

Washington State Department of Health

Overdose Data to Action in States

Request for Applications for Local Health Jurisdictions



DOH 971-063

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Purpose

People in Washington state are becoming increasingly aware of the urgent need for overdose prevention. Washington state has continued to experience an increase in overdose deaths since 2020, mainly driven by fentanyl and fentanyl analogs. However, data also show an increase in overdose deaths that involve psychostimulants such as methamphetamine and cocaine. The data support the need for focused, community-tailored overdose prevention initiatives.

The Washington State Department of Health (DOH) supports overdose prevention and response efforts for all people across Washington state. To bolster these efforts, DOH has been awarded the Overdose Data to Action in States (OD2A-S) Cooperative Agreement through the Centers for Disease Control and Prevention (CDC). DOH recognizes the importance of state and local collaboration and the necessity of community-tailored interventions in responding to the overdose epidemic. DOH is seeking to fund eligible local health jurisdictions (LHJs) to implement evidence-based prevention strategies through the Overdose Data to Action framework.

The purpose of these federal funds is to support LHJs in achieving the following strategies:

- Clinician/Health System Engagement (OD2A-S Strategy 6)
- Public Safety Partnerships/ Interventions (OD2A-S Strategy 7)
- Harm Reduction (OD2A-S Strategy 8)
- Linkages to Care (OD2A-S Strategy 9)

Attachments

The following attachments must be completed and sent to DOH as part of a complete application.

- Attachment 1: Applicant Packet
- Attachment 2: Budget Workbook Template

Overview and Application Timeline

Grant Title: Overdose Data to Action in States (OD2A-S)

Grant Application Due: September 23, 2024

Anticipated Budget Period: October 31, 2024 – August 31, 2025, with the possibility of annual renewal, for up to 3 years.

Timeline	
Request for applications release date	8/12/24
Due date to submit application questions	8/26/24
Estimated posting of responses to application questions	8/28/24
Application due date	9/23/24
Anticipated notification of awards	9/30/24
Responses to all applicants	10/4/24
Contract start date	10/31/24

Funding Considerations

Estimated Total Available Funding for Years 1 & 2: \$454,599/year

Estimated Total Available Funding for Years 3 & 4: \$321,266/year

4-year Funding Breakdown

	OD2A-S (Federal Funds)	One-Time Enhancement (Federal Funds)	State Funding	TOTALS
Year 1	\$321,266	\$321,266	\$133,333	\$775,865
Year 2	\$321,266	\$0	\$133,333	\$454,599
Year 3	\$321,266	\$0	TBD	\$321,266
Year 4	\$321,266	\$0	TBD	\$321,266

** The availability of state funding is guaranteed for Year 1. It is likely to be renewed for Year 2 if your contract is renewed. State funding is not guaranteed for Year 3 and Year 4.*

In addition to OD2A-S federal funds, applicants may also request:

- Additional non-renewable funding for Year 1 (One-Time Enhancement). All funds must be spent by the end of the first year.
- The purchase of naloxone (State Funding).

Estimated Number of Awards: 5-7

Estimated Award Amount for Years 1 & 2: \$64,943-\$90,920/year (excluding One-Time Enhancement)

Estimated Award Amount for Years 3 & 4: \$45,895-\$64,253/year

Applicant Eligibility

Eligible applicants must:

1. Be classified as a local health jurisdiction within Washington state. Per RCW [43.70.575](#), "local health jurisdiction" means the local health agency, either county or multicounty, operated by local government, with oversight and direction from a local board of health, that provides public health services throughout a defined geographic area.
2. Applicants must apply for a **minimum of two (2) required activities**. The two (2) required activities may fall under one strategy or may span one, two, or three strategies.
3. Show that at least 60% of proposed activities are for direct client services.
4. Serve populations that are at high risk of experiencing or witnessing an overdose. Populations of focus may include:

- Tribal populations
- Rural populations
- The LGBTQIA2S+ community
- People experiencing homelessness
- People with a disability or with different access and functional needs
- Black, Indigenous, and other People of Color
- American Indian and Alaska Native Communities
- People who recently experienced a nonfatal overdose
- People involved in the criminal legal system, including those recently released from incarceration
- People being discharged or disconnected from opioid treatment/MOUD

People who fall into two or more of these categories are considered to have a compounded risk of witnessing or experiencing an overdose. Applicants should consider the intersections of these populations of focus when identifying their priority populations. Applicants may choose to serve other populations in their communities that they consider to be at increased risk of witnessing or experiencing an overdose.

