

Washington State Department of Health

Overdose Data to Action in States

Request for Applications for Tribal Entities



DOH 971-069

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Washington State Department of Health

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Purpose

Washington state has continued to experience an increase in overdose deaths since 2020, mainly driven by fentanyl and fentanyl analogs but also increasingly involving psychostimulants like methamphetamine and cocaine.

The Washington State Department of Health (DOH) supports overdose prevention and response efforts 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).

Data continues to show that American Indian and Alaskan Native populations are disproportionately impacted by drug overdose deaths, this supports the need for community-led overdose prevention initiatives. In order to support community-driven responses to the overdose epidemic, DOH is seeking to fund five to seven eligible tribal entities to implement promising overdose prevention activities across 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)

Overview and Application Timeline

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

Grant Application Due: March 3, 2025

Anticipated Year 1 Budget Period: May 1, 2025 – August 31, 2025

Timeline	
Request for applications release date	January 21, 2025
*Q&A call #1 for Federally Recognized Tribes	January 27, 2025
*Q&A call #2 for Tribal Organizations and Communities	February 5, 2025
Application due date	March 3, 2025
Anticipated notification of awards	March 13, 2025
Responses to all applicants	March 18, 2025
Anticipated contracts start date	May 1, 2025

*Both question and answer sessions will provide a summary of information in this request for applications (RFA) and have time for attendees to ask questions about the application. A document with responses to questions asked in each session will be posted on the Injury and Violence Prevention (IVP) webpage under the link to this application in the Funding Announcements section.

If you are interested in interpretation services for the Q&A Session for Tribal Organizations and Communities, please email Anjali Shankar at Anjali.Shankar@doh.wa.gov by 1/27/25.

Q&A Session for Federally Recognized Tribes

Date: January 27, 2025

Time: 1 to 2 p.m.

[Join Zoom Meeting](#)

Meeting ID: 838 2567 4412

Passcode: 120785

Find your local number: <https://us02web.zoom.us/j/83825674412>

Q&A Session for Tribal Organizations and Communities

Date: February 5, 2025

Time: 1 to 2 p.m.

[Join Zoom Meeting](#)

Meeting ID: 890 0482 5205

Passcode: 904279

Find your local number: <https://us02web.zoom.us/j/89004825205>

[Funding Considerations](#)

Estimated Total Available Funding for Year 1: \$454,599/year (excluding One-Time Enhancement)

Estimated Total Available Funding for Years 2, 3, & 4: \$321,266/year

4-year Total Funding Breakdown for all tribal entity grantees

	OD2A-S (Federal)	One-Time Enhancement (Federal)	State Funding	ANNUAL TOTALS
Year 1 (5/1/25-8/31/25)	\$321,266	\$321,266	\$133,333	\$775,865
Year 2 (9/1/25-8/31/26)	\$321,266	\$0	TBD	\$321,266
Year 3 (9/1/26-8/31/27)	\$321,266	\$0	TBD	\$321,266
Year 4 (9/1/27-8/31/28)	\$321,266	\$0	TBD	\$321,266

One-Time Enhancement

In addition to the estimated available funding for Year 1, there is also a One-Time Enhancement of federal money available for Year 1. If you choose to apply for these funds, please note that it is non-renewable federal funding to support a time-limited project or to build capacity that is in line with allowable OD2A-S grant activities. All funds must be spent by the end of the first year and will not be available for future years.)

Naloxone Purchase

The purchase of naloxone is not allowable with federal funds. If your proposal includes the purchase of naloxone, it must be done with state funds. *Please see below note about state funds

Estimated Number of Awards: 5-7

Estimated Award Amount for Year 1: \$64,943-\$90,920/year (excluding One-Time Federal Enhancement)*

* The award range for Year 1 accounts for available OD2A-S federal funds and an estimation of available state funds. Due to the state budget deficit, DOH is awaiting approval to allocate these state funds. If allocation of these funds is denied, the Year 1 award range will mirror the budget range for Years 2, 3, and 4.

Estimated Award Amount for Years 2, 3 & 4: \$45,895-\$64,253/year

Applicant Eligibility

The following types of tribal public health partners are eligible to apply for this funding:

- Tribal Nations: Federally recognized tribes listed in the [Governor's Office on Indian Affairs Tribal Directory](#)
- Tribal Organizations: Organizations that serve tribes and tribal communities on and near reservation areas.
- Tribal Communities: Tribal centers, nonprofits, businesses, and treaty tribes without federal recognition.

Application Requirements

- 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.
- Show that at least 60% of the proposed activities in your workplan are for direct client services.
- Activities must serve American Indian and Alaska Native communities and populations that are at high risk of experiencing or witnessing an overdose. Sub-populations of focus may include:
 - Rural populations
 - The LGBTQIA2S+ community
 - People experiencing homelessness
 - People with a disability or with different access and functional needs
 - People who recently experienced a nonfatal overdose
 - People being discharged or disconnected from opioid treatment/MOUD
 - Youth/bereaved youth and children
 - Parents/expecting parents/bereaved parents
 - Veterans

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

Traditional and Cultural Knowledge

The following section of this application outlines eligible activities that can be supported under this grant. While applicants are required to propose activities that align with allowable CDC strategies and interventions, DOH acknowledges that traditional knowledge belongs to each tribe or tribal community; we hope to support applicants to incorporate traditional knowledge and practices into their workplan activities.

