#### 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 #	Contract Title:	
54280	OVERDOSE DATA TO ACTION	
Contract Start:	Contract End:	Questions/Please Contact:
9/1/2023	8/31/2026	PROCUREMENT UNIT @ (573)751-6471
Contract #:		Amend #:
DH240054280		03

#### PLEASE VERIFY/COMPLETE - TYPE OR PRINT - SIGNATURE REQUIRED

NAME OF ENTITY/INDIVIDUAL (Contractor)				
CITY OF COLUMBIA				
DOING BUSINESS AS (DBA) NAME				
ON BEHALF OF COLUMBIA/BOONE COUNTY HEALTH DEPARTMENT				
MAILING ADDRESS				
1005 WEST WORLEY	P O BOX 6015			
CITY, STATE, and ZIP CODE				
COLUMBIA	65205-6015			
REMITTO (PAYMENT) ADDRESS (if different from above)				
CITY, STATE, and ZIP CODE				
CONTACT PERSON	EMAIL ADDRESS			
φ				
PHONE NUMBER	FAX NUMBER			
TAXPAYER ID NUMBER (TIN)	UEI NUMBER			
******	WZR4KM9CBTV3			
CONTRACTOR'S AUTHORIZED SIGNATURE	DATE			
t				
PRINTED NAME	TITLE			
De'Carlon Seewood	City Manager			
DEPARTMENT OF HEALTH AND SENIOR SERVICES	DATE			
DIRECTOR OF DIVISION OF ADMINISTRATION OR DESIGNEE SI	GNATURE			

Approved as to form:

PY

Thursday, July 3, 2025 MO 580-3017 (03-22) 11:03:29 AM

Nancy Thompson, City Counselor

### **AMENDMENT #03 TO CONTRACT DH240054280**

**CONTRACT TITLE:** Overdose Data to Action

**CONTRACT PERIOD:** September 1, 2025 through August 31, 2026

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, 2025 through August 31, 2026.

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

1. Delete Sections 3 and 4 in their entirety and replace 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) 2025-2026 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) 2025-2026 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) 2024-2025 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, persons with lived experience, and other individuals who link PWUD to care and harm reduction services.
- 3.6.1 The Contractor's navigators shall provide linkage to care through referrals and warm handoffs to PWUD.
  - a. Navigators are individuals familiar with the local public health landscape and who work directly with persons who use drugs (PWUD) to ensure they have the tools to address barriers to seeking care and who support people accessing substance use disorder (SUD) treatment and care, as well as support access to other services, such as harm reduction and social supports.
  - b. 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.
- 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: Mandatory Grantee Disclosures@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 <a href="https://www.bhwellness.org/wp-content/uploads/2024/12/Nicotine-Free-Toolkit-2024-12.9.24.pdf">https://www.bhwellness.org/wp-content/uploads/2024/12/Nicotine-Free-Toolkit-2024-12.9.24.pdf</a>. Supplements for priority populations can be found at <a href="https://www.bhwellness.org/">https://www.bhwellness.org/</a> under the resources 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 progress reports no later than December 15<sup>th</sup>, March 15<sup>th</sup>, June 15<sup>th</sup>, and September 15<sup>th</sup> using the Department approved templates.
- 4.1.1 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 Harm Reduction 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 PWUD to Care and Harm Reduction Services via Warm Handoffs.
  - d. Number of Referrals to Care and Harm Reduction Services.
  - e. Health/Clinical Settings Implementing or Improving Protocols and/or Policies for Evidence-Based SUD Treatment or Referrals.

- f. Health Equity-Focused Overdose Prevention Activities Implemented with OD2A Funding and Impactful Practices.
- 4.3 The Contractor shall submit a Subrecipient Annual Financial Report (Attachment C, which is attached hereto and is incorporated by reference as if fully set forth herein). For a contract period of twelve (12) months or less, the Contractor shall submit this report at the time the final invoice is due. For a contract period over twelve (12) months, the Contractor shall submit this report annually and at the time the final invoice is due.
- 4.4 The Department reserves the right to make changes on any Department supplied contract reporting forms and formats without the need for a contract amendment. The Department will notify the Contractor of any reporting form changes and provide the Contractor with the new forms.
- 2. Delete Attachments A and B in their entirety and replace with revised Attachments A and B, which is attached hereto and is incorporated by reference as if fully set forth herein.
- 3. Add Attachment E in its entirety.

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

#### 1. GENERAL

1.1 To the extent that this contract involves the use, in whole or in part, federal funds, the signature of the Contractor's authorized representative on the contract signature page indicates compliance with the following Certifications and special provisions.