OD2A-S Grant Activities

The following are eligible strategies and activities under the OD2A-S grant. Applicants should propose work plan activities (in Attachment 1: Applicant Packet) that are in line with eligible overdose prevention strategies and activities.

Applicants must apply for a minimum of two (2) required activities. The two (2) required activities may fall under one strategy or may span one, two, or three strategies. At least 60% of proposed activities must be for direct client services.

DOH is required to ensure that all required activities under the OD2A-S grant are implemented. To achieve this, DOH will select applicants to ensure all activities are addressed collectively.

Strategy 6: Clinician/Health System Engagement

This strategy aims to support clinicians and health systems in advancing safer and more effective pain management, promoting adherence to guideline-driven care, and strengthening linkages to and retention in evidence-based substance use disorder treatment and care. Applicants will apply to implement the following work under Strategy 6:

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

Required Activity 1: Integrate navigators* into an Emergency Department (ED) to link patients to holistic, longer-term care upon release from the ED using the following approach:

- A. Utilize a multidisciplinary team approach that includes navigators
- B. Broaden outreach strategies beyond overdose scenarios to include conditions that may represent symptoms of substance use (e.g., skin/soft tissue infections)

- C. Enhance universal screening for substance use disorder (SUD) by engaging with patients presenting to the ED for reasons not specifically related to SUD

*“Navigators” can include: peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, and other individuals who link people who use drugs (PWUD) to care and harm reduction resources. Navigators are individuals familiar with the local public health landscape who work directly with individuals with SUD. Navigators ensure that people have the tools to address barriers to care, support access to and retention or reengagement in treatment, and support access to other services like harm reduction and social supports.

Strategy 7: Public Safety Partnerships/Interventions

The risk factors and causes of overdoses are varied and complex. Therefore, prevention strategies should be implemented across sectors and in collaboration with a variety of relevant partners. This strategy aims to support partnerships and interventions at the intersection of public health and public safety. Applicants may apply to implement the following work under Strategy 7:

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

Optional Activity 1: Establish and/or support a multidisciplinary Overdose Fatality Review (OFR) team. The OFR lead will coordinate routine meetings, recruit partners, and engage in DOH standardized processes and procedures including data sharing, as appropriate.

Strategy 8: Harm Reduction

This strategy aims to support and expand evidence-based harm reduction activities that seek to reduce negative outcomes associated with drug use and improve health outcomes for people using drugs. Applicants will apply to implement the following work under Strategy 8:

Goal 1: Engage navigators* to connect people to harm reduction services.

Required Activity 1: Initiate, expand, and support overdose prevention programs and outreach activities led by navigators with the intention of promoting access to harm reduction services (e.g., Syringe Service Programs (SSPs) and linking people to care from harm reduction services.

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

Required Activity 1: Develop and expand overdose education and naloxone distribution programs that prioritize those who are at the greatest risk of experiencing or witnessing an overdose.

Optional Activity 2: Improve access to low-threshold medications for opioid use disorder (MOUD) and treatment for substance use disorders. For example, providing low-barrier transportation services to treatment, distributing take-home lockboxes for safe MOUD storage, and limiting infrastructure costs associated with co-location of treatment and harm reduction services or patient navigation.

Optional Activity 3: Improve education on and increase access to drug-checking supplies (such as Fentanyl, Xylazine, and Benzodiazepine Test Strips) as a means of overdose prevention.

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

Optional Activity 1: Produce and distribute risk reduction and overdose prevention educational resources and materials for PWUD.

Optional Activity 2: Develop and implement training and education interventions for those who interact with or provide services to PWUD (ex. clinicians, CBOs) to address stigma experienced by PWUD in their community.

Optional Activity 3: Launch a communications campaign that focuses on reducing stigma and improving social norms related to harm reduction strategies. Campaigns can include messaging through television, print, radio, online, and social media outlets. Campaign resources must be evidence-based. If developed locally, resources must have been tested with the intended audience.

Strategy 9: Community-Based Linkage to Care

This strategy aims to support and increase linkages to community-based care services to bolster retention in holistic, wraparound care and prevent the interruption of treatment. Applicants will apply to implement the following work under Strategy 9:

Goal 1: Initiating linkage to care activities.

