**EXHIBIT G – 1**

**STATE OPIOID RESPONSE PACKET**

**Community(ies) to be served, including high-need community from list in Exhibit I:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Selection:**

Implement approved Action Plan submitted with your Application.

* + - * Applicants must implement at least one Evidence-Based Program (EBP) on the approved list.
			* Applicants have the option of also implementing an environmental program or a social norms information dissemination activity. This is not required.
* Applicants are required to participate in the National Drug Take-Back Days held in April and October each year of the contract period by collaborating with a local law enforcement agency or other community partner that is an authorized collector. Applicants must follow the regulations provided at <https://takebackday.dea.gov/> if they wish to become an authorized collector in their area.
* Applicants are required to disseminate the statewide opioid prevention public education campaign, Starts with One ([www.getthefactsrx.com](http://www.getthefactsrx.com)).
* Applicants are required to attend bi-monthly DBHR Learning Community Meetings and other required trainings from DBHR.
	+ - Funds can be used for staff for program planning, training, implementation, reporting and evaluation.

**Make selections below:**

|  |
| --- |
| **Opioid Prevention Programs and Strategies List (*must select at least one EBP)*** |
| [ ]  Athletes Training and Learning to Avoid Steroids (ATLAS)[ ]  Big Brothers/Big Sisters of American (BBBS) (Community-based Mentoring) [ ]  Communities That Care (CTC)[ ]  Familias Unidas[ ]  Good Behavior Game (PAX)[ ]  Guiding Good Choices[ ]  Life Skills Training (Botvin Middle School Version)  | [ ]  Positive Action[ ]  Project Northland[ ]  Project Towards No Drug Abuse[ ]  Raising Healthy Children[ ]  SPORT Prevention Plus Wellness[ ]  Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14)[ ]  Strong African American Families Program |
| **Opioid Prevention Environmental/Information Dissemination Strategies List (*optional*)** |
| [ ]  Prescription Drug Monitoring Program (PMP) use promotion[ ]  Prescriber Education [ ]  School Policy | [ ]  Social Norms [ ]  Safe storage and secure medicine take back programs  |

**EXHIBIT G - 1**

**PROJECT NARRATIVE**

A separate Project Narrative is required for each funding source the Applicant is applying for. For example, if the Applicant is applying for both DMA and MHPP, two Project Narratives are required, one for each funding source.

Please provide complete information to the following questions to describe the proposed program(s) selected. Please remember: The Project Narrative will be scored according to how well the Applicant answers each question. Each Project Narrative question will be assessed when determining the score for each question. If an Applicant cannot answer a specific question, then the reason for this must be explained within the answer to the question.

**Responses to the questions in the Project Narrative should be no longer than 10 pages total.** Application should be completed using no smaller than 12 point Calibri or Times New Roman font. Be sure to include page numbers, RFA short-title; RFA number, and the name of the Applicant community on the footer of each page.

|  |  |
| --- | --- |
| **PROJECT NARRATIVE** | **MAXIMUM POINTS Available** |
| 1. Overview
 | 20 |
| 1. Plan for Advancing Health Equity
 | 10 |
| 1. Implementation
 | 30 |
| 1. Budget
 | 10 |
| **PROJECT NARRATIVE TOTAL** | **70** |
| 1. Bonus Points Available
* Up to 5 points if Applicant serves a high need Community on the list in Exhibit I.
* Up to 5 points if the Applicant plans to collaborate with an existing CPWI Community.
 | 10 |
| **PROJECT NARRATIVE TOTAL - WITH BONUS POINTS** | **80** |

Your Project Narrative should answer the following:

