



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PROGRAM SERVICES CONTRACT**

This contract is entered into by and between the State of Missouri, Department of Health and Senior Services (Department/state agency) and the below named entity/individual (Contractor). The contract consists of the contract signature page, the scope of work; any attachments referenced and incorporated herein; the terms and conditions; and any written amendments made in accordance with the provisions contained herein. This contract expresses the complete agreement of the parties. By signing below, the Contractor and Department agree to all the terms and conditions set forth in this contract.

Tracking # 54280	Contract Title: OVERDOSE DATA TO ACTION	
Contract Start: 9/1/2023	Contract End: 8/31/2027	Questions/Please Contact: PROCUREMENT UNIT @ (573)751-6471
Contract #: DH240054280	Amend #: 04	

PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor) CITY OF COLUMBIA	
DOING BUSINESS AS (DBA) NAME ON BEHALF OF BOONE COUNTY HEALTH AND HUMAN SERVICES	
MAILING ADDRESS 1005 WEST WORLEY P O BOX 6015	
CITY, STATE, and ZIP CODE COLUMBIA MO 65205-6015	
REMIT TO (PAYMENT) ADDRESS (if different from above)	
CITY, STATE, and ZIP CODE	
CONTACT PERSON	EMAIL ADDRESS
PHONE NUMBER	FAX NUMBER
TAXPAYER ID NUMBER (TIN) *****	UEI NUMBER WZR4KM9CBTV3
CONTRACTOR'S AUTHORIZED SIGNATURE <i>RP</i>	DATE
PRINTED NAME De'Carlton Seewood	TITLE City Manager
DEPARTMENT OF HEALTH AND SENIOR SERVICES DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SIGNATURE	DATE

Approved as to form:

AMENDMENT #04 TO CONTRACT DH240054280

CONTRACT TITLE: Overdose Data to Action(O2DA)

CONTRACT PERIOD: September 1, 2026 through August 31, 2027

The Department of Health and Senior Services hereby exercises its option to renew the above referenced contract; therefore Section 1.1 is hereby deleted in its entirety and replaced with revised Section 1.1 as follows:

- 1.1 The contract amount shall not exceed \$56,297.00 for the period of September 1, 2026 through August 31, 2027.

In addition, the Department of Health and Senior Services desires to amend the above-referenced contract in accordance with the following:

1. Add Section 1.7 in it's entirety as follows:

1.7 GLOSSARY OF TERMS AND ACRRONYMS:

1.7.1 Whenever the following terms and acronyms appear in the document, the definitions or meanings described below shall apply.

1.7.2 General Glossary, Acronyms, and Abbreviations:

- a. **OD** is defined as opioid use disorder.
- b. **SUD** is defined as substance use disorder.
- c. **Navigators** are individuals familiar with the local public health landscape and who work directly with people who are most likely to experience or witness an overdose to ensure they have the tools to address barriers to seeking care and who support people accessing SUD treatment and care, as well as support access to other services, such as overdose prevention and social supports.
- d. **A warm handoff** is an in-person/video/ phone conversation during which the individual, the organization making the referral, and the organization receiving the referral are all present.

2. Delete Sections 3 and 4 in their entirety and replace them with revised Sections 3 and 4 as follows:

3. DELIVERABLES AND OUTCOMES

- 3.1 The Contractor shall designate one (1) person as the (Overdose Data to Action in State) OD2A-S Contract Coordinator who will serve as the point of contact for all contract-related correspondence and notify the Department of any changes in staff for the OD2A-S contact.

- 3.2 The Contractor shall meet with the Department on a quarterly basis and as needed to report on implementation progress and grant deliverables.
 - 3.2.1 The Department will coordinate the quarterly meetings, which may be conducted in person, by phone, or online at a time agreeable to both parties.
- 3.3 The Contractor shall participate in OD2A-S meetings, webinars, and technical assistance forums designated as required by the Department.
- 3.4 The Contractor shall implement their previously submitted and Department-approved work plan, which is hereinafter referred to as the approved work plan.
- 3.5 The Contractor shall implement the required interventions in each category as directed by the Local Public Health Agencies (LPHAs) 2026-2027 OD2A-S Work Plan Requirements document, Attachment E, which is attached hereto and is incorporated by reference as if fully set forth herein.
 - 3.5.1 The Contractor shall implement at least one (1) optional intervention as directed by the Local Public Health Agencies (LPHAs) 2026-2027 OD2A Work Plan Requirements Document-Attachment E, in the Capacity Building/ Community Collaboration category.
 - a The Contractor may implement additional optional intervention(s) as directed by the Local Public Health Agencies (LPHAs) 2026-2027 OD2A Work Plan Requirements Document-Attachment E.
- 3.6 The Contractor's navigators could include peer navigators, certified peer recovery specialists, peer support specialists, case managers, patient navigators, community health workers, people with lived experience, and other individuals who link people who are most likely to experience or witness an overdose to care and overdose prevention services.
 - 3.6.1 The Contractor's navigators shall provide linkage to care through referrals and warm handoffs to people who are most likely to experience or witness an overdose.
- 3.7 The Contractor shall disclose, in a timely manner in writing to the Department and the Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the Centers for Disease Control and Prevention (CDC), the Department and the Office of Inspector General at the following addresses:

CDC, Office of Grants Services
Julie Davis, Grants Management Specialist Centers for Disease Control and Prevention
OD, Environmental, Occupational Health & I
Flowers Rd, MS TV-2
Atlanta GA 30341

Email: xxg6@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)
AND

U.S. Department of Health and Human Services Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue,
SW
Cohen Building, Room 5527 Washington, DC 20201
Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or
Email: MandatoryGranteeDisclosures@oig.hhs.gov

- 3.8 The contractor shall have or be working towards a commercial nicotine-free grounds policy prohibiting the use of all tobacco products, including e-cigarettes, in any indoor facilities and anywhere on grounds in outdoor spaces under the contractor's control.
- 3.8.1 If the Contractor has no policy, the Contractor must indicate they plan to work towards adopting a policy during the contract period and submit the policy at the end of the contract year two.
- a. An example policy toolkit, Dimensions: Nicotine-Free Policy Toolkit, can be found at <https://www.bhwellness.org/resources/toolkits/Tobacco-Free%20Policy%20Toolkit-web%20v.2.pdf>. Supplements for priority populations can be found at <https://www.bhwellness.org/> under the resource's toolkit tab.
- 3.9 The contractor shall not spend more than \$2,000 on a single outreach or community engagement event without receiving prior approval and written authorization from the department.

4 REPORTS

- 4.1 The Contractor shall submit accurate and complete quarterly reports by the due dates outlined in paragraph 4.2 using the department approved templates.
- 4.2 The Contractor shall complete and submit quarterly progress reports no later than December 15, March 15, June 15, and September 15.
- 4.2.1 Program reports shall provide activity updates and work plan progress, challenges experienced, including those encountered serving the populations of focus, and efforts to overcome them, strategies taken or planned to address the challenges, success stories, and programmatic materials developed. The reports shall also include the following performance metrics:
- a. Number of Overdose Prevention Service Encounters at Organizations Funded or Supported by OD2A-S
- b. Number of Naloxone Doses Distributed by OD2A-S-Funded or Supported Organizations

- c Number of Navigators who link people who are most likely to experience an overdose to Care and Overdose Prevention Services via Warm Handoffs
- d Number of Referrals to Care and Overdose Prevention Services
- e Health/Clinical Settings Implementing or Improving Protocols and/ or Policies for Evidence-Based Substance Use Disorder (SUD) Treatment or Referrals
- f Health Focused Overdose Prevention Activities Implemented with OD2A Funding and Impactful Practices

3. Delete Section 4.3 in their entirety.

4. Delete Section 5.1 in its entirety and replace with revised Section 5.1 as follows:

5.1 The Department will reimburse the Contractor for an amount not to exceed the total contract amount for only the allowable costs in the budget categories stated in Attachment F, which is attached hereto and incorporated by reference as if fully set forth herein.

5. Add sub-section (a) to Section 6.3 as follows:

Section 6.3 (a) The Contractor shall include the following certification statement on any invoice submitted to the Department:

- 1) "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

5. Delete Attachment C, Subrecipient Annual Financial Report, in its entirety.

6. Delete Attachments F in its entirety and replace with revised Attachment F, which is attached hereto and incorporated by reference as if fully set forth herein.

All other terms, conditions, provisions, and pricing of the above referenced contract shall remain the same and apply hereto.

Local Public Health Agencies (LPHAs)

2026-2027 Overdose Data to Action (OD2A) Work Plan Requirements

The Missouri Department of Health and Senior Services (DHSS) seeks partnerships that improve the quality and comprehensive nature of overdose interventions within its jurisdiction. The Centers for Disease Control and Prevention's (CDC) Overdose Data to Action in State (OD2A-S) cooperative agreement emphasizes implementing data-driven prevention responses in local communities. LPHAs partnering with DHSS will address overdose by using data to ensure prevention activities serve those that the data show are most likely to experience an overdose within their jurisdiction. DHSS will offer OD2A-S grant funds to support LPHAs completing DHSS and CDC-required interventions through LPHA-defined activities.

LPHAs responding to this opportunity shall select from the following interventions to develop their local work plan.