DOH is looking to the Pulling Together for Wellness framework and the Swinomish Indigenous Health Indicators model as examples of public health structures that incorporate spiritual and cultural practices into their foundations. Applicants are encouraged to propose workplan activities that incorporate public health models that are specific to their communities.

OD2A-S Grant Activities

The following are ineligible and eligible strategies and activities under the OD2A-S grant. Ineligible activities cannot be reimbursed. **Please see the “OD2A-S Allowable and Unallowable Costs” guidance that is linked on the IVP webpage for a more comprehensive list of allowable and unallowable costs.** Applicants should reach out to DOH staff with any questions about the eligibility of their proposed work plan activities.

- Applicants should propose work plan activities that align with eligible 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.

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.

Ineligible Strategy 6 activities:

- 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

Applicants may apply to implement the following eligible activities 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 to care and harm reduction resources. Navigators are individuals familiar with the community 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 re-engagement in treatment, and support access to other services like harm reduction and social supports.

Strategy 7: Public Safety Partnerships/Interventions

This strategy aims to support partnerships and interventions at the intersection of public health and public safety.

Ineligible Strategy 7 activities:

- Public safety activities that do not include overlap/collaboration with public health partners and objectives

Applicants may apply to implement the following eligible activities 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.

Note: If you choose this Activity, it can only make up 40% of your overall services as 60% of services must be direct client services.

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 who use drugs.

Ineligible Strategy 8 activities:

- Establishing new Syringe Service Programs (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
- 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

Applicants may apply to implement the following eligible activities 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., SSPs) and linking people to care from harm reduction services.

Goal 2: Ensure that people who use drugs 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 people who use drugs (e.g. clinicians, community-based organizations) to address the stigma experienced by people who use drugs in their community.

Optional Activity 3: Launch a communications campaign that focuses on reducing the stigma of 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.

Note: If you choose to implement Activities under Goal 3, they can only make up 40% of your overall services as 60% of services must be direct client services.

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.

Ineligible Strategy 9 activities:

Funding or subsidizing costs for:

- Housing assistance (e.g. vouchers)
- Food assistance
- HIV/HCV and other STD/STI testing
- 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

Applicants may apply to implement the following eligible activities 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.

Grantee Requirements

Evaluation Requirements

- Engage in evaluation activities in the following ways:
 - Collaborate with the DOH evaluator on an in-depth evaluation, called the Targeted Evaluation Project, to understand facilitators and barriers to implementing activities with navigators.

- Support the DOH evaluation plan by collecting CDC performance measures data including, but not limited to, the following:

Quantitative data

- Number of harm reduction service encounters at OD2A funded or supported organizations
- Number of naloxone doses distributed by OD2A funded or supported organizations
- Number of unique navigators who link people who use drugs to care and/or harm reduction services
- Number of unique referrals to care and harm reduction services

Qualitative data

Health Equity (HE)

HE_Impact: Impactful practices for improving access to care and treatment for PWUD who are historically underserved by overdose prevention programs

1. Please provide a brief description of the implemented and/or tailored (adapted to specific cultural, linguistic, environmental, or social needs of populations) evidence-based intervention or innovative practice (including setting and whether navigators were included if applicable) and how these compare to previous efforts.
2. Please describe how access to care or treatment has been improved, and what new/existing community assets were leveraged.
3. Please describe how specific populations disproportionately affected by overdose and underserved with care and treatment programs are impacted by efforts (if tracked).
4. (Optional) Please share if there were any other outcomes that were improved (provides recipients the option to expand beyond access to care and include any other outcomes, for example, retention in care, decreased opioid use).
5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HE_Activities: Number of health equity focused overdose prevention activities implemented with OD2A funding

1. Please describe the activities in this performance measure, for whom they were intended, and how the activities were implemented and/or tailored (e.g., linguistically, culturally) for racially, ethnically, and linguistically diverse populations?
2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

Harm Reduction (HR)

HR_Encounters: Number of harm reduction service encounters at organizations funded or supported by OD2A

1. What are the barriers for people accessing harm reduction services in your jurisdiction?
2. What are the facilitators for people accessing harm reduction services in your jurisdiction?
3. What types of services are included?
4. Please estimate the proportion of harm reduction service encounters that occurred:
 - ___ % at brick and mortar locations
 - ___ % via mobile-based outreach services
 - ___ % via mail-based delivery
 - ___ % other (please specify)
5. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

HR_Naloxone: Number of naloxone doses distributed by OD2A funded or supported organizations

1. What are barriers to accessing or receiving naloxone?
2. What are facilitators to accessing or receiving naloxone?
3. How did you use OD2A Funds to distribute naloxone (e.g. staffing to distribute, vending machines)?
4. (Optional) Describe mechanisms used to distribute naloxone (e.g., mail in, handoffs).
5. If you selected "other" type of organizations in the reporting tool, please describe.
6. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

Linkage to Care (LTC)

