustainability Plan**
- C. Work Plan – no page limit - Named “Insert County\_Workplan\_2017”**
- D. Budget – no page limit – Named “Insert County\_Budget\_2017”**
- E. Key Personnel Form – form available in Appendix J**
- F. Community Demographics Table – form available in Appendix N**
- G. Resumes and Position Descriptions – no page limit - Named “Insert County\_Resumes\_2017”**
- H. Coalition Member Listing – no page limit – Named “Insert County\_CoalitionListing\_2017”**
- I. Letters of Support – no page limit – Named “Insert County\_LOS\_2017”**

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

### Instructions for Executive Summary

#### **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.

- Describe the injury problems that the program will address.
- Provide justification for why these injury problems were chosen. What planning factors lead to the decision to propose this project?

- List program goal(s) and objectives.
- Briefly describe:
  - Who the project will be serving, including demographics.
  - Location of project activities (e.g., schools, community, worksite, healthcare).
  - Role of your partners/coalition.
- Describe how the project will be evaluated.
- State the total funds that are being requested and how they will be primarily used.

## Instructions for Program Narrative

### **B. Program Narrative**

#### **1. Description of Applicant Agency and Documentation of Eligibility:**

##### **Eligibility**

- 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.

##### **Experience in and Capacity to Address Injury Prevention**

- Briefly summarize any existing injury prevention efforts managed by your agency related to the focus area chosen.
- Provide information on other sources of grant and local funding your agency has for existing injury prevention activities. Describe how this funding will be used to expand upon or address other areas, and not supplant current funding sources.
- Describe other experience by your agency in managing and conducting injury prevention programs. If none, briefly describe experience in managing and conducting another population-based public health program.

##### **Personnel**

- **Funded projects must employ one full time staff (no fewer than 1,700 hours per year) assigned as the Injury Prevention PDO Coordinator whose sole duties are to administer the PDO Prevention Program and related grant activities.** Provide documentation that demonstrates compliance with this requirement on the **Key Personnel Form - Appendix J.**
- List all personnel who will be directly involved in program activities and working on the grant on **Appendix J.** Include the relationship between program staff members, staff members of the applicant agency and other partners and agencies that will be working on this program. Attach position description and resumes in attachment section of GMIS 2.0 for all relevant program staff.

Provide position descriptions for any new positions to be created.

- How many program staff within your agency work on injury prevention-related efforts?

### Hiring and Training

- Describe plans for hiring and staff training as necessary to implement the project. Describe on-going training activities as appropriate. Include details about the type of training routinely provided to new staff. Include a statement here to ensure that all involved program staff will have experience or receive training in concepts of population-based injury prevention and control.
- Applicants should demonstrate that staff have experience or will be trained in the **Core Competency Areas for Violence and Injury Prevention Professionals** (See Appendix K) as defined by the Safe States Alliance/SAVIR National Training Initiative at: <http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=41> Describe staff experience with the competency areas and include a training plan below that is consistent with these competency areas. All PDO Prevention staff must also complete the following Injury Prevention 101 self-study course: <http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=259#Injury101> Evidence of course completion will be required of funded projects by June 15, 2017. Please describe plans to assure that staff are working toward achieving the Core Competency Areas. Resources for training are provided at <http://www.safestates.org>. Budget may include costs associated with staff training related to the core competency areas.
- Is (or will) your agency/staff (become) a member(s) of Safe States Alliance?  
<http://www.safestates.org> Yes \_\_\_\_ No \_\_\_\_

### Contracts

- If any objectives of the grant are to be implemented through a contract, include background information about the contracting agency or individuals, if known. Include all work to be conducted through contracts in the methodology. If contracts are to be determined, they will need to be pre-approved by ODH before contract initiation.

### Capacity to Address Disparities

- Describe the capacity of your organization, its personnel or contractors to communicate effectively 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, have low literacy skills, and individuals with disabilities.

## 2. Problem/Need:

*Use this section to identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data.*

### Description of the Prescription Drug Overdose Problem

- Describe the PDO problems that the program will address. Include descriptions of local PDO rates and related risk factors.

- Provide support as to why this is a problem in your community at this time (include local data, not just national and state data). Describe any primary (self-collected, needs assessment, etc.) and secondary (existing) data that describes the problem and justifies the need for your program.

#### **Disparities**

- Explicitly describe segments of the target population who experience a disproportionate burden of the local PDO rates (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies).

#### **Planning Process**

- Indicate if a needs assessment has been completed within the past two years. Provide a brief summary of the needs assessment process.

#### **Existing Programs and Gaps in Programming**

- Include a description of other agencies/organizations also addressing this problem/need.
- Describe potential gaps in PDO prevention programs and services in the community. How will the proposed project fill these gaps?

#### **Barriers**

- Describe any barriers/anticipated barriers in implementing PDO prevention activities and strategies for overcoming these issues.

### **3. Methodology Narrative**

Include a narrative description of your project methodology including your overall goal in this section as instructed below. **Refer to Appendices E- F to complete this section.** In addition to the Program Narrative, applicants must also provide an annual plan by completing **Appendix H - Work Plan Template**.

#### **Overall Project Description**

- List long-term objective in SMART format – preferred format available in Appendices E and F (reference page 2).
- Describe how program activities will address PDO Prevention disparities in your community. Disparities may be based on race/ethnicity, sex, socio-economic status, geography, sexual orientation, age etc.
- Provide rationale for why the particular strategies and activities chosen are appropriate to the community.

- Describe the setting(s) or location(s) for your proposed activities; i.e., community, school-based, worksite, healthcare.
- Describe the evaluation measures that will be used to determine the overall success of the program. Describe impact measures as well as process/activity-level measures.
- If proposing additional activities in addition to those outlined on the “Pick List of Activities,” include a description of the evidence-based strategies you have selected and rationale for why these were chosen. Include a reference that validates the effectiveness of the strategies. Refer to **Appendix F- Guidance for Required Grant Strategies**.

**a) Partnerships, Coalition Building, and Coalition Evaluation** - Each PDO Prevention project is required to develop a coalition or expand an existing one through this grant in order to implement the required strategies. Additionally, existing coalitions must be evaluated during year 1. See **Appendix F- Guidance for Required Grant Strategies** for additional guidance.

- List the Required Program Impact Objective that is customized to the county applicant.  
**Required Program Impact Objective – Partnerships, Coalition Building and Coalition Evaluation:** *By August 31, 2017, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.*
- Do you have an existing coalition or will you be developing a new one?

If **EXISTING**, complete this section:

- Describe your PDO Prevention coalition/partnerships. Include a description of the structure including leadership (e.g. Chair, co-chairs, executive committee, etc.) and other committees. **Attach a list of coalition members or proposed coalition members with representing agencies.** Attach a copy of any existing bylaws or governance documents.
- Describe coalition members from diverse communities including racial and ethnic minority populations.
- Describe changes to your coalition over the past year (e.g., has it grown or become smaller, has the structure or leadership changed, have the changes been positive or provided challenges). Describe any concerns or challenges you have faced in further developing and growing your coalition. How have you addressed these challenges?
- Describe the role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe planned coalition activities and initiatives during 2017.

- Describe plans to evaluate your coalition in year 1. Resources and a template will be made available from ODH for the applicant's use in completing the coalition evaluation.

If **NEW**, complete this section:

- Describe plans to develop your community PDO prevention coalition. Describe recruitment efforts, organizations to be contacted and potential coalition structure.
- Describe plans to recruit coalition members from diverse communities including racial and ethnic minority populations.
- Describe the proposed role of key coalition members and partners related to your project activities. Attach a letter of support from each key partner.
- Describe planned coalition activities and initiatives during 2017.

**b) Data and Evaluation** – Projects will be data-driven and seek to improve the collection of PDO data and PDO risk factor information.

- List the Required Program Impact Objective that is customized to the county applicant.  
**Required Program Impact Objective – Data and Evaluation:** *By August 31, 2017, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.*
- Describe the process that will be used to identify baseline data for the prescribed short and intermediate outcomes (assistance will be provided from ODH to identify local data; but application reviewers need information on the process).
- Describe the process that will be used to develop a poison death review (PDR) committee (specific guidance will be provided by ODH in year 1, but application reviewers need information on the process). Describe any experience convening data users. Include a description of how your coalition or key members of your coalition will be engaged in the PDR Process.
- Describe the process that will be used to develop a local immediate community action plan to utilize syndromic surveillance to facilitate local response to increases in drug-related admissions (overdoses, detox, withdrawals). Describe the key partnerships that will be developed to appropriately develop and implement the local immediate community action plan. ODH will provide a template plan for customization to the county applicant.
- Describe how local hospitals will be approached and engaged to improve data quality related to ICD10 reporting into EpiCenter. Describe any existing relationships with local hospitals and key partnerships that would be developed to implement this strategy.
- Describe results of any assessments used to plan the proposed strategies (e.g., behavior observations, pretest evaluations, attitude surveys, etc.). Describe any continuing assessment activities for 2017. Describe how these data will be used to evaluate activities at the end of the project period.
- Describe any primary (data collection) or secondary (e.g., analysis, linkage, etc.) surveillance activities and use of PDO data (e.g., reports) in your proposed project. Describe how data will be obtained and used to support other project initiatives.
- Describe how data will be used to identify groups who are disproportionately impacted by

unintentional PDO.

- Describe any planned activities related to improving the quality and/or use of local fatal and non-fatal PDO data.

**c) Policy, Systems and Environmental Change (PSEC) Strategies: (See Appendices E and F for Guidance for Required Grant Strategies)**

- List all four PSEC Program Impact Objectives that have been customized for the county (reference pages 12 and 13).
- Describe plans related to policy development, adoption, implementation or enforcement activities. These may be organizational policies (e.g., healthcare systems or workplace), ordinances, regulations or system changes. Describe which coalition members/partners will be engaged in this effort, what settings will be affected and how the efforts will be evaluated.
- Describe proposed environmental and systems change interventions and how they will lead to achievement of outcomes and goals. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings (community, school, worksite, healthcare) will be affected and how the efforts will be evaluated.
- Describe examples of any previous successes in this area for your community or agency.
- What methods will be used to engage key stakeholders and decision-makers in order to ensure project success? Who are the anticipated opponents to the changes? Describe activities to engage opponents in order to understand their perspectives and provide information/education.
- Describe strategies to promote enforcement and education of any new policies or laws to increase their effectiveness.
- What systems will be developed, enhanced, improved, changed, etc. to reduce PDO risk factors?
- How will you evaluate the effectiveness of these efforts?

