

Washington State Department of Health

Attachment 1

Tribal Entities Applicant Question List

Overdose Data to Action in States (OD2A-S)



DOH 971-070

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.

Instructions

1. Answer all questions in the “Applicant Question List” (Attachment 1) on a separate word document.
2. Label your document “*Your Organization Name – Applicant Answer Sheet*”.
3. See the “Example Applicant Answer Sheet” document on the IVP webpage for an example of how to format your Applicant Answer Sheet.
4. Convert your Applicant Answer Sheet into a PDF.

Applicant Information

Entity Legal Name	
Organization classification: <ul style="list-style-type: none"> • Federally recognized tribe • Tribal organization • Tribal community 	
Doing Business As (DBA)/Facility Name	
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

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

In addition to your Year 1 budget request, you can also request up to an additional \$50,000 in one-time only, non-renewable federal funds for Year 1. This funding must be spent by August 31, 2025. If you are interested in this funding, please fill out the “1-Tm Fed Funding Budget” and “1-Tm Fed Funding Justification” tabs in the budget workbook template.

1. If you are requesting a One-Time Enhancement, please describe the time-limited/ capacity building activity/activities that you propose to implement with the funds. Please refer to the “OD2A-S Grant Activities” section and the “OD2A-S Allowable and Unallowable Costs” guidance that is linked on the IVP webpage for a list of allowable activities and costs.
2. 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. Ex. “/s/Anjali Shankar”.

Naloxone Purchase

Tribes, Tribal Organizations, and Urban Indian Organizations (UIO) are eligible to receive free naloxone through DOH’s [Tribal Naloxone Program](#), as resources permit.

Tribal communities and organizations serving tribal communities (that are not operated by a tribe or UIO; organizations operated by a tribe or UIO are eligible under the Tribal Naloxone Program) may apply to receive free naloxone using DOH’s [OEND Naloxone Program Application](#). The OEND Program prioritizes requests from organizations that directly serve people who use drugs, as they are the individuals most likely to witness and respond to overdose events.

While it is not guaranteed, these programs are often able to meet 100% of naloxone requests. Please email naloxoneprogram@doh.wa.gov with any questions.

In addition to the two programs mentioned above, applicants may apply to use state funds that are included in this OD2A-S application to purchase naloxone*. The request for naloxone should be proportional to the time and effort you propose to spend on naloxone distribution efforts (activity 8.2.1) in your year 1 workplan and budget. If interested, please answer the following questions:

1. If you are requesting state funds included in this OD2A-S application to purchase naloxone, please include the amount of funds you are requesting within your Year 1 Budget under the “Supplies” line item.
2. If you are requesting the purchase of naloxone, please describe how it will directly tie to the implementation of your proposed work plan activities.

*The purchase of naloxone cannot be guaranteed. The ability to purchase naloxone is contingent on the availability of state funds. Due to the state budget deficit, DOH is awaiting approval to allocate these state funds.

Narrative Questions

Section 1: Data to Action Framework

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

1. Please share which American Indian and Alaska Native sub-populations you aim to serve through activities funded under this grant and why you aim to serve these populations.
2. Please share what regions you aim to serve through activities funded under this grant. How did you identify these regions as a priority for your program?

Section 2: Partnerships

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

1. Please list organizations and groups that you consider to be your community partners. Please share how you maintain collaboration and communication with these partners.
2. Programs should continuously integrate feedback and suggestions from program participants when planning and implementing interventions. Please share how your program will solicit feedback from and foster shared decision-making among program participants.

Section 3: Health Equity

The OD2A-S grant identifies prevention activities that reduce health inequities and disparities as a key focus. The following questions relate to your program's relationship to the sub-populations that you identified in Section I.

1. Do you consider your program/organization to be run by and for members of the sub-population that you aim to serve? If yes, please describe how your program/organization is representative of the sub-populations that you aim to serve. (For example, does your organization have leadership and staff that can identify with the sub-populations that you aim to serve and the challenges that they face?)
2. Does your organization have a demonstrated history of existing relationships with the sub-populations you aim to serve? If yes, please describe this history.
3. Please share how your program will tailor and implement activities and interventions to be relevant and responsive to the changing needs of the sub-populations you aim to serve.
4. Please describe your community's overdose prevention need and how your proposed activities will fill a resource or service gap.

Workplan Questions

Requirements:

- 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.

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- At least 60% of proposed activities must be for direct client services.
- Reminder: 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.
- Applicants should propose activities that aim to meet the below desired outcomes:

Desired Outcomes:

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

- Choose at least two required activities from the list of allowable workplan activities below. You may include optional activities or additional Required Activities beyond the required two.
- On a separate word document, copy, paste, and answer the below questions for each activity you're proposing:
 1. What is the Activity #:
 2. Please describe the work you will implement and milestones you will meet to achieve the activity in the tentative Year 1 budget period (March 1, 2025-August 31, 2025).
 3. Please share the population(s) of focus for this activity.
 4. Please share which community partners will be involved in activity implementation and how.
 5. If a partnership is crucial to the implementation of proposed activities, either:
 - a. Provide an LOS/MOU with this application OR
 - b. Provide a letter from the partner committing to provide a LOS/MOU that you can submit within 6 months of your contract start date
 6. What are the Desired Outcomes of your implementation (refer to provided table above):
- Answer the questions for each activity that you are proposing.

List of Allowable Workplan Activities

Strategy 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

Strategy 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.

Strategy 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.

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.

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.

Strategy 9: Community-Based Linkage to Care

Goal 1: 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.

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.

Timeline

Depending on the start date of contracts, workplan activities may only span the later quarters of the year. Please propose activities for March 1, 2025, through August 31, 2025.

~~Quarter 1 (September 2024-November 2024)~~

~~Quarter 2 (December 2024-February 2025)~~

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

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