1. **Overview (20 points)**
	1. Describe the community(ies) that will be served with your program(s) and if the community(ies) is/are on the high-need list as described in Exhibit I of this RFA. Briefly describe the demographics of the community you intend to serve, including specifically who will be served with these funds.
	2. Provide data (such as a high level summary with references, demographics, or Healthy Youth Survey data) to support the substance use disorder or mental health needs in the communities identified.
	3. Provide a brief overview of how your program addresses prevention of substance abuse or mental health promotion and the proposed strategies to be implemented in the community you intend to serve. Explain your understanding or prevention science and the strategic prevention framework.
	4. Describe your ability and experience with providing mental health promotion services, or alcohol, tobacco, marijuana, and other drug prevention services. Describe your ability and experience serving high need populations, including youth and parents.
2. **Plan for advancing Health Equity (10 points)**
	1. Explain how your organization will provide culturally competent and appropriate services, using specific details that demonstrate this capacity.
	2. Explain how your organization will be actively involved with reducing health disparities and promoting health equity, using specific details that describe strategies used and/or steps taken.
3. **Implementation (30 points)**
	1. Provide a brief description of how your organization will implement the chosen approved program(s), from page one (1) of this Exhibit. Please indicate if you plan to implement programs according to program implementation requirements, or if you have any planned adaptations or cultural considerations, please describe these.
	2. Please describe how these programs were selected for implementation in your community. If applicable, describe the connection of your implementation plan to any existing local, regional, or statewide strategic plan. If you are intending to use any part of this grant for planning purposes, please describe what planning process you will go through.
	3. Explain how you will get programs started within the first two (2) months of an executed contract.
	4. Discuss any collaborations or partnerships that will support this work. Include any letters of support that demonstrate these partnerships.
	5. Describe the Applicant agency’s experience and/or qualifications that demonstrate capacity to fulfill the scope of the services described within the action plan including reaching the goal number of participants.
	6. Describe the specific technical assistance and training you will need to implement this scope of work and your plan to address these needs.
	7. Fill out the Action Plan according to the directions in the form with approved programs. Include goals that are based on risk and protective factors. Ensure objectives are measurable and appropriate for the identified goal. Ensure survey instruments are appropriate for the identified risk and protective factors using the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva) Survey Selection Guide. <https://www.theathenaforum.org/surveyselection>.
4. **Budget (10 points)**
	1. Provide a budget narrative describing each of the costs outlined in the proposed budget and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). Ensure all line items are allowable and reasonable. Ensure amount requested aligns with single site or multi-site requirements. Be sure to include estimated costs for required DBHR training such as the All Provider Meeting each November.
	2. Fill out the corresponding Budget Form, Exhibit H-1. Do not exceed 8% for administrative cost.

|  |
| --- |
| FUNDING SOURCE LEGEND |
| SOR | *State Opioid Response (SOR) Grant* ***(Federal Funds)*** |
| DMA | *Dedicated Marijuana Account* ***(State Funds)*** |
| MHPP | *Mental Health Promotion Projects* ***(State Funds)*** |
| DFC | *Drug Free Communities Grant Funds* ***(Federal Funds)*** |
| Match | *Match funding to support implementation / training* |
| Other | *Local funding source or not DBHR contracted* |
| TBD | *Funding not secured yet, or Future Planning if funds became available* |

**ACTION PLAN EXHIBIT G – 1**

*This form is locked for filling in form functions, but is not password protected. If you need to add rows, feel free to un-restrict the editing protection and make your edits.* Use the Survey Selection Guide at <https://www.theathenaforum.org/surveyselection>. You may add additional goals or strategies if needed by copying and pasting the entire section.

This form now has a row that describes the corresponding question in the Minerva system while building the program profile. This is to be used as a reference as you build your new programs in the online reporting system, as well as fill this template out. If awarded, you will receive training on the Minerva online reporting system.

***Goal 1:***  *(Minerva #11)*

* 1. *(Minerva #12, #13)*

***CSAP Strategy\*:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category\*** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?**How often? During which months?* | *Who is this service for? How many people reached?* *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program? Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23*  | *N/A* | *#24, #25* |
|  |       |       |       | Who & # reached:      IOM:       |       |            |
|  |       |       |       | Who & # reached:      IOM:       |       |            |

***Objective 1.2:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?**How often? During which months?* | *Who is this service for? How many people reached?* *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program? Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23*  | *N/A* | *#24, #25* |
|  |       |       |       | Who & # reached:      IOM:       |       |            |
|  |       |       |       | Who & # reached:      IOM:       |       |            |

***Goal 2:*** *(Minerva #11)*

***Objective 2.1:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?**How often? During which months?* | *Who is this service for? How many people reached?* *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program? Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23*  | *N/A* | *#24, #25* |
|  |       |       |       | Who & # reached:      IOM:       |       |            |
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***Objective 2.2:*** *(Minerva #12, #13)*

***CSAP Strategy:***Choose an item. *(Minerva #15)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Program** | **Funding Source** | **Brief Description** | **How** | **Who & IOM Category** | **Lead and Responsible Party(ies)** | **Surveys** |
| ***Program Name*** | *See list above* | *Briefly state the main purpose of activity* | *How much?**How often? During which months?* | *Who is this service for? How many people reached?* *Is it Universal-Indirect, Universal-Direct, Selective, or Indicated?* | *Organization delivering program? Who is making sure this gets done?* | *What survey will you be using? How often (one-time, pre/post, etc.)?* |
| *Minerva #3* | *#7* | *#4* | *#18, #19* | *#16, #21, #22, #23*  | *N/A* | *#24, #25* |
|  |       |       |       | Who & # reached:      IOM:       |       |            |
|  |       |       |       | Who & # reached:      IOM:       |       |            |

**EXHIBIT H - 1**

**BUDGET**

**POSTED SEPARATELY**