**d) PSEC Supportive Strategies:**

- List the PSEC Supportive PSEC Program Impact Objective that has been customized for the county (reference page 15).

**REQUIRED: PDO Education in School Settings Strategies**

- Describe any proposed strategies for education in school settings. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings will be affected and how the settings will be prioritized.

- Describe the intermediary populations (influential and credible persons, leaders, decision-makers, professionals) that will be targeted to achieve goals. For example, if you wish to increase use of Generation RX for teens in high school setting, describe the population (e.g., administrators, teachers, school nurses, parents, students, etc.) you will train/educate to do this.
- Describe how you will evaluate the program effectiveness and monitor the use of the program within the school setting(s).

#### **OPTIONAL: Training and Education Strategies**

- Describe any proposed training and education strategies. Describe which coalition members will be engaged in this effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.
- Describe the intermediary populations (influential and credible persons, leaders, decision-makers, professionals) that will be targeted to achieve goals. For example, if you wish to increase appropriate prescribing practices, describe the population (e.g., physicians, office staff, pharmacists, professional association members, etc.) you will train/educate to do this.
- What health behavior strategies/theories are proposed to change knowledge, attitudes and/or behavior? What evidence exists that your strategy will be effective?
- How will you evaluate the effectiveness of these efforts?

#### **OPTIONAL: Media Advocacy, Campaigns, Information and Support, including Social Marketing Campaigns**

- If a media strategy is selected... Describe available “media” outlets in your community and how you plan to use them to accomplish proposed activities, e.g., traditional media (newspapers, radio, TV); social media (websites, facebook); and other (movie theater previews, buses, yard signs, community events, sporting events, etc.).
- Describe planned media strategies/campaigns including the proposed audience. Describe which coalition members will be engaged in the effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.
- How will messages be tailored for your proposed audience?
- How will the media be used to elevate “drug overdose” as a significant public health threat among your target population?

#### **4. Evaluation Plan:**

Describe how program impact objectives will be evaluated. ODH will assist funded projects with identification of baseline data for the required outcomes on page 8. Describe how the required outcomes (detailed on page 8) will be tracked. Describe how coalition members will be involved in the evaluation

efforts. Describe how this will be accomplished and which key stakeholders/coalition members will be engaged.

#### 5. Sustainability Plan:

Sustainability means ensuring that an effort or change is lasting. It does *not* necessarily require securing additional funding for a program that would otherwise end, although leveraging funding can be an effective sustainability strategy. Sustainability can be achieved by changing individual, organizational, system or institutional policies, practices, norms, attitudes, etc.

Include a description of how you will sustain PDO prevention activities in your county if funding is no longer available through ODH.

Include a description of how additional funding or in-kind contributions may be leveraged through use of the ODH grant funds. Please be as specific and detailed as possible.

### Instructions for Completing Work Plan

Use these instructions to complete the Template Work Plan available in **Appendix H**. The examples of the required components have been added in the template. County applicants that submit a NOIAF will receive a Word document that can be updated to include their specific proposed activities.

1. **Long Term Outcome Objective:** Complete at least one (1) long term outcome objective that should remain consistent for each category (Partnerships, Coalition Building and Evaluation; Data and Evaluation, PSEC, PSEC-Supportive Strategies). A suggested long term outcome objective is: **By August 31, 2019, XYZ Organization and XYZ Community Coalition will reduce prescription drug overdose fatalities by xx% in XYZ County.**
2. **Program Impact Objectives**
  - Required program impact objectives are listed in **Appendix F - Guidance for Required Grant Strategies**.
  - Customize each program impact objective to reflect county-specific activities.
  - Complete a separate Work Plan page for each program impact objective.
  - The required program impact objectives are also included in the work plan template.
  - Program impact objectives should have an annual timeframe and build logically toward the long term outcome objective.
3. **Impact Evaluation Indicator:** Briefly state the impact evaluation indicator as defined in the objective. What will tell you whether or not you have achieved your program impact objective? What changes will have occurred (i.e., policy adopted, systems change is in place, new resources/facilities available in the community, practices adopted, personnel hired, or referrals increased)?
 

*Example: Four family practice offices have implemented policy to incorporate OARRS checks into their procedures; and 80 percent of their patients have been checked.*
4. **Location:** Describe the community setting or location for the intervention.
5. **Outcome Evaluation:** Identify the ultimate outcome for the PSEC that occurs for each Impact Objective. These outcome evaluations should address the behavior changes that occur as a result of your intervention. The impact should be measurable from data collected throughout the year(s).

*Example: OARRS prescription monitoring program usage increased by 20% among physicians in "X" county.*  
*Example: Prescribing in county at 80MME or higher decreased by 10 % among prescribers in "x" County.*

6. **Activities:** For each Program Impact Objective write the required Activities that explain what you are going to do and when you are going to do it. Activities should logically connect and follow from objectives. **Note: county applicants are required to include the activities from the "Pick List of Activities" as outlined in Appendices E and F. Please follow the instructions within those appendices to include required activities and select from the listing of approved activities.** The work plan template has the required strategies included. There are also "SAMPLE" activities included that represent one activity from the "Pick List of Activities" to demonstrate how the activities should be integrated into the work plan.

**Complete the work plan (Appendix H) for each program Population-based Objective and provide at least one Impact Objective for each of the following:**

1. Partnerships, Coalition Building, and Coalition Evaluation
2. Data and Evaluation
3. Policy, Systems and Environmental Change Strategies
  - a) Policies/Systems to Institutionalize Use of OARRS
  - b) Policies/Systems to Increase Uptake of Pain Management Guidelines
  - c) Development or Expansion of Naloxone Education and Distribution Programs
  - d) Community-Specific Policy, Systems, or Environmental Changes
4. PSEC Supportive Strategies
  - REQUIRED: PDO Education in School Settings
  - OPTIONAL: Training and Education
  - OPTIONAL: Media Advocacy, Campaigns, Information and Support

Applicants have 2 years and 8 months to complete the long term objective. For the purposes of this application, please provide a detailed 8-month work plan for project year 1 which covers 1/1/2017 – 8/31/2017. Applicants must include required activities for each focus area in the population-based areas. Review **Appendices E- F** for additional guidance on required activities.

**9. Person and Agency Responsible**

Identify the person and agency responsible for completing the activities.

**10. Timeline – Start and end date**

Assign a timeline including start and end dates for each activity; state the time period (in dates) when the activity will take place. Do not list the entire project year one as the start and end dates, please consider the length of time each implementation step will take to accomplish.

**11. Priority Population**

List the populations - intermediate (influential and credible persons, leaders, decision-makers, professionals) and ultimate (children/older adults) that will be targeted to achieve objectives.

**12. Evaluation Measures for Success**

Describe how the activities will be evaluated for success. Describe the method for ensuring that each activity has been completed, e.g. survey data, number of providers trained, focus group results, etc. The method should be well thought out and specific evaluation tools completed before the project begins.

Complete the work plan template (Appendix H) for each area, save all objectives in one file and name "*insert county name\_Workplan\_2017*". Attach in GMIS 2.0.

**Work Plan**

Agency Name: \_\_\_\_\_ GMIS# \_\_\_\_\_

**Population-based Strategy #1: Partnerships, Coalition Building and Coalition Evaluation**

**A. Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.

**Program Impact Objective:** By August 31, 2017, XYZ Agency in conjunction with community partners will facilitate/implement the XYZ Coalition/Task Force.

**Spectrum of Prevention: (Check all that apply)**

Policy  Organizational Practices  Coalitions  Provider Education  Community Education\*  Individual Knowledge & Skills\*

Please note that those strategies focusing on individual knowledge & skills and community education will only be approved if they are supporting the upper levels of the Spectrum. For example, strengthening decision maker (e.g., school leadership) knowledge or skills in support of an organizational change.

**Impact Evaluation Indicator(s):**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
Convene a community coalition OR Conduct coalition evaluation						

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
Recruit 3 key stakeholders						

**Population-based Strategy #2: Data and Evaluation**

**A. Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.

**Program Impact Objective:** By August 31, 2017, XYZ Agency will utilize data to develop and implement an evaluation framework to inform the project progress and program interventions.

**Impact Evaluation Indicator(s):**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
Establish baseline for required outcomes						

Develop/Implement Poison Death Review										
Develop/Implement Community Response Plan										
Improve Data Quality										

e) Population-based Strategies #3a: Policy, Systems and Environmental Change (PSEC) - Policies/Systems to Institutionalize Use of OARRS

<p><b>Long-term Objective:</b> By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County</p> <p><b>Program Impact Objective:</b> By August 31, 2017, XYZ Agency will increase the use of OARRS by INSERT ACTIVITY FROM LIST ABOVE.</p>
--

**Spectrum of Prevention: (Check all that apply)**  
 Policy  Organizational Practices  Coalitions  Provider Education  Community Education\*  Individual Knowledge & Skills\*

\*Please note that those strategies focusing on individual knowledge & skills and community education will only be approved if they are supporting the upper levels of the Spectrum. For example, strengthening decision maker (e.g., health care system leadership) knowledge or skills in support of an organizational change.

**Impact Evaluation Indicator(s):**

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> Encourage local health care system or health care providers to adopt policy requiring the use of OARRS within their practice						
<b>SAMPLE:</b> Engage local health system or health care provider to adopt policy to integrate OARRS into their electronic health records, using Board of						

Pharmacy resources –									

**Population-based Strategies #3b: Policy, Systems and Environmental Change (PSEC) – Policies/Systems to Increase Uptake of Pain Management Guidelines**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County

**Program Impact Objective:** By August 31, 2017, XXX Agency will facilitate the adoption of pain management guidelines by INSERT ACTIVITY FROM LIST ABOVE.

**Spectrum of Prevention: (Check all that apply)**

Policy  
  Organizational Practices  
  Coalitions  
  Provider Education  
  Community Education\*  
  Individual Knowledge & Skills\*

\*Please note that those strategies focusing on individual knowledge & skills and community education will only be approved if they are supporting the upper levels of the Spectrum. For example, strengthening decision maker (e.g., health care system leadership) knowledge or skills in support of an organizational change.