Required Activity 1: Use navigators* to facilitate linking people to care and other services. This can include linkage to MOUD and other evidence-based treatment for SUD as well as harm reduction services.

Optional Activity 2: Develop case management systems to help individuals navigate the processes to get care. Recipients are encouraged to implement these case management systems within existing SSPs and local harm reduction programs.

Optional Activity 3: Create a post-overdose outreach team or Assertive Community Outreach program that connects with an individual within 72 hours of a suspected overdose and provides linkages to care. Team composition may include, but is not limited to, first responders, community health workers, and health care workers. The composition of these teams is expected to vary by community.

Goal 2: Supporting retention in care.

Required Activity 1: Use navigators* to facilitate the implementation of monitoring programs following individuals' discharge from acute care to prevent treatment interruption.

Optional Activity 2: Create peer support groups or linkages to community-based self-help groups with an emphasis on peers with lived experience.

Unallowable Activities

The following are unallowable activities under the OD2A-S grant and are not eligible for reimbursement. Applicants should reach out to DOH staff with any questions about the eligibility of their proposed work plan activities.

Strategy 6: Clinician/Health System Engagement and Health IT/PDMP Enhancement

- Purchasing and distributing fentanyl test strips for testing in biological samples for clinical decision-making purposes
- Provision of SUD treatment that includes MOUD and the purchase of medications such as methadone, buprenorphine, and naltrexone
- Providing medical/clinical care, including behavioral therapy (e.g., cognitive behavioral therapy) and/or specialized clinical care, if indicated, such as pain management
- Paying fees associated with clinicians obtaining Drug Enforcement Agency (DEA) registration to prescribe controlled substances, including buprenorphine
- Financial incentives to encourage clinicians to participate in educational sessions and training activities (e.g., participation in academic detailing, attending seminars, completion of post-session surveys)
- Purchasing basic food, health, or personal items even if intended to support outreach or engage individuals in venue-based programs (e.g., meal or grocery cards, first aid kits, hygiene items, clothes, etc.)
- Purchasing, leasing, or renting equipment intended to help EMS and other clinicians treat and manage overdose

Strategy 7: Public Safety Partnerships/Interventions

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

Strategy 8: Harm Reduction

- Establishing new SSPs
- Infrastructure costs for SSPs that are not associated with the co-location of treatment (e.g., rent, utilities, etc.)
- Drug disposal, including the implementation or expansion of drug disposal programs, including drug take-back programs, drug drop boxes, and drug disposal bags
- Provision of equipment solely intended for illegal drug use such as cookers/spoons, syringes, and pipes
- Procurement of other equipment solely intended for preparing drugs for illegal drug injection

- Safe injection sites (controlled environments that facilitate safer use of illicit drugs by providing medical staff, clean facilities, and education.) Developing educational outreach and guidance or materials about supervised/safe injection sites
- Purchase of syringes, including pharmacy voucher programs and safe syringe disposal programs

Strategy 9: Community-Based Linkage to Care

- Housing assistance
- Food assistance
- HIV/HCV and other STD/STI testing
- Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention
- Safer sex kits (condoms and lubricant)
- Childcare and childcare-related purchases (e.g., pack-n-play)
- Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities)
- Prevention of adverse childhood experiences (ACEs) as a standalone activity

Grantee Requirements

Evaluation Requirements

- Engage in evaluation activities in the following ways:
 - Collect data on CDC performance measures to support DOH evaluation plan
 - Collaborate with the DOH evaluator on a Targeted Evaluation Project (TEP) that will provide a greater understanding of navigation activities
 - Support other evaluation tasks as requested, to meet overall CDC evaluation requirements

Context for Evaluation Requirements

Targeted Evaluation of Navigation Activities

The DOH evaluator will work with grantees to complete a TEP. The TEP will be an in-depth evaluation of all navigation activities conducted under the OD2A-S grant, focusing on harm reduction and linkage to care services. Grantees will need to engage with the DOH evaluator to provide insight on key evaluation questions. The TEP will aim to provide grantees and their local partners with a greater understanding of facilitators and barriers to implementing navigation activities across different settings.

