

Washington State Department of Health

Attachment 1

# Community-Based Organization Grant Application Packet for Overdose Data to Action in States (OD2A-S)



DOH 140-295

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

## Applicant Information

Organization Legal Name
Doing Business As (DBA)/Facility Name
What type of entity is your organization? (ex. nonprofit, 501(c)(3), corporation, LLC)
Mailing Address
County/Region of location
County/Regions served (if different from location)
Phone Number
Fax Number (if applicable)
Authorized Signer Name
Authorized Signer Email
Point of Contact Name(s) (other than Signer)
Title(s)
Phone Number(s)
Email address(es)
Unique Entity Identifier (UEI) if registered in sam.gov
WA Unified Business Identifier (UBI) #
Federal Tax #
Statewide Vendor # (SWV)

## One-Time Enhancement Questions

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

1. In addition to your Year 1 budget request, are you also requesting additional, one-time only, non-renewable federal funds for Year 1?
  - a.  Yes
  - b.  No
2. If you answered “Yes” to Question #1, how much are you requesting for this one-time-only opportunity? You can request up to \$50,000
3. If you are requesting a One-Time Enhancement, please describe how you will use the extra, non-renewable funds to support a time-limited project or to build capacity for your proposed long-term projects.
4. Please e-sign below to confirm your understanding that these funds are one-time only, non-renewable, and must be spent by August 31, 2025.







Desired Outcomes:

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

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

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

## **7. Public Safety Partnerships/Interventions**

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

## **8. Harm Reduction**

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

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

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

Q1 (Sep-Nov '24)



Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

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

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

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

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

## **9. Community-Based Linkage to Care**

**Goal I:** Initiating linkage to care activities.

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

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)



Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

**Goal 2:** Supporting retention in care.

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

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

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- No

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

- Yes
- No

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

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

Q1 (Sep-Nov '24)

Q2 (Dec '24-Feb '25)

Q3 (Mar-May '25)

Q4 (Jun-Aug '25)

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

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

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

- Yes
- No

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

- Yes
- No

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

## Timeline

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

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

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

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