<b>Impact Evaluation Indicator(s):</b>
<b>Community or location of intervention (Ultimate or Intermediate):</b>
<b>What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?</b>

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> Facilitate a local health system to adopt a policy to implement pain management guidelines into Emergency Department						
<b>SAMPLE:</b> Increase number of health systems requiring Smart RX training for physicians						


**Population-based Strategies #3c: Policy, Systems and Environmental Change (PSEC) - Development or Expansion of Naloxone Education and Distribution Programs**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County

**Program Impact Objective:** By August 31, 2017, XYZ Agency will expand access to naloxone by INSERT ACTIVITY FROM LIST ABOVE.

**Spectrum of Prevention: (Check all that apply)**

Policy  Organizational Practices  Coalitions  Provider Education  Community Education\*  Individual Knowledge & Skills\*

\*Please note that those strategies focusing on individual knowledge & skills and community education will only be approved if they are supporting the upper levels of the Spectrum. For example, strengthening decision maker (e.g., health care system leadership) knowledge or skills in support of an organizational change.

**Impact Evaluation Indicator(s):**

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> Develop and implement a Post Overdose Response Team (PORT) to make home visits and supply naloxone to locations with a recent overdose						
<b>SAMPLE:</b> Integrate naloxone distribution into Emergency Department settings within county						

**Population-based Strategies #3d: Policy, Systems and Environmental Change (PSEC) - Identify 4<sup>th</sup> community-specific PSEC activity**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County

**Program Impact Objective:** By August 31, 2017, XXX Agency in conjunction with XXX Coalition/Task Force will identify, plan and implement a community-specific strategy.

**Spectrum of Prevention: (Check all that apply)**

Policy  Organizational Practices  Coalitions  Provider Education  Community Education\*  Individual Knowledge & Skills\*

\*Please note that those strategies focusing on individual knowledge & skills and community education will only be approved if they are supporting the upper levels of the Spectrum. For example, strengthening decision maker (e.g., health care system leadership) knowledge or skills in support of an organizational change.

**Impact Evaluation Indicator(s):**

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> Promote court-based drug treatment programs as an alternative to incarceration. <a href="http://www.na">http://www.na</a>						

<a href="http://dcp.org/learn/what-are-drug-courts">dcp.org/learn/what-are-drug-courts</a>								

**Population-based Strategies 4: Policy, Systems and Environmental Change (PSEC) Supportive – Education in School Settings**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.

**Program Impact Objective:** By August 31, 2017, XXX Agency will prioritize a minimum of three school settings to INSERT ACTIVITY FROM LIST ABOVE.

**Spectrum of Prevention: (Check all that apply)**

Policy  Organizational Practices  Coalitions  Provider Education  Community Education  Individual Knowledge & Skills

**Impact Evaluation Indicator(s):**

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Specific Timeline	Priority Population	Implementation Steps (Describe the significant)

	Person and Agency Responsible	Start Date	End Date	Ultimate or Intermediate	Implementation steps accomplished for each activity	Evaluation Measure (How do you know you are successful?)
<p><b>SAMPLE:</b> Implement Start Talking! Program at a local high school</p>						
<p><b>SAMPLE:</b> Implement Generation RX curriculum for young teens at a local middle school</p>						

**Population-based Strategies 4: Policy, Systems and Environmental Change (PSEC) Supportive – OPTIONAL Health Care Provider Education/Training**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.

**Program Impact Objective:** By August 31, 2017, XXX Agency will train health care providers by *INSERT ACTIVITY FROM LIST ABOVE.*

**Spectrum of Prevention: (Check all that apply)**

Policy  
  Organizational Practices  
  Coalitions  
  Provider Education  
  Community Education  
  Individual Knowledge & Skills

<b>Impact Evaluation Indicator(s):</b>
<b>Community or location of intervention (Ultimate or Intermediate):</b>
<b>What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?</b>

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> XYZ Agency will facilitate a day-long training for health care providers on appropriate prescribing practices.						

**Population-based Strategies 4: Policy, Systems and Environmental Change (PSEC) Supportive – OPTIONAL Media Campaign**

**Long-term Objective:** By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.

**Program Impact Objective:** *By August 31, 2017, XXX Agency will implement one media campaign by INSERT ACTIVITY FROM LIST ABOVE.*

**Spectrum of Prevention: (Check all that apply)**

Policy  
  Organizational Practices  
  Coalitions  
  Provider Education  
  Community Education  
  Individual Knowledge & Skills

**Impact Evaluation Indicator(s):**

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related activities and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			
<b>SAMPLE:</b> XYZ Agency will host a community forum to raise awareness of PDO in the county.						

### OPTIONAL Supplemental Project Funding Opportunity

An additional \$100,000 is available for two projects (\$50,000 each) to implement a pilot project within their county.

**Eligibility:** Eligible counties include those responding to this RFP and those previously funded by the Violence and Injury Prevention Program through the Injury Prevention (IP) – PDO focus grants (Clermont, Cuyahoga, Scioto Counties), and projects funded through the Prescription Drug Overdose Prevention (PD) grants (Hamilton, Stark, Summit, Ross, and Trumbull Counties).

**Timeframe:** The project year for this pilot project will be reflective of project year 1 for this RFP. Project year 1 spans eight months from 1/1/2017 – 8/31/2017. This funding is for project year 1 and will not be sustained after the conclusion of project year 1.

**Background/Purpose:** The Ohio CDC EpiAid found that 10.1 percent of fentanyl decedents had been released from an institution in the past month; in one county it was 52.4 percent. The supplemental project is to enhance community and clinical linkages to prevent overdose in those reentering communities from local or county-administered jails. Counties in which the CDC EpiAid found that a high percentage of fentanyl overdose deaths occurred among persons recently released from an institution will be given priority when selecting pilot test sites. ODH will assist interested applicants that were not part of the CDC EpiAid to establish a baseline for the county.

**Project Activities:** should include the implementation of a pilot project to identify best practices and systems enhancements in order to: identify at-risk offenders due to be released from a local or county administered jail or correctional facility; provide them with training on the use of naloxone; link offenders with community services to obtain naloxone and treatment immediately upon release; and develop a system for jails and correctional facilities to implement the program on a larger scale.

**Components required to be considered for Optional Supplemental Funding Opportunity:**

- A. Narrative – 10 page limit – named “Insert County\_Supplemental Narrative\_2017”**
  - 1. Description of Applicant Agency**
  - 2. Staffing/Personnel**
  - 3. Contracts**
  - 4. Methodology**
- B. Work Plan – no page limit – named “Insert County\_Supplemental Work Plan\_2017”**
- C. Budget Narrative – no page limit – named “Insert County\_Supplemental Budget\_2017”**
- D. Letters of Support – no page limit – named “Insert County\_Supplemental LOS\_2017”**

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

**A. Narrative:**

**1) Description of Applicant Agency –**

- 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.

- Describer applicant agency experience with care coordination and prescription drug overdose prevention.
  - Describe number of local or county-administered jails or correctional facilities within the county, number of treatment centers, naloxone distribution points, and other relevant community partners.
- 2) Staffing/Personnel –**
- List all personnel who will be directly involved in program activities and working on the pilot 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 program. Provide an overview of a position description for any new positions to be created.
- 3) Contracts –**
- If any objectives of the pilot project are to be implemented through a contract, include background information about the contracting agency or individuals, if known. Include all work to be conducted through contracts in the methodology. If contracts are to be determined, they will need to be pre-approved by ODH before contract initiation.
- 4) Methodology –**
- Describe how partners will be identified and how pilot site will be selected. Include Letters of Support. Describe how baseline data will be established. If selected, ODH will assist interested applicants that were not involved in the CDC EpiAid to establish a baseline.
  - Describe how any existing current best practice models will be identified and how those could potentially be adapted for this project. Include how the pilot project could be structured and what the roles will be for the applicant, local or county-administered jails or correctional facilities, and community partners.
  - Describe the process involved when working with the pilot site to identify at-risk offenders. Include a potential screening process, and a procedure to track interventions or interactions with those identified as at-risk for overdose.
  - Describe how the pilot project will develop a system of care to link at-risk offenders with naloxone and treatment upon release; include the roles of facility staff, offender, local naloxone distribution points, local community partners, and treatment centers.
  - Describe how the pilot project will integrate follow-up and continued support of recently released offenders in order to prevent relapse, overdose, and recidivism. Include how the pilot project could connect and utilize any local community partners and peer support programs to create a continued system of support after release from the jail or correctional facility.
  - Describe how the pilot project will involve Ohio's community reentry coalitions and alliances and any potential enhanced or increased roles for the reentry coalitions and reentry alliances. Include letters of support.
  - Identify strategies to sustain the project after the pilot project period expires. Identify strategies to promote the pilot project and replicate the project in additional settings.
  - Describe how the pilot project implementation will be evaluated and monitored to ensure effectiveness.

**B. Work Plan - Supplemental Project**

Agency Name: \_\_\_\_\_ GMIS# \_\_\_\_\_

**Supplemental Project Strategy: Enhance community and clinical linkages to prevent overdose in those reentering communities from correctional facilities**

**Long-term Objective: By August 31, 2019, the XXX Agency in collaboration with the XYZ Task Force/Coalition will reduce prescription drug overdose (PDO) fatalities by XX percent in XYZ County.**

**Program Impact Objective: By 8/31/17, develop and implement a pilot project to link offenders to naloxone and/or treatment upon release from a correctional facility.**

**Spectrum of Prevention: (Check all that apply)**

Policy  
  Organizational Practices  
  Coalitions  
  Provider Education  
  Community Education  
  Individual Knowledge & Skills

**Impact Evaluation Indicator(s):**  
 Among all opioid involved deaths, decrease the percentage that occurred in persons released from correctional facilities within the previous month by 8% (baseline TBD).

**Community or location of intervention (Ultimate or Intermediate):**

**What is the intended Outcome of the Policy, System, or Environmental Change from this Impact Objective?**  
 Decrease in percentage of reentry population experiencing an overdose within the first 30 days after their release (baseline data TBD)

*Instructions:* Please complete all components: related activities, person and agency responsible, timeline (report in dates only), priority population, related implementation steps and evaluation for success for each program impact objective(s).

