**OPIOID OPERATIONAL COMMAND CENTER**

**FY2020 Grant Application Form**

**Fiscal Year**: 2020 **Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Type**: [ ]  OIT Grant [ ]  Non-OIT Grant

**Project Title**: Click or tap here to enter text.

**Jurisdiction of Proposed Project**: Click or tap here to enter text.County/City

**Applicant Organization**: Click or tap here to enter text.

**Point of Contact**:

|  |  |
| --- | --- |
| First/Last Name: Click or tap here to enter text. | Mailing Address: |
| Position: Click or tap here to enter text. | Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Website: Click or tap here to enter text. |

**Main Objective** (refer to Appendix B):

|  |  |  |
| --- | --- | --- |
| [ ]  Prevention & Education | [ ]  Enforcement | [ ]  Treatment & Recovery |

**Total Project Cost**: $Click or tap here to enter text.

**Project Summary**:

*Please provide a brief summary about the applicant (non-governmental only) and project.*

Click or tap here to enter text.

**Problem Statement/Needs Justification:**

*Briefly describe why the proposed project is needed and, therefore, is important to pursue. Identify the most significant issues, problems, trends, or opportunities that will be addressed via the proposed project.*

Click or tap here to enter text.

**Program Goals and Objectives:**

*Define the central aim and principal goals of the proposed project. For each goal, define one to three key objectives. Each defined objective must be SMART: (a) Specific (i.e., clear and unambiguous); (b) Measurable (i.e., observable and preferably countable, if feasible); (c) Attainable (i.e., realist and achievable); (d) Relevant (i.e., pertinent to stated purpose and scope of project); and (e) Time-Bound (i.e., have defined starting and end points, or fixed duration).*

Click or tap here to enter text.

**Program Measurement/Performance Indicators:**

*Identify at least one Performance Measure you will use to evaluate this project’s success and the target for the fiscal year. Required Performance Measures for certain activity types are included in Appendix C.*

Click or tap here to enter text.

**Timeline:**

*Please provide a timeline of the project’s major developments.*

Click or tap here to enter text.

**Spend Plan Description:**

*Clearly define the major categories contained in the budget and provide the basis for and defend (i.e., justify) cost projections. Please also include a brief summary of any other grant opportunities which the organization may be seeking to support this project.*

Click or tap here to enter text.

**Program Sustainability Plan:**

*Briefly describe how this program will be sustained financially in future fiscal years.*

Click or tap here to enter text.

*By signing below, I have read and agree to all of the general and specific conditions. Furthermore, to the best of my knowledge, I certify that all the information provided herein is true and correct.*

Application Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approvals**

*The signatures below serve to convey the County’s support of the project described herein. County Administration approval is not required for Opioid Intervention Team (OIT) grants.*

County Administration (County Executive, Council Chair, County Administrator or similar):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Local Health Department:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Local Emergency Management:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Municipal Emergency Management (if applicable):

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

**Checklists**

Required Attachments for OIT Applicants (please check if attached):

[ ]  Completed OIT Documentation Form (*OIT Membership should represent a broad cross section of the community and a wide range of disciplines. Participation from the following sectors is strongly encouraged: Health & Medical, Emergency Management, Law Enforcement, Emergency Services, Human Services, the Justice System, Education, and private-sector and non-profit partners.)*

[ ]  Opioid Response Plan *(The jurisdiction must have a written Opioid Response Plan. An Opioid Response Plan can take many forms, including: formal OIT goals and objectives, a logic model, concept of operations, a continuum of care model, or a strategic framework used to guide multidisciplinary response in the jurisdiction. If a response plan was already submitted for FY19 and no changes have been made to that plan, you may re-submit the same plan for FY20.)*

Required Attachments for Nongovernment Agencies (please check if attached):

[ ]  Prior Fiscal Year/Calendar Year Profit & Loss Statement and Balance Sheet

[ ]  Company Description including number of employees, EIN and DUNS number and form of organizations (e.g., 501(c)(3))

[ ]  Most Recent Financial Audit

[ ]  Statement of Good Standing with the MD State Department of Assessments & Taxation

[ ]  Copies of any licensures/certification necessary to operate in the State of Maryland. Please also disclose any investigations that your organization may be undergoing (licensure or otherwise).

**Appendices**

Appendix A: OIT Documentation Form (Required for OIT Grants Only)/Enclosed

Appendix B: OOCC Goals & Objectives/Enclosed

Appendix C: Required Performance Measures and Examples (Reference Only)/Enclosed

Appendix D: Budget Template

**APPENDIX A**

**OIT Documentation Form\***

**Jurisdiction:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the agencies/partners that participate in your Opioid Intervention Team (OIT) and/or OIT Senior Policy Group:

|  |  |
| --- | --- |
| **Sector** | **Agencies/Partner Organizations** |
| **Health & Medical** |  |
| **Emergency Management** |  |
| **Law Enforcement** |  |
| **Emergency Medical Services** |  |
| **Corrections/Detention Centers** |  |
| **Parole & Probation** |  |
| **Social Services** |  |
| **Education/Higher Education** |  |
| **Hospitals** |  |
| **Court System/State’s Attorneys** |  |
| **Private Sector, Non-Profit, or Community Health Organizations** |  |
| **Other Community or Faith-Based Partners** |  |
| **Elected Officials** |  |

\*Please also submit an OIT organizational chart if one exists.