Interventions

1) Capacity Building/Community Collaboration

Requirements: LPHAs must implement the required intervention, and may choose other optional intervention(s) to implement from this category

- **(Required Intervention)** Facilitate, participate in, and/or support community coalitions that address overdose. Coalitions should include members who the data show are most likely to experience or witness an overdose
- **(Optional Intervention)** Develop a local-level health literacy plan that includes adapting culturally tailored program materials for responding to overdoses for those, based on data, are most likely to witness or experience an overdose
- **(Optional Intervention)** Develop, maintain, and distribute local-level resource guides that include, but should not be limited to, evidence-based treatment for substance use disorders such as medication for opioid use disorder, contingency management, and cognitive behavioral therapy.
- **(Optional Intervention)** Create a local-level advisory board that consists of people with lived / living experience for leading and evaluating local-level overdose prevention initiatives, including those supported through OD2A.
- **(Optional Intervention)** Support trainings on topics such as stigma reduction, OUD, StUD, naloxone administration, trauma-informed care, recovery-oriented approaches, and other overdose prevention strategies.

2) Public Health and Public Safety Partnerships/Interventions

Requirements: LPHAs must implement the required intervention, and may choose other optional intervention(s) to implement from this category

- **(Required Intervention)** Partner with local level entities such as Department of Corrections (including parole) and community-based organizations to implement evidence-based overdose prevention strategies to individuals experiencing incarceration or recently released from incarceration; these strategies could include

distribution of naloxone and drug checking supplies, raising awareness of Good Samaritan Laws, providing access to medication for opioid use disorder (MOUD), and/or facilitating linkage to care through navigators.

- (Optional Intervention) Develop a local-level Overdose Fatality Review (OFR) Board that will conduct Overdose Fatality Reviews (OFRs) for their local community.

3) Overdose Education and Response

Requirements: LPHAs must implement the required intervention and may choose other optional intervention(s) to implement from this category

- **(Required Intervention)** LPHAs will ensure people at risk for overdose have access to overdose prevention and reversal tools and treatment options, and drug checking equipment by providing naloxone and fentanyl test strips, resource guides, and overdose prevention education to community members who are most likely to experience or witness an overdose.
- (Optional Intervention) Partnering with and providing support to existing community-based organizations to increase access to overdose services and support programming to reduce overdoses, which may include support of staff time to increase hours and services.
- (Optional Intervention) Creating and disseminating education and communication materials to increase awareness of and access to overdose prevention resources.
- (Optional Intervention) Working in collaboration with existing mobile overdose prevention services to expand overdose prevention and linkage to care.
- (Optional Intervention) Initiating, expanding, and supporting programs and outreach by navigators (e.g., people with lived experience, case managers) to promote access to overdose prevention services and to link people to care from overdose prevention services, as appropriate.

4) Community-Based Linkage to Care

Requirements: LPHAs must implement the required intervention, and may choose other optional intervention(s) to implement from this category

- **(Required Intervention)** Provide linkage to care in community settings utilizing navigators that include linkages to evidence-based treatment for substance use disorders (e.g., medication for opioid use disorder (MOUD), CBT, contingency management).
- (Optional Intervention) Create peer support groups or linkages to community-based self-help groups with an emphasis on peers with lived experience.
- (Optional Intervention) Supporting Recovery Community Centers and Mutual-Help Organizations (fostering peer groups that are supportive of recovery and self-acceptance).
- (Optional Intervention) Provide linkage to ancillary services such as job skills trainings, training/employment, cultural community centers, and transportation through partnerships or direct staffing support.

Budget (09/01/2026-08/31/2027)				
Overdose Data to Action				
Columbia/Boone County Public Health and Human Services				
Personnel Services				\$ 34,692.53
	Position Title/Classification	Quantity	Unit Price	Total
1	Health Program Coordinator, Heathe	0.53	\$ 65,457.60	\$ 34,692.53
Fringe Benefits				\$ 13,530.09
	Position Title/Classification	Percent	Rate	Total
1	Health Program Coordinator, Heathe	39%	\$ 34,692.53	\$ 13,530.09
Supplies				\$ 240.00
	Description/Classification	Quantity	Unit Price	Total
1	Printing	1200	\$ 0.20	\$ 240.00
Training Expenses				\$ -
	List Expenses	Quantity	Unit Price	Total
1				\$ -
Travel Expenses				\$ 491.30
	List Expenses	Quantity	Unit Price	Total
1	Mileage	677.65	\$ 0.73	\$ 491.30
Other Miscellaneous Expenses				\$ -
	List Expenses	Quantity	Unit Price	Total
1				\$ -
Modified Total Direct Costs (MTDC) Exclusions (equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs)				\$ -
	List Expenses	Quantity	Unit Price	Total
1				\$ -
Subcontractors				\$ -
	List Subcontractor	Quantity	Unit Price	Total
1				\$ -
Indirect Costs			Enter Rate here:	15.00%
Contract Total				\$ 56,297.00