Activities (Write actual activity)	Person and Agency Responsible	Specific Timeline		Priority Population Ultimate or Intermediate	Implementation Steps (Describe the significant implementation steps accomplished for each activity)	Evaluation Measure (How do you know you are successful?)
		Start Date	End Date			





**Required attachment should be named "Insert county\_Personnel\_2016"  
and attached in GMIS 2.0 Narrative Section**

**KEY PERSONNEL FORM**

**List Personnel and include their resumes.**

Funded projects must employ one staff person (no fewer than 1,700 hours per year) assigned as the Injury Prevention Coordinator whose primary duties are to administer the Injury Prevention Grant and related grant activities. Other sources of funding may be used to meet this requirement; however, this position must spend 100% of time on injury prevention grant-related activities. Projects may *not* use two or more part-time employees to meet this requirement.

Complete this section to demonstrate compliance with this program requirement and to list other program staff. Attach resumes and position descriptions in GMIS 2.0 as needed. Position descriptions should be included for all new positions.

**A. PERSONNEL/POSITION, PERCENT OF TIME DEVOTED TO AND PAID BY GRANT, FUNCTION AND QUALIFICATIONS**

Personnel/Position	% of Time Devoted to Grant	% of Time Paid by Grant	Function of Position	Qualifications or Desired Qualifications of Project Personnel.*

## Core Competency Areas for Violence and Injury Prevention Professionals

Detailed learning objectives for each of the core competencies can be found at:

Safe States Alliance/SAVIR National Training Initiative at

<http://www.safestates.org/displaycommon.cfm?an=1&subarticlenbr=41>

- Ability to describe and explain injury and/or violence as a major social and health problem.
- Ability to access, interpret, use and present injury and/or violence data.
- Ability to design and implement injury and/or violence prevention activities.
- Ability to evaluate injury and/or violence prevention activities.
- Ability to build and manage an injury and/or violence prevention program.
- Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
- Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy and education.
- Ability to maintain and further develop competency as an injury and/or violence prevention professional.
- Demonstrate the knowledge, skills and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

Source: Safe States Alliance <http://safestates.org/>

## Sources of Ohio-Specific Injury-Related Data

### OHIO-SPECIFIC INJURY DATA

- **Ohio Violence and Injury Prevention Program – Burden of Injury In Ohio (Selected County Injury Profiles)**  
<http://www.healthyohiprogram.org/vipp/data/burden.aspx>
- **Ohio Department of Health Information Warehouse - State and county-level data** <http://dwhouse.odh.ohio.gov/>
- **WISQARS (Web-based Injury Statistics Query and Reporting System)** - Customized reports of state and national injury-related data. <http://www.cdc.gov/injury/wisqars/index.html>
- **WONDER (Wide-Ranging Online Data for Epidemiologic Research)** <http://wonder.cdc.gov/mortSQL.html> - State data on underlying cause of death – state and county-level
- **Alcohol Related Disease Impact Software** - Injuries attributable to alcohol - Ohio data available.  
<http://apps.nccd.cdc.gov/ardi/Homepage.aspx>
- **Ohio Trauma Registry** - Ohio Department of Public Safety [http://ems.ohio.gov/ems\\_datacenter.stm#tog](http://ems.ohio.gov/ems_datacenter.stm#tog)
- **Ohio Child Fatality Review Annual ReportsH** - Ohio Department of Health  
<http://www.odh.ohio.gov/odhPrograms/cfhs/cfr/cfrrept.aspx>

### OHIO INJURY COST DATA

- **West Virginia Injury Control Research Center** - Injury hospitalization incidence and costs by state  
<http://www.hsc.wvu.edu/icrc/AHRQFORM.asp>
- **WISQARS Cost of Injury Reports** - <http://wisqars.cdc.gov:8080/costT/>

### OHIO CRIME DATA

- **OIBRS (Ohio Incident Based Reporting System)** - Ohio Department of Public Safety - Ohio and county-level data <http://www.crimstats.ohio.gov/>

### BEHAVIOR RISK FACTOR DATA

- **OYRBS (Ohio Youth Risk Behavior Survey)** - Ohio Department of Health  
[http://www.odh.ohio.gov/odhPrograms/chss/ad\\_hlth/YouthRsk/youthrsk1.aspx](http://www.odh.ohio.gov/odhPrograms/chss/ad_hlth/YouthRsk/youthrsk1.aspx)
- **BRFSS (Behavioral Risk Factor Surveillance Survey)** - CDC <http://www.cdc.gov/brfss/index.htm>

### PRESCRIPTION DISPENSING DATA

- **Ohio Automated Rx Reporting System – County Data:** <https://www.ohiopmp.gov/Portal/County.aspx>

### SUBSTANCE ABUSE DATA

- **State Epidemiological Outcomes Workgroup – Ohio Department of Mental Health and Addiction Services** - Ohio Department of Health – <http://www.odadas.ohio.gov/SEOW/>

## INJURY PREVENTION COALITION IDEAS

This list is presented to help you generate some ideas on coalition representation. Some may not be appropriate for your program.

Potential Partners/Coalition Members	Appropriate for project (Y/N)	Available in community (Y/N)	Contact person/notes
<b>County/City Health Department</b>			
Maternal & Child Health Staff (e.g., WIC programs, Help Me Grow)			
Adolescent Health/Youth Violence Staff			
Older adult programs			
Other, specify			
<b>Other City/County Agencies</b>			
Emergency Preparedness/Health Department			
Children & Family Services – Jobs and Family			
Law Enforcement Agency			
Other County/City Agency (specify)			
Area Agency on Aging/County Aging Organization			
Emergency Medical Services (EMS)/Fire Department			
<b>Local Officials</b>			
Mayor's Office			
City/County Administration			
County Health Director/Commissioner			
Other High Profile County Official (specify)			
Transportation officials			
<b>Hospitals/Health Care</b>			
Emergency Room Nurses/Trauma Center Manager			
Community Outreach/Education Programs			
EMS Coordinator			
Insurance Providers			
Occupational therapists/physical therapists			
Poison Control Center staff			
Pediatricians/Osteopathic physicians/Geriatricians/Trauma surgeons			
<b>Schools</b>			
School Nurses			
School Safety Officer			
Administrators			
Teachers			
Students/student groups			
Parent Teacher Organizations			

Potential Partners/Coalition Members	Appropriate for project (Y/N)	Available in community (Y/N)	Contact person/notes
<b>Business</b>			
Insurance providers/agents			
Related business agenda (e.g., bicycle helmets, car seats, home safety equipment, etc.)			
Businesses willing to provide in-kind donations (e.g., food, mailing, printing, communications, etc.)			
<b>Community-Based Organizations</b>			
Youth Serving Organizations (specify)			
Mental Health			
Substance Abuse Prevention Organizations			
Orgs. Serving Marginalized Communities (e.g., poverty)			
Child and Family First Council			
Orgs. Serving Migrant Farm Workers			
Community Health Centers			
Faith-based Organizations			
Community/Service Organizations (e.g., Jaycees, Federation of Women's Clubs, Junior League, etc.)			
Child Care Centers			
Community Centers (e.g, Jewish Community Centers/YMCA/YWCA)			
Others, specify			
<b>Colleges &amp; Universities</b>			
University/College			
Community College			
Technical/Art Schools			
<b>Advocacy Groups</b>			
AAA			
Other, specify			
<b>Racial/Ethnic Underserved</b>			
African American			
Hispanic/Latino			
Asian Pacific Islander and Native American			
Persons with Disabilities			
Rural			
Low socio-economic status			
Gay, Lesbian, Bi-sexual & Transgender (GLBT)			
<b>Others (please specify)</b>			

Required attachment should be named "*Insert county\_Demographics*" and attached in GMIS 2.0

## Community Demographics Table

Complete the following table for your target "community" using the following sources and attach in GMIS 2.0 as "*Insert County\_Demographics*". Use county-level data if more specific (e.g., city) information is not available.

Sources: Information can be found at the following sites:

1. U.S. Census Factfinder at <http://www.census.gov/2010census/>

2. Ohio Department of Development, County Profiles

[http://development.ohio.gov/reports/reports\\_countytrends\\_map.htm](http://development.ohio.gov/reports/reports_countytrends_map.htm)

Target Community: City/County \_\_\_\_\_

Zip Code(s) \_\_\_\_\_

Designated Appalachian County Yes \_\_\_\_\_ No \_\_\_\_\_

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
2007 Total Population <sup>2</sup>	All residents			11,466,917	100%
Gender <sup>1</sup>	Male			5,586,499	48.7%
	Female			5,876,904	51.3%
Age <sup>2</sup>	Under 6 years			908,264	8%
	6 to 17 years			1,976,877	17.4%
	18 to 24 years			1,056,259	9.3%
	25 to 44 years			3,335,997	29.4%
	45 to 64 years			2,567,648	22.6%
	65 and over			1,508,095	13.3%
	Median Age			36.2	N/A
Race/Ethnicity <sup>1</sup>	White			9,630,053	84%
	African American			1,346,290	11.7%
	American Indian and Alaska Native			21,903	0.2%
	Asian			174,382	1.5%
	Native Hawaiian and Other Pacific Islander			3,372	0%
	Other race			109,891	1%
	Two or more races			177,512	1.5%
	Hispanic (may be any race)			273,920	2.4%
Language <sup>1</sup>	Speak a language other than English at home			657,311	6.1%

## Community Demographics Tables Continued

Demographic	Category	Target Community		Ohio	
		Number	Percent	Number	Percent
Educational Attainment <sup>2</sup>	No high school diploma			1,262,085	17%
	High school graduate			2,674,551	36.1%
	Bachelor's degree or higher			1,563,532	21.1%
Poverty <sup>1,2</sup>	Individuals below poverty level <sup>1</sup>			1,170,698	10.6%
	Below 50% poverty level <sup>2</sup>			530,076	4.8%
	Families below poverty level <sup>1</sup>			235,026	7.8%
Unemployment	% of Labor Force Unemployed - 2009				10.4%
Income <sup>2</sup>	2006 Per Capita Personal income			\$33,320	N/A
Geography <sup>1</sup>	Urban			8,782,329	77%
	Inside Urbanized Areas			7,311,293	64%
	Inside Urbanized Clusters			1,471,036	13%
	Rural			2,570,811	23%
Land Use (% of Land) <sup>2</sup>	Urban			N/A	9.17%
	Cropland			N/A	45.53%
	Pasture			N/A	7.81%
	Forest			N/A	37.12%
No. Houses (Year Built) <sup>2</sup>	Before 1960		*	2,251,130	47.1%
	1960 to 1979		*	1,44,1421	30.1%
	1980 to March 2000		*	1,090,500	22.8%
Media Resources <sup>2</sup>	Television stations		*	69	N/A
	Radio stations		*	340	N/A
	Daily newspaper stations (circulation)		*	94 (3,126,339)	N/A
Health Care <sup>2</sup>	Physicians		*	29,472	N/A
	Hospitals (# beds)		*	177 (44,189)	N/A
	Licensed Nursing Homes		*	1,779	N/A
	Licensed Residential care		*	1,000	N/A
Schools <sup>2</sup>	Public Schools		*	4,043	N/A
	Students		*	1,751,511	N/A
Transportation <sup>2</sup>	Motor Vehicles		*	12,021,879	N/A

\*Calculate % of Ohio for these

Data Sources: Information on community indicators and GIS mapping to help identify social determinants of health can found at the Community Commons website: [www.communitycommons.org](http://www.communitycommons.org).