LTC_Navigators: Number of navigators who link PWUD to care and harm reduction services via warm handoffs

1. Please describe what types of navigators are included in the data reported (e.g., certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, persons with lived experience, etc.).
2. Please describe methods to support navigators, including average hourly pay, benefits, and additional supports (e.g., trauma, wellness, emotional/psychological support, infrastructure such as a phone) to help retain them.
3. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

LTC_Referrals: Number of referrals to care and harm reduction services

1. (Optional) If you have other OD2A funded or supported referrals beyond referrals to MOUD, behavioral treatment only (without MOUD), and harm reduction services, please describe the “other” types of referrals.
2. Please describe any issues or concerns that impact the quality of the data shared (e.g., data completeness, data accuracy, facilitators/barriers for collection and reporting).

Fiscal Requirements

- Grantees should have the capacity to manage the administrative components of a government grant. Please see the “Budget, Funding, and Billing Expectations” section for more information.
- Please see the terms and conditions in the sample contract template posted along with this application on the IVP webpage for more information.

Additional Requirements

- Submit written progress reports on a DOH template along with every invoice; submit invoices and progress reports either monthly or quarterly
- 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 grantees by providing:

- Assistance and support navigating contracting and billing with DOH
- Contract oversight and a point of contact for coordination
- Templates for draft Statements of Work and Progress Reports
- Organizing quarterly meetings with all grantees
- A contracted evaluation expert will provide Technical Assistance and support for evaluation requirement compliance

Budget, Funding, and Billing Expectations

Please use the provided budget workbook template (Attachment 2) to complete an itemized budget and budget justification for Year 1. Please see the “OD2A-S Allowable and Unallowable Costs” guidance that is linked on the IVP webpage for a list of allowable and unallowable costs.

In collaboration with each grantee, 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.

DOH awards funding through reimbursement-based billing. Grantees will submit invoices monthly or on a timeline approved by the DOH Contract Manager. 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.

Successful grantees will be required to manage the administrative components of a government grant, including billing and reporting. Applicants may have a fiscal sponsor with a completed sponsorship agreement. A fiscal sponsor is a third-party organization that handles various financial and administrative duties on behalf of another party.

- To receive payment for services, the contracted party shall submit monthly invoice vouchers on State Form A19 with original signatures, and complete any appropriate supporting documentation requested by DOH. Requested supporting documentation may include:
 - A detailed General Ledger (GL) expenditure report for all employees who are charged to the grant for the period with the following information: employee name, salaries and wages, and hours worked
 - Copies of receipts
 - Any pre-approval received from DOH for spending

If you would like a copy of the supporting documentation matrix, please contact Anjali Shankar at anjali.shankar@doh.wa.gov.

Application Submission Guidance

Completed application documents should be submitted to DOH's Box link by March 3rd, 2025, at 11:59 p.m. PT.

Please follow these steps to create your application packet:

1. Answer all questions in the "Applicant Question List" (DOH Attachment 1) on a separate Word document.
 - a. Label this document "*Your Organization Name* – Applicant Answer Sheet". *See the "Example Applicant Answer Sheet" (DOH Attachment 2) document on the IVP webpage for an example of how to format your Applicant Answer Sheet
 - b. Convert it into a PDF
2. Fill out the attached Budget Workbook template (DOH Attachment 3).
 - a. Label this workbook "*Your Organization Name* -Year 1 Budget Proposal.xlsx"
 - a. You must fill out at least the "Y1 Budget" and "Y1 Budget Justification" tabs.
 - b. Fill out the "1-Tm Fed Funding Budget" and "1-Tm Fed Funding Justification" tabs if you are applying for One-Time Enhancement funding.
3. If a partnership with another entity is crucial to the implementation of a proposed activity, you must:
 - a. Submit a Letter of Support (LOS)/Memorandum of Understanding (MOU) from that entity with your application OR
 - b. Secure a letter from the entity committing to submit a LOS/MOU within six (6) months of your contract start date.

- c. Label the document “*Your Organization Name* – Letter Of Support”

Please follow these steps to upload your application:

1. Ensure you have all the documents listed in the “completed application checklist” below
2. Submit the application by dragging and dropping your application documents into DOH’s Box using this link: <https://wastatedepartmentofhealth-ivpp.app.box.com/f/bf0c4e5e292742798361290f1c7f5e0c>

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 Question Answers” form as a PDF (Applicant creates document)**
- 2. Completed Year 1 Budget Proposal (DOH Attachment 2)**
- 3. Letters of Support if applicable as a PDF (Applicant creates document)**

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.

DOH reserves the right to conduct oral interviews after the scoring portion is completed. During the oral interview process, the scores will be put aside, and the results of the oral interviews will determine the successful grantees.

DOH’s goal is to support access to prevention initiatives in a range of communities and geographic areas across the state. In addition to what is included in the “Applicant Eligibility” section and the scoring rubric, geographic spread (e.g. urban, rural) and the types of communities served will also be considered in the selection of grantees.

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.

Questions 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 grantee.

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, being selected as an Apparent Successful Bidder, and engaging in a successful negotiation of Scope of Work and budget.

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.