Budget Narrative/Justification

Personnel Services

Heather Harlan, CRPS, MAADC II, Health Program Coordinator will serve as the point of contact and OD2A Contract Coordinator (Deliverable 3.1). Heather will oversee contract reporting on implementation progress and grant deliverables (3.2) and participate in required OD2A opportunities provided by the Department (3.3). Heather will implement the work plan and interventions as outlined and approved by the Department (3.4 and 3.5). Heather's robust expertise in overdose prevention and response as well as her extensive community partnerships make her time invaluable in this work. 1,102.40 hours (.53FTE) x \$31.47 = \$34,692.53
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Fringe Benefits

Heather Harlan, Health Program Coordinator, 1,102.40 hours (.53FTE) x \$31.47 = \$34,692.53 x 39% fringe benefit rate = \$13,530.09

Supplies

Printing expenses for Family Pocket Resource Guide (1. Optional Intervention to distribute local-level resource and treatment guides) and Emerging Drug Threats Guide (Overdose Education and Response Required Intervention to provide resource guides and prevention education to community members). These support deliverable 3.5 to implement required and optional interventions according to the OD2A Work Plan and Work Plan Requirements. 20 cents per page (front and back) x 1,200 pages = \$240

Training Expenses

Travel Expenses

Mileage across Boone County for community outreach, overdose education and naloxone distribution presentations (Overdose Education and Response Required Intervention). This supports deliverable 3.5 to implement required and optional interventions according to the OD2A Work Plan and Work Plan Requirements. 677.65 miles x 0.73 mileage rate = \$491.30
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Other Miscellaneous Expenses

MTDC Exclusions (include equipment and rental/lease costs here, if applicable)

Subcontractors



CONTRACT FUNDING SOURCE(S)

The Contract Funding Source(s) identifies the total amount of funding and federal funding source(s) expected to be used over the life of this contract. The CFDA number is the pass-through identification number for your Schedule of Expenditures of Federal Awards (SEFA), if one is required. You may reconcile your financial records to actual payment documents by going to the vendor services portal at <https://www.vendorservices.mo.gov/>. If the funding information is not available at the time the contract is issued, the Contractor will be notified in writing by the Department. Please retain this information with your official contract files for future reference.

Tracking #	54280	State: 0%	\$0.00	Federal: 100%	\$218,688.00
Contract Title:	OVERDOSE DATA TO ACTION				
Contract Start:	9/1/2023	Contract End:	8/31/2027	Amend#:	04
Vendor Name:	CITY OF COLUMBIA				

CFDA: 93.136	Research and Development:	N			
CFDA Name:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
Federal Award:	1NUCE010204-01				
Federal Award Name:	OVERDOSE DATA TO ACTION-STATES				
Federal Award Year:	2023	DHSS #:	CE010204-01B	Federal Obligation:	\$49,797.00

CFDA: 93.136	Research and Development:	N			
CFDA Name:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
Federal Award:	1NU17CE010204-01				
Federal Award Name:	OVERDOSE DATA TO ACTION-STATES				
Federal Award Year:	2023	DHSS #:	CE010204-01A	Federal Obligation:	\$2,166.66

CFDA: 93.136	Research and Development:	N			
CFDA Name:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
Federal Award:	1NUCE010204-02				
Federal Award Name:	OVERDOSE DATA TO ACTION-STATES				
Federal Award Year:	2024	DHSS #:	CE010204-02B	Federal Obligation:	\$108,260.67

CFDA: 93.136	Research and Development:	N			
CFDA Name:	INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS				
Federal Agency:	DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION				
Federal Award:	1NU17CE010204-02				
Federal Award Name:	OVERDOSE DATA TO ACTION-STATES				
Federal Award Year:	2024	DHSS #:	CE010204-02A	Federal Obligation:	\$2,166.67



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CONTRACT FUNDING SOURCES CONTINUED

CFDA: 93.136 **Research and Development:** N
CFDA Name: INJURY PREVENTION AND CONTROL RESEARCH AND STATE AND COMMUNITY BASED PROGRAMS
Federal Agency: DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION
Federal Award: *
Federal Award Name: *
Federal Award Year: 2026 **DHSS #:** CDC-RFA-CE26-0002 **Federal Obligation:** \$56,297.00

* The Department will provide this information when it becomes available.

Project Description:

The Missouri Department of Health and Senior Services (DHSS) seeks partnership that improve the quality and comprehensive nature of overdose interventions within your jurisdiction. The Department's Overdose Data to Action (OD2A) strategic work plan emphasizes implementing targeted prevention responses in local communities disproportionately affected by fatal and non-fatal overdoses. Local Public Health Agencies (LPHA) partnering with DHSS will address health disparities in populations vulnerable to overdose at the local level. DHSS will offer MO-OD2A grant funds to support LPHAs in achieving their desired short-term and long-term outcomes.