## Application Scoring Criteria and Process

All application materials will first be checked and reviewed by GSU to determine that applicants are eligible and all required attachments and information are included. Only complete applications and applications from agencies in compliance with the Grants Application Eligibility Matrix (GAEM) criteria; RFP section I.D.

The injury prevention applications will be reviewed by internal and external injury prevention and public health professionals who are not connected to any of the applicant agencies. Each grant will be reviewed by 3 reviewers, at least one of whom will be external.

Reviewers will be briefed on the application requirements and provided with a copy of the RFP and all application materials meeting the review criteria. The reviewer scoring sheet is available on the following pages.

### Weighted Scoring:

In addition to the total reviewer scores, county needs will be considered in awarding the Prescription Drug Overdose Prevention subgrants through the application of additional weighting for those counties within the 75<sup>th</sup> percentile for specific drug overdose indicators. Additional points are noted below and the maximum number of points permitted from each county is in the table in Appendix O. Data used to compile the table in Appendix O is also available.

Drug Overdose Indicators	Number of Available Points
Number of Deaths due to Unintentional Drug Poisoning 2010 – 2014	3
Unintentional Drug Overdose Death Rate 2010 – 2014	4
Drug Overdose Hospital Admission Rate 2009 – 2014	1
Number of Persons Prescribed >= 80 MED (Morphine Equivalent Dose) 2014	1
Rate of >=80 MED 2014	1
Number of Opiate Doses Dispensed 2014	1
Per Capita Opiate Doses 2014	1
Enrolled in Behavioral Health 2013	1

This formula allows for extremely limited resources to be focused on areas with disparate needs.

$$\text{Average Reviewer Score} + \text{Weighted need-based Score (if applicable)} = \text{Total Applicant Score}$$

Counties in 75th percentile for Drug Overdose Indicators

Number of deaths 2010-2015 <sup>1</sup>	Unintentional Drug Overdose Death Rate 2010-2015 <sup>2</sup>	Drug Overdose Hospital Admission Rate <sup>3</sup> 2009-2013	Number of persons prescribed >= 80 MED <sup>4</sup>	Rate of >= 80 MED <sup>5</sup> 2014	Number of Opiate Doses Dispensed <sup>6</sup> 2014	Per Capita Opiate Doses <sup>7</sup> 2014	Enrolled in Behavioral Health <sup>8</sup> 2013
3 points	4 points	1 point	1 point	1 point	1 point	1 point	1 point
FRANKLIN	BROWN	PICKAWAY	FRANKLIN	VINTON	FRANKLIN	JACKSON	MARION
MONTGOMERY	MONTGOMERY	JEFFERSON	MONTGOMERY	JACKSON	MONTGOMERY	VINTON	VINTON
BUTLER	BUTLER	FRANKLIN	LUCAS	GALLIA	LUCAS	ADAMS	PIKE
LUCAS	ADAMS	MONTGOMERY	BUTLER	HOCKING	BUTLER	PERRY	GALLIA
LORAIN	CLINTON	MARION	LORAIN	PIKE	LORAIN	PIKE	MERCER
MAHONING	CLARK	ASHTABULA	MAHONING	PERRY	MAHONING	HOCKING	JACKSON
LAKE	JEFFERSON	LUCAS	WARREN	MADISON	LAKE	GALLIA	BROWN
CLARK	FAYETTE	GALLIA	LAKE	LAWRENCE	WARREN	JEFFERSON	MEIGS
WARREN	MARION	BUTLER	DELAWARE	JEFFERSON	CLARK	MUSKINGUM	MADISON
GREENE	JACKSON	HIGHLAND	LICKING	MEIGS	PORTAGE	GUERNSEY	MONROE
LICKING	PIKE	CLINTON	FAIRFIELD	ATHENS	LICKING	HURON	BUTLER
RICHLAND	ERIE	CLARK	PORTAGE	CLINTON	FAIRFIELD	WASHINGTON	PICKAWAY
ASHTABULA	ASHTABULA	MADISON	MEDINA	GUERNSEY	MEDINA	HIGHLAND	HARDIN
PORTAGE	MAHONING	ADAMS	CLARK	PICKAWAY	GREENE	CLINTON	FAIRFIELD
COLUMBIANA	LAWRENCE	HURON	GREENE	BROWN	MUSKINGUM	PICKAWAY	WOOD
MARION	PREBLE	BROWN	RICHLAND	FRANKLIN	COLUMBIANA	HARRISON	DARKE
JEFFERSON	LAKE	JACKSON	MUSKINGUM	KNOX	RICHLAND	BROWN	CRAWFORD
BROWN	GALLIA	LORAIN	WOOD	FAIRFIELD	DELAWARE	MEIGS	ATHENS
ERIE	COLUMBIANA	LORAIN	ASHTABULA	ADAMS	ASHTABULA	MADISON	PUTNAM
MEDINA	GUERNSEY	MUSKINGUM	WAYNE	MUSKINGUM	JEFFERSON	MARION	DELAWARE

Points by County	
Maximum of 13 points	
BROWN	11
BUTLER	11
JEFFERSON	11
ASHTABULA	10
CLARK	10
LAKE	10
MARION	10
MONTGOMERY	10
MAHONING	9
COLUMBIANA	8
GALLIA	8
JACKSON	8
ADAMS	7
CLINTON	7
ERIE	7
FRANKLIN	7
PIKE	7
GUERNSEY	6
LORAIN	6
LUCAS	6
GREENE	5
LAWRENCE	5
LICKING	5
MEDINA	5
MUSKINGUM	5
PORTAGE	5
RICHLAND	5
WARREN	5
FAIRFIELD	4
FAYETTE	4
MADISON	4
PICKAWAY	4
PREBLE	4
DELAWARE	3
MEIGS	3
VINTON	3
ATHENS	2
HIGHLAND	2
HOCKING	2
HURON	2
PERRY	2
WOOD	2
CRAWFORD	1
DARKE	1
HARDIN	1
HARRISON	1
KNOX	1
MERCER	1
MONROE	1
PUTNAM	1
WASHINGTON	1
WAYNE	1

<sup>1</sup>Number of Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death X40-X44). Source: Ohio Dept. of Health, Office of Vital Statistics, Analysis by Injury Prevention Program.

<sup>2</sup>Death rates per 100,000 population of Ohio residents from unintentional drug poisoning. US Census census estimates. Rate suppressed if < 10 total deaths for 2010-2015; may be unreliable.

<sup>3</sup>Drug overdose hospital admission rate per 10,000 population. Source: Ohio Hospital Association.

<sup>4</sup>Number of unique persons with greater or equal to 80 MED (Morphine Equivalent Dose). Source: Ohio Automated Rx Reporting System (OARRS).

<sup>5</sup>Number of oral solid doses dispensed (bup & combinations included). Source: OARRS.

<sup>6</sup>Weighted persons (per 1000) with greater or equal to 80 (MED). Source: OARRS.

<sup>7</sup>Per Capita Opiate Doses. Source: OARRS.

<sup>8</sup>Percent of unique persons enrolled in the behavioral health system with an opiate diagnosis in state fiscal year (SFY) 2013 (Medicaid and Non-Medicaid). Source: Ohio Mental Health and Addiction Services.