Other Requirements

- Submit written quarterly progress reports on a DOH template
- Comply with all evaluation reporting requirements
- Maintain regular communication and meet quarterly or monthly with DOH staff

- When requested, join meetings with DOH and CDC OD2A-S project officer to provide updates on the execution of the statement of work activities

Roles and Responsibilities of the Department of Health

DOH will support grant recipients by providing:

- Contract oversight and a point of contact for coordination
- Templates for draft Statements of Work and Progress Reports
- A contracted evaluation expert will provide Technical Assistance and support for evaluation requirement compliance

Budget & Funding Guidance

Please use the provided budget workbook template (Attachment 2) to complete an itemized budget and budget justification for Year 1. In collaboration with each grant recipient, DOH will create contracts that reflect the activities and budget proposed in the grantee's application. The use of contract funds is limited to grantees' approved activities and budget outlined in the grantee's contract. Grantees must obtain prior written approval from DOH staff before making changes to budgets and contract activities.

Billing Guidance

DOH awards funding through reimbursement-based billing. Grant recipients will submit invoices on a monthly or quarterly basis. If a cost supports more than one funded program or initiative, grantees must use a cost allocation plan to determine the portion of the cost funded through this grant.

Application Submission Guidance

Completed application documents should be submitted to DOH's Box link by 9/23/24 at 11:59 p.m. PT.

Please follow these steps to upload your application:

1. Ensure you have all the documents listed in the "completed application checklist" below
2. Combine #1, 2, and 3 on the checklist into a single PDF document. This should leave you with one (1) PDF and one (1) excel budget proposal to submit
3. Please use the following naming convention to label your files before you upload: "LHJ Name – File Name". Example:
 - a. "XXXX County Health Department- Applicant Packet.pdf"
 - b. "XXXX County Health Department-Year 1 Budget Proposal.xlsx"
4. Submit the application by:

Washington State Department of Health

- a. Dragging and dropping your application documents into DOH's Box using this link: <https://wadoh.app.box.com/f/fdc824f0164e4461ae2d5408dcbbe0>
- b. If the drag and drop does not work, email your application documents to this address: OD2A_S_.c3sylvvqx4y0exq@u.box.com

If you have any questions or issues with uploading your files, please contact Anjali Shankar at anjali.shankar@doh.wa.gov.

Completed application checklist:

- 1. Completed Applicant Packet (Attachment 1)**
- 2. Completed Year 1 Budget Proposal (Attachment 2)**
- 3. Letters of Support***

*If a partnership with another entity is crucial to the implementation of a proposed activity, you must either 1) submit a Letter of Support (LOS)/Memorandum of Understanding (MOU) from that entity with your application or 2) secure a letter from the entity committing to submit a LOS/MOU within six (6) months of your contract start date.

Application Scoring Guidance

After the application due date passes, a committee will review and score all applications received based on a scoring rubric. Incomplete or late applications cannot be considered.

Questions and Follow Up for the Department of Health

If you have any questions or concerns, please contact the DOH Overdose Prevention Program Manager, Anjali Shankar, at Anjali.Shankar@doh.wa.gov.

Glossary

Applicant: Those eligible entities responding to this RFA with their applications.

Award: The funding given to one grant recipient.

Budget Period: The one-year period for which grantee budgets and contracts will be developed.

Contract: A written agreement entered into between a grantee and DOH as a result of responding to this application.

Contractor: The individual or entity performing services pursuant to this Contract and includes the Contractor's owners, members, officers, directors, partners, employees, and/or agents, unless otherwise stated in this Contract. For purposes of any permitted Subcontract, "Contractor" includes any Subcontractor and its owners, members, officers, directors, partners, employees, and/or agents.

Grantee: Applicants who are competitively selected to receive grant funding.

Performance Measure: A common set of indicators that will be used by DOH and grantees to monitor activity progress and identify areas for improvement.

Populations of Focus: Also referred to as "priority populations", "populations with high overdose burden", "populations with a high risk of overdose", etc. The most updated data for Washington state indicate that these populations (as listed in the Applicant Eligibility section above) have higher rates of overdose relative to all overdose deaths.

Request for Applications (RFA): A type of solicitation notice in which an organization announces that grant funding is available; the request for bids set forth in this application document.

Work plan: The summary of budget period activities, expected deliverables, and the timeline for completion. Work plans outline the details of all necessary activities that will be supported through the approved budget.