**APPENDIX B**

The Inter-Agency Heroin and Opioid Coordination Plan, updated in October 2018, was developed by the OOCC to outline the functions and processes that support Maryland’s statewide coordination and collaboration of efforts. The Coordination Plan does not supplant internal, partner-specific procedures, plans, and programs. Rather, the Coordination Plan ensures that partner strategic-planning efforts and program initiatives follow a common statewide vision. The OOCC’s original four goals and 16 objectives, developed in collaboration with state and local partners, serve as a framework for the statewide response, strategic planning, and analysis and evaluation.

To accommodate changes to the framework, enable clear reporting, and reflect emerging best practices, the following chart aligns those goals and objectives under Governor Hogan’s three-pillar approach to the response.

|  |
| --- |
| **Prevention & Education** |
| Original Goals and Objectives | Activity Categories |
| Goal 1: Prevent new cases of opioid addiction and misuse* Reduce stigma and improve knowledge and understanding about opioid addiction
* Increase patient, youth, public safety, and general public knowledge of opioid risk and benefits

Goal 4: Enhance data collection, sharing, and analysis to improve understanding of, and response to the opioid epidemic | Community Awareness ProgrammingYouth & Schools ProgrammingInformation Sharing Programming |
| **Enforcement** |
| Original Goals and Objectives | Activity Categories |
| Goal 1: Prevent new cases of opioid addiction and misuse* Reduce illicit opioid supply
* Reduce inappropriate or unnecessary opioid prescribing and dispensing

Goal 4: Enhance data collection, sharing, and analysis to improve understanding of, and response to the opioid epidemic | Law Enforcement ProgrammingInformation Sharing Programming |
| **Treatment & Recovery** |
| Original Goals and Objectives | Activity Categories |
| Goal 2: Improve early identification and intervention of opioid addiction* Build capacity of health care system to identify opioid use disorders and link patients to appropriate specialty care
* Improve identification of and provision of services to youth at high-risk for opioid addiction and their families
* Identify and connect individuals to treatment and recovery services at all points of contact with public health systems, public safety, hospitals, social services, and government services
* Implement law enforcement diversion programs to connect low-level drug-involved offenders with treatment services

Goal 3: Expand access to services that support recovery and prevent death and disease progression* Improve access to and quality of opioid addiction treatment in the community
* Enhance criminal justice services for offenders who are opioid-addicted to prevent re-entry and repeat recidivism into the criminal justice system
* Expand access to treatment and recovery services for inmates with substance use disorders in correctional facilities
* Transition inmates leaving incarceration with substance use disorders to outpatient treatment services
* Make overdose education and naloxone distribution available to individuals at high risk for opioid overdose and their families/friends at all contact points with health, safety, and social service systems
* Increase access to naloxone
* Increase access to other harm reduction services for active opioid users (services that reduce the negative health impacts of opioid use)
* Expand access to recovery support services

Goal 4: Enhance data collection, sharing, and analysis to improve understanding of, and response to the opioid epidemic | Criminal Justice ProgrammingCrisis Intervention Systems ProgrammingHarm Reduction ProgrammingAccess to Treatment & Recovery ProgrammingInformation Sharing Programming |

**APPENDIX C**

*Required Performance Measures*

The following are required performance measures for several common activity types.

If the OIT project aligns with an activity type identified below, use the required performance measure(s) as applicable when completing the Project Narrative Form. Fill in any blanks (\_\_\_\_) with details specific to your project.

If the OIT project *does not* align with an activity type identified below, please work with the OOCC team to develop performance measure(s) specific to your project goals.

|  |  |
| --- | --- |
| **Activity Type** | **Required Performance Measure(s)** |
| Naloxone Access | * Number of units of naloxone purchased by the jurisdiction with these funds
* Number of individuals trained in naloxone use with these funds (audience: \_\_\_\_\_\_)
 |
| Information Campaigns | * Number of information/public awareness events and activities conducted
* Number of individuals exposed to messaging (communications platform: \_\_\_\_\_\_\_\_)
 |
| Education/Training | * Number of education/training events and activities conducted
* Number of individuals who received education/training (target audience: \_\_\_\_\_\_\_\_)
 |
| Referral to treatment or recovery services | * Number of individuals referred to treatment and/or recovery services (service type: \_\_\_\_\_\_\_\_)
* Number of individuals referred to treatment and/or recovery services who were admitted to treatment or recovery programs (service type: \_\_\_\_\_\_\_\_)
 |
| Peer Recovery Support Specialists | * Number of individuals referred to Peer Recovery Specialists (referred from: \_\_\_\_\_\_)
* Number of individuals referred to treatment by Peer Recovery Specialists
* Number of individuals referred to treatment by Peer Recovery Specialists who were admitted to treatment
 |
| Screening, Brief Intervention, & Referral to Treatment (SBIRT) | * Number of individuals trained in SBIRT (SBIRT setting: \_\_\_\_\_\_\_\_)
* Number of individuals screened (SBIRT setting: \_\_\_\_\_\_\_\_)
* Number of positive screens (SBIRT setting: \_\_\_\_\_\_\_\_)
* Number of brief interventions (SBIRT setting: \_\_\_\_\_\_\_\_)
* Number of individuals referred to treatment (SBIRT setting: \_\_\_\_\_\_\_\_)
 |
| Treatment/Crisis Stabilization/Recovery | * Number of individuals who received services (service type: \_\_\_\_\_\_\_\_)
 |