Drug Overdose Indicators by County

County	Number of deaths <sup>1</sup> 2010-2015		Unintentional Drug Overdose Death Rate <sup>2</sup> 2010-2015		Drug Overdose Hospital Admission Rate <sup>3</sup> 2009-2013		Number of persons prescribed >= 80 MED <sup>4</sup> 2014		Rate of >= 80 MED <sup>5</sup> 2014		Number of Opiate Doses Dispensed <sup>6</sup> 2014		Per Capita Opiate Doses <sup>7</sup> 2014		Enrolled in Behavioral Health <sup>8</sup> 2013	
	Number	County Rank	Rate	County Rank	Rate	County Rank	Number	County Rank	Rate	County Rank	Number	County Rank	Per Capita	County Rank	Percent	County Rank
Adams	50	38	32.70	4	31.05	17	963	63	33.73	20	3,009,113	105.40	3	43.90%	31	
Allen	73	25	12.70	55	22.25	37	1,837	37	17.28	76	6,204,888	58.35	59	33.94%	52	
Ashland	16	69	5.40	74	10.15	79	1,057	60	19.89	68	2,421,863	45.58	78	32.37%	58	
Ashtabula	125	13	22.50	13	38.47	7	2,838	24	27.96	36	7,363,582	72.55	33	35.39%	47	
Athens	52	35	18.40	31	21.04	42	2,376	29	36.69	12	4,967,428	76.71	24	51.32%	19	
Auglaize	25	62	8.90	66	11.68	73	797	69	17.35	75	2,710,950	59.00	58	22.73%	76	
Belmont	60	32	15.70	39	10.68	77	1,772	38	25.17	47	5,041,102	71.61	35	34.96%	49	
Brown	99	18	40.20	1	30.50	19	1,569	43	34.99	16	3,650,373	81.40	19	61.90%	7	
Butler	697	3	33.20	3	35.63	10	11,992	6	32.58	22	26,793,329	72.78	32	59.83%	11	
Carroll	17	68	11.70	58	7.74	82	406	79	14.08	80	1,377,268	47.76	77	16.28%	81	
Champaign	40	51	19.10	25	21.32	41	1,094	58	27.28	40	2,860,529	71.34	36	43.15%	32	
Clark	226	8	29.50	6	33.35	15	3,585	18	25.92	45	10,928,191	79.00	23	35.17%	48	
Clinton	71	26	30.20	5	34.01	14	1,520	44	36.16	13	3,577,613	85.10	16	31.20%	63	
Columbiana	119	15	19.90	19	17.43	55	2,552	27	23.66	52	7,679,680	71.21	37	37.40%	44	
Coshocton	18	67	9.20	65	13.13	66	871	65	23.60	53	2,429,135	65.83	47	14.71%	83	
Crawford	38	52	16.70	36	24.18	34	1,417	48	32.36	23	3,294,613	75.25	30	55.88%	18	
Darke	52	36	18.70	28	16.25	57	858	66	16.20	78	2,386,973	45.07	80	56.25%	17	
Defiance	30	58	14.40	47	17.74	54	739	70	18.93	73	2,171,228	55.62	65	19.48%	78	
Delaware	77	23	7.30	72	18.08	53	5,058	13	29.03	32	7,409,837	42.53	82	48.63%	22	
Erie	98	19	23.30	12	25.78	29	2,227	31	28.89	33	5,892,241	76.44	26	32.21%	59	
Fairfield	94	21	11.10	60	21.39	40	4,949	15	33.86	19	9,833,431	67.28	43	56.54%	15	
Fayette	45	42	28.10	8	26.50	25	834	67	28.73	34	2,032,196	70.00	39	41.71%	33	
Franklin	1,263	1	17.00	35	40.50	4	40,286	1	34.63	17	71,062,624	61.08	53	38.26%	42	
Fulton	34	53	14.50	46	21.45	39	1,074	59	25.15	48	2,866,952	67.14	45	34.04%	51	
Gallia	34	54	20.60	18	35.93	9	1,397	49	45.16	3	3,050,576	98.62	8	63.89%	4	
Geauga	63	29	14.00	48	14.96	60	1,768	39	18.93	72	3,751,457	40.17	83	17.39%	80	
Greene	177	10	19.60	22	24.90	32	3,204	19	19.83	69	8,435,247	52.21	71	38.27%	41	
Guernsey	43	45	19.90	20	25.59	30	1,427	46	35.60	14	3,672,290	91.61	12	32.69%	56	
Hancock	50	39	11.60	59	12.89	67	1,351	51	18.07	74	3,380,138	45.20	79	28.57%	68	
Hardin	32	56	18.70	29	27.10	24	718	71	22.40	59	2,085,336	65.05	48	57.14%	14	
Harrison	14	70	18.10	33	13.19	65	348	80	21.94	62	1,296,993	81.76	18	24.32%	73	
Henry	12	73	8.20	71	12.49	69	546	74	19.35	70	1,561,493	55.34	66	15.79%	82	
Highland	45	43	19.30	24	34.61	12	1,354	50	31.06	25	3,786,591	86.87	15	39.46%	39	
Hocking	30	59	17.20	34	23.52	36	1,230	55	41.87	4	2,954,104	100.55	6	44.90%	26	
Holmes	3	80	4.81	80	4.81	84	451	76	10.65	85	992,759	23.43	85	0.00%	85	
Huron	61	31	18.70	27	30.61	18	1,905	36	31.95	24	5,408,045	90.70	13	41.48%	34	

Drug Overdose Indicators by County, Continued

County	Number of deaths <sup>1</sup> 2010-2015		Unintentional Drug Overdose Death Rate <sup>2</sup> 2010-2015		Drug Overdose Hospital Admission Rate <sup>3</sup> 2009-2013		Number of persons prescribed $\geq$ 80 MED <sup>4</sup> 2014		Rate of $\geq$ 80 MED <sup>5</sup> 2014		Number of Opiate Doses Dispensed <sup>6</sup> 2014		Per Capita Opiate Doses <sup>7</sup> 2014		Enrolled in Behavioral Health <sup>8</sup> 2013	
	Number	County Rank	Rate	County Rank	Rate	County Rank	Number	County Rank	Rate	County Rank	Number	County Rank	Per Capita	County Rank	Percent	County Rank
Jackson	53	33	27.30	10	29.67	21	1,504	45	45.27	2	4,077,578	39	122.73	1	63.07%	6
Jefferson	106	17	28.80	7	42.84	3	2,611	26	37.46	10	6,756,327	25	96.92	9	44.79%	27
Knox	50	40	15.10	43	18.85	50	2,066	32	33.91	18	3,951,060	40	64.86	49	44.74%	28
Lake	275	7	21.00	17	29.75	20	5,415	12	23.54	54	14,003,175	11	60.87	55	31.44%	62
Lawrence	76	24	22.00	15	1.09	85	2,390	28	38.27	9	4,248,456	38	68.03	41	17.86%	79
Licking	134	11	13.50	50	20.91	43	4,989	14	29.97	27	10,063,299	15	60.44	56	38.46%	40
Logan	32	57	12.80	54	19.00	49	1,272	52	27.74	37	3,505,080	48	76.43	27	44.00%	30
Lorain	319	5	18.70	26	28.74	22	6,397	8	21.23	64	18,375,769	9	60.98	54	29.67%	66
Lucas	504	4	19.80	21	37.57	8	12,963	5	29.34	31	31,315,324	5	70.88	38	47.87%	23
Madison	41	49	15.00	44	31.83	16	1,676	41	38.59	8	3,465,793	49	79.79	21	60.49%	9
Mahoning	292	6	22.20	14	26.29	27	5,952	10	24.92	49	18,034,322	10	75.51	29	30.09%	65
Marion	107	16	27.30	9	38.71	6	1,986	33	29.86	29	5,276,035	34	79.34	22	71.59%	1
Medina	95	20	10.30	62	17.24	56	3,981	17	23.10	55	8,957,879	17	51.98	73	29.23%	67
Meigs	21	63	15.40	42	19.35	48	887	64	37.32	11	1,931,714	72	81.27	20	60.66%	8
Mercer	20	65	8.40	70	11.37	74	449	77	11.00	84	1,578,583	73	38.68	84	63.64%	5
Miami	90	22	16.00	38	20.72	44	2,251	30	21.96	61	6,449,160	27	62.91	51	34.27%	50
Monroe	6	79	8.73	79	8.73	80	299	84	20.42	67	829,345	84	56.64	64	60.00%	10
Montgomery	1,071	2	35.30	2	39.79	5	14,366	3	26.84	41	40,712,465	3	76.08	28	45.50%	25
Morgan	10	75	12.00	57	12.13	71	346	81	22.98	56	1,152,300	80	76.54	25	33.33%	53
Morrow	33	55	16.60	37	18.84	51	1,022	61	29.35	30	2,222,306	67	63.81	50	35.90%	46
Muskingum	42	46	8.50	69	27.35	23	2,864	22	33.27	21	7,890,920	19	91.68	11	25.25%	72
Noble	7	77	12.57	77	12.57	68	327	83	22.33	60	776,584	85	53.03	69	44.44%	29
Ottawa	21	64	8.80	68	16.24	58	1,003	62	24.21	51	2,784,916	61	67.22	44	25.93%	70
Paulding	7	78	10.90	78	10.90	75	239	85	13.20	82	1,111,671	82	56.68	63	33.33%	54
Perry	26	61	13.40	52	25.91	28	1,421	47	39.41	6	3,760,302	43	104.28	4	45.68%	24
Pickaway	63	30	19.40	23	52.31	1	1,975	34	35.46	15	4,664,839	37	83.75	17	59.00%	12
Pike	42	47	26.20	11	19.73	46	1,138	57	39.64	5	2,927,141	57	101.96	5	67.36%	3
Portage	124	14	13.80	49	24.40	33	4,194	16	25.98	43	10,083,363	14	62.47	52	30.25%	64
Preble	52	37	21.90	16	18.73	52	1,162	56	27.49	38	3,044,886	54	72.03	34	25.33%	71
Putnam	11	74	5.30	75	6.46	83	480	75	13.91	81	1,520,587	75	44.08	81	50.00%	21
Richland	129	12	18.40	30	19.59	47	3,183	20	25.57	46	7,496,655	22	60.23	57	39.88%	36
Sandusky	49	41	14.70	45	10.19	78	1,245	53	20.43	66	3,455,413	50	56.70	62	26.75%	69
Seneca	41	50	13.30	53	13.33	64	1,243	54	21.91	63	3,771,893	42	66.47	46	31.88%	61
Shelby	42	48	15.70	40	13.70	62	833	68	16.85	77	2,575,733	63	52.12	72	41.18%	35

**Drug Overdose Indicators by County, Continued**

County	Number of deaths <sup>1</sup> 2010-2015		Unintentional Drug Overdose Death Rate <sup>2</sup> 2010-2015		Drug Overdose Hospital Admission Rate <sup>3</sup> 2009-2013		Number of persons prescribed ≥ 80 MED <sup>4</sup> 2014		Rate of ≥ 80 MED <sup>5</sup> 2014		Number of Opiate Doses Dispensed <sup>6</sup> 2014		Per Capita Opiate Doses <sup>7</sup> 2014		Enrolled in Behavioral Health <sup>8</sup> 2013	
	Number	County Rank	Rate	County Rank	Rate	County Rank	Number	County Rank	Rate	County Rank	Number	County Rank	Per Capita	County Rank	Percent	County Rank
Tuscarawas	53	34	9.60	63	12.28	70	1,923	35	20.77	65	6,421,604	29	69.36	40	13.13%	84
Union	30	60	8.80	67	21.50	38	1,589	42	30.38	26	2,883,422	58	55.13	67	39.59%	38
Van Wert	19	66	12.40	56	10.73	76	335	82	11.65	83	1,383,077	77	48.12	76	33.33%	55
Vinton	13	71	18.30	32	26.48	26	613	72	45.63	1	1,515,922	76	112.83	2	68.49%	2
Warren	192	9	15.40	41	23.94	35	5,517	11	25.94	44	11,270,596	12	52.99	70	38.00%	43
Washington	44	44	13.40	51	14.28	61	1,691	40	27.37	39	5,367,804	33	86.89	14	22.82%	75
Wayne	67	28	10.40	61	20.44	45	2,779	25	24.27	50	6,658,304	26	58.14	60	36.36%	45
Williams	13	72	6.00	73	11.74	72	600	73	15.94	79	2,006,824	71	53.31	68	23.38%	74
Wood	68	27	9.40	64	13.60	63	2,857	23	22.77	58	6,427,886	28	51.22	74	56.52%	16
Wyandot	8	76		76	8.68	81	430	78	19.01	71	1,138,381	81	50.34	75	32.43%	57

<sup>1</sup>Number of Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death X40-X44). Sources: Ohio Dept. of Health, Office of Vital Statistics, Analysis by Injury Prevention Program.

<sup>2</sup> Death rates per 100,000 population of Ohio residents from unintentional drug poisoning. US Census population estimates. Rate suppressed if < 10 total deaths for 2010-2015; may be unreliable.

<sup>3</sup>Drug overdose hospital admission rate per 10,000 population. Source: Ohio Hospital Association.

<sup>4</sup>Number of unique persons with greater or equal to 80 MED (Morphine Equivalent Dose). Source: Ohio Automated Rx Reporting System (OARRS).

<sup>5</sup>Number of oral solid doses dispensed (bup & combinations included). Source: OARRS.

<sup>6</sup>Weighted persons (per 1000) with greater or equal to 80 (MED). Source: OARRS.

<sup>7</sup>Per Capita Opiate Doses. Source: OARRS.

<sup>8</sup>Percent of unique persons enrolled in the behavioral health system with an opiate diagnosis in state fiscal year (SFY) 2013 (Medicaid and Non-Medicaid). Source: Ohio Mental Health and Addiction Services.

**2016 Reviewer Score Sheet**  
**Ohio Department of Health, Office of Health Improvement and Wellness, Bureau of Health Services**  
**Ohio Injury Prevention Program Grants**

<b>Applicant Agency</b> _____	<b>County(s) to Be Served</b> _____	
<b>Applicant Number</b> _____	<b>Requested Budget \$</b> _____	
<b>Reviewer Name</b> _____	<b>Date</b> _____	
<b>Grant Focus Area(s):</b> Prescription Drug Poisoning Prevention		
<b>Overall Scoring Summary</b>		
	<b>Section</b>	<b>Maximum Score</b>
Executive Summary	5	_____
Applicant Agency	25	_____
Problem/Need Statement	25	_____
Methodology Narrative	55	_____
Methodology Work Plan	50	_____
Focus Area Requirements	10	_____
Budget Review	10	_____
<b>Total Score</b>	<b>180</b>	_____
	<b>Minimum score 120 (67%)</b>	
<b>Funding Recommendation:</b>	<b>Y N</b>	
<b>Technical Assistance or Training Needs (Suggestions for this grantee to strengthen the application)</b>		

Recommended Special Conditions (Reviewer note: please complete last.)	Comments		
<b>Reviewer Note: The word “satisfactorily” is implied in each statement throughout review sheet. Points should be awarded accordingly. Poor quality responses should receive points at the lower end of the scale and high quality at the high end.</b>			
<b>Review by Sections</b>			
Category – 1. Executive Summary (10 points)	Comments	Maximum Score	Reviewer’s Score
<input type="checkbox"/> Describes the injury problems the program will address, including descriptions of local injury rates and related injury risk factors. Provides justification of the injury problems chosen. <input type="checkbox"/> Includes program goals and objectives. <input type="checkbox"/> Describes who the project is serving, includes demographics, location of project activities and role of partners/coalitions. <input type="checkbox"/> Describes how the project will be evaluated. <input type="checkbox"/> Provides the total funds requested and how they will be used.		1 point  1 point  1 point  1 point  1 point	
<b>Total Executive Summary</b>		<b>5 points</b>	

<b>Category – Description of Applicant Agency and Documentation of Eligibility (25 points)</b>	<b>Comments</b>	<b>Maximum Score</b>	<b>Reviewer's Score</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Discusses eligibility to apply and summarizes agency's structure as it relates to this program and as lead agency, how it will manage the program</li> <li><input type="checkbox"/> Summarizes existing injury prevention efforts; provides information on other sources of funding for existing injury prevention efforts and how this funding will be used to expand other areas; describes other experience by the agency in managing injury prevention programs OR describes the agency's experience in managing other population-based public health programs.</li> <li><input type="checkbox"/> Lists all personnel working on the grant on the Key Personnel Form (Appendix J). Includes relationship between program staff members, applicant agency staff members and other partners and agencies they will be working on the grant. Includes number of program staff in agency that work on injury prevention-related efforts</li> <li><input type="checkbox"/> Includes position description and resumes</li> <li><input type="checkbox"/> Provides documentation and demonstrates compliance that an individual is 100% dedicated to injury prevention (See Appendix J)</li> <li><input type="checkbox"/> Describes plans for hiring and training staff; includes on-going training and details about the training provided. Includes a statement that ensures all involved program staff will have experience or receive training in concepts of population-based injury prevention and control</li> <li><input type="checkbox"/> Demonstrates that staff have experience or will be trained in the Core Competency Areas for Injury and Violence Prevention; Includes a training plan that is consistent with the core competency areas (Appendix K).</li> <li><input type="checkbox"/> Includes background information about contract agency or individuals and all work to be conducted, if applicable</li> </ul>		<p>3 points</p> <p>3 points</p> <p>4 points</p> <p>3 points</p> <p><b>Required</b></p> <p>4 points</p> <p>5 points</p> <p>No Score</p>	
	<p>Applicants that do not provide this assurance are not eligible for this funding.</p>		<p><b>Y N N/A</b></p> <p><b>Y N N/A</b></p>

Category – Applicant Agency – Continued (25 points)	Comments	Maximum Score	Reviewer's Score
<input type="checkbox"/> Describes the capacity of the organization, its personnel or contactors to communicate effectively and convey information in a timely manner that is easily understood by diverse audiences. Includes person of limited English proficiency, those who are not literate, how low literary skills, and individuals with disabilities  <input type="checkbox"/> THE FACILITIES AND RESOURCES ARE ADEQUATE TO CARRY OUT THE PROJECT OBJECTIVES <input type="checkbox"/> QUALIFICATIONS OF STAFF ARE ADEQUATE TO MEET PROJECT'S OBJECTIVES		<p>3 points</p> <p>No Score</p> <p>No Score</p> <p>25 points</p>	<p>Y N N/A</p> <p>Y N N/A</p>
<b>Total Applicant Agency</b>			
Category – Problem Statement/Need (25 points)	Comments	Maximum Score	Reviewer's Score
<input type="checkbox"/> Describes injury problems and includes description of local injury rates and related injury risk factors. Provides support as to why this is a problem in your community and includes data that describes the problem and justifies the need for the program  <input type="checkbox"/> Explicitly describes segments of the target population who experience a disproportionate burden of local injury rates.  <input type="checkbox"/> Indicates if a needs assessment has been completed within the past two years. Includes a brief summary. Describes how this was used in determining the injury problem chosen. <input type="checkbox"/> Specifically links disparities to health equity strategies. <input type="checkbox"/> Includes a description of other agencies/organization also addressing this problem/need  <input type="checkbox"/> Describes potential gaps in services in the community  <input type="checkbox"/> Describes any barriers in implementing IP activities and strategies for overcoming these issues  <input type="checkbox"/> PROJECT NARRATIVE DEMONSTRATES THE NEED FOR PROJECT		<p>5 points</p> <p>5 points</p> <p>2 points</p> <p>1 point</p> <p>3 points</p> <p>5 points</p> <p>4 points</p> <p>No Score</p> <p>25 points</p>	<p>Y N N/A</p> <p>Y N N/A</p>
<b>Total Problem Statement/Need</b>			



<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe plans to recruit coalition members from diverse communities including racial and ethnic minority populations.</li> <li><input type="checkbox"/> Describes the proposed role of key coalition members and partners related to your project activities. A letter of support from each key partner is included.</li> <li><input type="checkbox"/> Describes planned coalition activities and initiatives during 2017.</li> </ul> <p><b>Data and Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> List three-year Evaluation Logic Model SMART Program Impact Objective.</li> <li><input type="checkbox"/> Describe the process that will be used to develop a poison death review (PDR) committee (specific guidance will be provided by ODH in year 1, but reviewers need information on the process). Describe any experience convening data users. Include a description of how your coalition or key members of your coalition will be engaged in the PDR Process.</li> <li><input type="checkbox"/> Describe results of any assessments used to plan the proposed strategies (e.g., behavior observations, pretest evaluations, attitude surveys, etc.). Describe any continuing assessment activities for 2016. Describe how these data will be used to evaluate activities at the end of the project period.</li> <li><input type="checkbox"/> Describes process to develop immediate community response plan within the first six months. Describes roles of key partners; and components of the plan that will be included</li> <li><input type="checkbox"/> Describes how local hospitals will be approached and engaged to improve data quality related to ICD10 reporting into EpiCenter. Describe any existing relationships with local hospitals and key partnerships that would be developed to implement this strategy.</li> <li><input type="checkbox"/> Describe any primary (data collection) or secondary (e.g., analysis, linkage, etc.) surveillance activities and use of injury data (e.g., reports) in your proposed project. Describe how data will be obtained and used to support other project initiatives.</li> <li><input type="checkbox"/> Describe how data will be used to identify groups who are disproportionately impacted by unintentional injury.</li> <li><input type="checkbox"/> Describe any planned activities related to improving the quality and/or</li> </ul>	<p style="text-align: center;">10 points</p>
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<p>use of local fatal and non-fatal injury data.</p>			<p>15 points</p>	
<p><b>Policy, Systems and Environmental Change (PSEC) Strategies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describes plans to adopt new IP policy(ies), ordinances, regulations.</li> <li><input type="checkbox"/> Describes which coalition members will be engaged in this effort, what settings will be impacted and how the efforts will be evaluated.</li> <li><input type="checkbox"/> Describes what systems will be developed, enhanced, improved, changes, etc. to reduce injury risk factors.</li> <li><input type="checkbox"/> Describes methods to engage key stakeholders and decision-makers. Discusses anticipated opponents and a plan to engage them in process.</li> <li><input type="checkbox"/> Describes any previous success in PSEC strategies.</li> <li><input type="checkbox"/> Describes plans to evaluate the effectiveness of PSEC strategies.</li> <li><input type="checkbox"/> Provides evidence for strategies selected.</li> <li><input type="checkbox"/> Describes at least 4 PSEC strategies.</li> </ul> <p><b>PSEC-Supportive Strategies</b></p> <p><b>Education in School Settings</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describes proposed education in school setting strategies. Describes which coalition members will be engaged, how schools will be identified and how relationships will be developed with school officials to increase receptiveness to the programming.</li> </ul> <p><b>Training and Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describes proposed training and education strategies. Describes which coalition members will be engaged, how disparities will be addressed, what settings will be impacted and how the efforts will be evaluated.</li> <li><input type="checkbox"/> Describes the intermediary (i.e., influential and credible persons, leaders, decision-makers, professionals, etc.) that will be targeted to achieve goals.</li> <li><input type="checkbox"/> Describes use of any health behavior strategies/theories to change knowledge, attitudes and behavior.</li> </ul>		<p>9 points</p>		

<p><b>Media Advocacy, Campaigns, Information and Support</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describes available media outlets in community and how to use them to accomplish proposed activities.</li> <li><input type="checkbox"/> Describes planned media strategies/campaigns including the proposed audience. Describes which coalition members will be engaged in effort, how disparities will be addressed, what settings will be affected and how the efforts will be evaluated.</li> <li><input type="checkbox"/> Describes how messages be tailored for proposed audience.</li> <li><input type="checkbox"/> Describes how media will be used to elevate injury as a significant public health threat among target population.</li> </ul>			
<p><b>Other PSEC-Supportive Strategies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describes strategy in detail.</li> <li><input type="checkbox"/> Provides evidence/justification for the selection of the strategy.</li> <li><input type="checkbox"/> Describes which coalition partners will be engaged and their role in the strategy.</li> </ul>			<p>6 points</p> <p>Y N</p> <p>Y N</p>
<p><b>Overall Program Methodology</b></p> <p><b>Sustainability Plan:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes a sustainability plan/statement for continued program efforts in the event that grant funding is no longer available.</li> <li><input type="checkbox"/> Demonstrates effort will be made to institutionalize changes and/or program policies, practices, norms, attitudes at the organizational or institutional level.</li> <li><input type="checkbox"/> Describes additional program funding will be leveraged through use of ODH IP grant.</li> <li><input type="checkbox"/> PROJECT NARRATIVE DEMONSTRATES HOW ALL PROGRAM OBJECTIVES WILL BE MET IN DETAIL AND MEETS/ADDRESSES THOSE LISTED IN THE RFP (Y/N)</li> <li><input type="checkbox"/> PROPOSED PROJECT METHODOLOGY IS CAPABLE OF ACHIEVING THE PROJECT'S OBJECTIVES (Y/N)</li> </ul>			
<p><b>Total Methodology Narrative</b></p>			<p><b>55 points</b></p>

**Work Plan Review Sheets: 50 Points Total**

Category – 5. Methodology Work Plan – Coalition Building	Comments	Maximum Score	Reviewer's Score
<p><b>Reviewer Note:</b> Grantee must have 1 objective related to coalition building and coalition evaluation (if they have an existing coalition).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Impact objectives are population-based and written in <b>SMART (Specific, Measurable, Achievable, Relevant, and Time-framed)</b> format such as: By (date),(system), will (specify how system will change) in (where) as measured or evaluated by (how you will determine that the desired change has occurred)</li> <li><input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. <b>Will grantee be able to use indicator to measure achievement of impact objective?</b></li> <li><input type="checkbox"/> Describes how objective will address safety/injury disparities in the applicant community (if applicable).</li> <li><input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each program population based impact objective).</li> <li><input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 7/1 – 8/31).</li> <li><input type="checkbox"/> Identifies the person and the agency responsible for completing the activities.</li> <li><input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.</li> <li><input type="checkbox"/> Describes how the activities will be evaluated for success.</li> <li><input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities.</li> </ul>			
<b>Total Coalition</b>		<b>10 points</b>	

<p><b>Category – 5. Methodology Work Plan – Data and Evaluation</b></p>	<p><b>Comments</b></p>	<p><b>Maximum Score</b></p>	<p><b>Reviewer’s Score</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Describes how the activities will be evaluated for success.</li> <li><input type="checkbox"/> Impact objectives are population-based and written in <b>SMART</b> format.</li> <li><input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. <b>Will grantee be able to use indicator to measure achievement of impact objective?</b></li> <li><input type="checkbox"/> Describes how objective will address safety/injury disparities in the applicant community (if applicable).</li> <li><input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each program population based impact objective).</li> <li><input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 7/1 – 8/31).</li> <li><input type="checkbox"/> Identifies the person and the agency responsible for completing the activities.</li> <li><input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.</li> <li><input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities.</li> </ul>			
<p><b>Total Data and Evaluation Work Plan</b></p>		<p><b>10 points</b></p>	

<p><b>Category – 5. Methodology Work Plan – Policy, Systems and Environmental Changes (PSEC) Strategies and PSEC Supportive Strategies – 30 points</b></p>	<p><b>Comments</b></p>	<p><b>Maximum Score</b></p>	<p><b>Reviewer’s Score</b></p>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Includes at least 4 PSEC-related strategies and a work plan for each.</li> <li><input type="checkbox"/> PSEC-Supportive strategies are used to support PSECs.</li> <li><input type="checkbox"/> Objectives are population-based and written in SMART format.</li> <li><input type="checkbox"/> Strategies selected are based in evidence.</li> <li><input type="checkbox"/> Appropriate partners are included to increase likelihood of success.</li> <li><input type="checkbox"/> Provides a satisfactory impact evaluation indicator to indicate achievement of impact objectives. <b>Will grantee be able to use indicator to measure achievement of impact objective?</b></li> <li><input type="checkbox"/> Describes the desired program outcome on the intermediate and/or the ultimate target population.</li> <li><input type="checkbox"/> Describes how objective will address safety/injury disparities in the applicant community (if applicable).</li> <li><input type="checkbox"/> Describes how the population-based impact and process objectives will be achieved by listing activities in detail (must provide at least <u>one</u> activity to meet each process objective).</li> <li><input type="checkbox"/> Includes a specific timeline for each activity (e.g., all activities should not say 7/1 – 8/31).</li> <li><input type="checkbox"/> Identifies person and agency responsible for completing activities.</li> <li><input type="checkbox"/> Lists the populations—intermediate (influential and credible persons, leaders, decision makers, professionals) and ultimate (children/older adults) that will be targeted to achieve goals.</li> <li><input type="checkbox"/> Describes how the activities will be evaluated for success.</li> <li><input type="checkbox"/> Includes sufficient detail to describe required activities and demonstrate capacity to successfully perform grant activities.</li> </ul>			
<p style="text-align: center;"><b>Total Policy Enactment and Enforcement Work Plan</b></p>		<p><b>30 points</b></p>	

Focus Area Requirements	Comments	Maximum Score	Reviewers Score
<p><b>Prescription Drug Overdose:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes Poison Death Review</li> <li><input type="checkbox"/> Includes letter of support from Coroner</li> <li><input type="checkbox"/> Includes letter of support from EpiCenter County designee</li> <li><input type="checkbox"/> Includes the following 3 PSEC strategies: increase use of OARRS, increase access to naloxone, promote adoption of standardized pain management guidelines.</li> <li><input type="checkbox"/> Includes two PSEC-supportive strategies related to training of health care providers.</li> </ul>		<p><b>10 points</b></p>	
<p><b>Focus Area Requirements</b></p>		<p><b>10 points</b></p>	
<p><b>Budget Justification</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Budget justification is logically tied to program objectives and activities.</li> <li><input type="checkbox"/> IS ANY EQUIPMENT REQUESTED NECESSARY TO CARRYOUT PROJECT OBJECTIVES (During Budget Period)</li> </ul>		<p><b>10</b> <b>Y N</b></p>	

<p><input type="checkbox"/> BUDGET JUSTIFICATION PROVIDES DETAILED EXPLANATION OF PROPOSED EXPENSES AND HOW COSTS APPLY TO THE PROGRAM OBJECTIVES (Cost-benefits warrant the grant award)</p> <p><input type="checkbox"/> REQUESTED EXPENDITURES ARE ALLOWABLE (Personnel, Other Direct Costs, Equipment, Contracts) – Pending GSU Final Approval</p> <p><input type="checkbox"/> ARE COSTS NECESSARY, REASONABLE AND ALLOCABLE Pending GSU Final Approval</p>		<p>Y N</p> <p>Y N</p> <p>Y N</p>	
<p><b>From program perspective, is Budget Justification reasonable and appropriate?</b></p>		<p><b>10 Points</b></p>	

<p><b>Additional Comments/Reviewer Notes</b></p>
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## Ohio County Population Estimates, 2012\*

Citation: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2012 Source: U.S. Census Bureau, Population Division, May 2013.

County Name	Population								
Adams	28,550	Fairfield	146,156	Licking	166,492	Portage	161,419		
Allen	106,331	Fayette	29,030	Logan	45,858	Preble	42,270		
Ashland	53,139	Franklin	1,163,414	Lorain	301,356	Putnam	34,499		
Ashtabula	101,497	Fulton	42,698	Lucas	441,815	Richland	124,475		
Athens	64,757	Gallia	30,934	Madison	43,435	Ross	78,064		
Auglaize	45,949	Geauga	93,389	Mahoning	238,823	Sandusky	60,944		
Belmont	70,400	Greene	161,573	Marion	66,501	Scioto	79,499		
Brown	44,846	Guernsey	40,087	Medina	172,332	Seneca	56,745		
Butler	368,130	Hamilton	802,374	Meigs	23,770	Shelby	49,423		
Carroll	28,836	Hancock	74,782	Mercer	40,814	Stark	375,586		
Champaign	40,097	Hardin	32,058	Miami	102,506	Summit	541,781		
Clark	138,333	Harrison	15,864	Monroe	14,642	Trumbull	210,312		
Clermont	197,363	Henry	28,215	Montgomery	535,153	Tuscarawas	92,582		
Clinton	42,040	Highland	43,589	Morgan	15,054	Union	52,300		
Columbiana	107,841	Hocking	29,380	Morrow	34,827	Van Wert	28,744		
Coshocton	36,901	Holmes	42,366	Muskingum	86,074	Vinton	13,435		
Crawford	43,784	Huron	59,626	Noble	14,645	Warren	212,693		
Cuyahoga	1,280,122	Jackson	33,225	Ottawa	41,428	Washington	61,778		
Darke	52,959	Jefferson	69,709	Paulding	19,614	Wayne	114,520		
Defiance	39,037	Knox	60,921	Perry	36,058	Williams	37,642		
Delaware	174,214	Lake	230,041	Pickaway	55,698	Wood	125,488		
Erie	77,079	Lawrence	62,450	Pike	28,709	Wyandot	22,615		

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. All geographic boundaries for the 2012 population estimates series are defined as of January 1, 2012. Additional information on these localities can be found in the Geographic Change Notes (see <http://www.census.gov/popest/about/geo/changes.html>). For population estimates methodology statements, see <http://www.census.gov/popest/methodology/index.html>.