# 2. CONTRACTOR'S CERTIFICATION REGARDING SUSPENSION AND DEBARMENT

- 2.1 The Contractor certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency pursuant to 2 CFR Part 180.
- 2.2 The Contractor shall include these certification requirements regarding debarment, suspension, ineligibility, and voluntary exclusion in all lower tier covered transactions.
- 2.3 If the Contractor enters into a covered transaction with another person at the next lower tier, the Contractor must verify that the person with whom it intends to do business is not excluded or disqualified by:
- 2.3.1 Checking the System of Award Management (SAM) https://www.sam.gov; or
- 2.3.2 Collecting a certification from that person; or
- 2.3.3 Adding a clause or condition to the covered transaction with that person.

### 3. CONTRACTOR'S CERTIFICATION REGARDING LOBBYING

- 3.1 The Contractor certifies that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 3.2 The Contractor certifies that no funds under this contract shall be used to pay for any activity to support or defeat the enactment of legislation before the Congress, or any State

or local legislature or legislative body. The Contractor shall not use any funds under this contract to pay for any activity to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government.

- 3.3 The Contractor certifies that no funds under this contract shall be used to pay the salary or expenses of the Contractor, or an agent acting for the Contractor who engages in any activity designed to influence the enactment of legislation or appropriations proposed or pending before the Congress, or any State, local legislature or legislative body, or any regulation, administrative action, or Executive Order issued by the executive branch of any State or local government.
- 3.4 The above prohibitions include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
- 3.5 If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with any Federal contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions.
- 3.6 The Contractor shall require that the language of this section be included in the award documents for all subawards at all levels (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- 3.7 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

# 4. CONTRACTOR'S CERTIFICATION REGARDING A DRUG FREE WORKPLACE

4.1 The Contractor certifies it shall provide a drug free workplace in accordance with the Drug Free Workplace Act of 1988, 41 U.S.C. Chapter 81, and all applicable regulations. The Contractor is required to report any conviction of employees providing services under this contract under a criminal drug statute for violations occurring on the Contractor's premises or off the Contractor's premises while conducting official business. The Contractor shall report any conviction to the Department within five (5) working days after the conviction. Submit reports to:

Missouri Department of Health and Senior Services Division of Administration, Grants Accounting Unit P.O. Box 570 920 Wildwood Drive Jefferson City, Missouri 65102-0570

# 5. CONTRACTOR'S CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

- 5.1 The Pro-Children Act of 1994, (Public Law 103-227, 20 U.S.C. §§ 6081-6084), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The Pro-Children Act also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The Pro-Children Act does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the Pro-Children Act may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
- 5.2 The Contractor certifies that it will comply with the requirements of the Pro-Children Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Pro-Children Act.

5.3 The Contractor agrees that it will require that the language of this certification be included in any subcontract or subaward that contains provisions for children's services and that all subrecipients shall certify accordingly. Failure to comply with the provisions of the Pro-Children Act law may result in the imposition of a civil monetary penalty of up to \$1,000 per day.

#### 6. CONTRACTOR'S CERTIFICATION REGARDING NON-DISCRIMINATION

- 6.1 The Contractor shall comply with all federal and state statutes, regulations and executive orders relating to nondiscrimination and equal employment opportunity to the extent applicable to the contract. These include but are not limited to:
- 6.1.1 Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 42 U.S.C. § 2000d et seq.) which prohibits discrimination on the basis of race, color, or national origin (this includes individuals with limited English proficiency) in programs and activities receiving federal financial assistance and Title VII of the Act which prohibits discrimination on the basis of race, color, national origin, sex, or religion in all employment activities;
- 6.1.2 Equal Pay Act of 1963 (P.L. 88 -38, as amended, 29 U.S.C. § 206 (d));
- 6.1.3 Title IX of the Education Amendments of 1972, as amended (20 U.S.C §§ 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex;
- 6.1.4 Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and the Americans with Disabilities Act of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12101 *et seq.*) as implemented by all applicable regulations;
- 6.1.5 The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age;
- 6.1.6 Missouri State Regulation, 19 CSR 10-2.010, Civil Rights Compliance Requirements; and
- 6.1.7 The requirements of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to the services provided via the contract.

# 7. CONTRACTOR'S CERTIFICATION REGARDING EMPLOYEE WHISTLEBLOWER PROTECTIONS

- 7.1 The Contractor shall comply with the provisions of 41 U.S.C. 4712 that states an employee of a contractor, subcontractor, grantee, or subgrantee may not be discharged, demoted or otherwise discriminated against as a reprisal for "whistleblowing". In addition, whistleblower protections cannot be waived by any agreement, policy, form, or condition of employment.
- 7.2 The Contractor's employees are encouraged to report fraud, waste, and abuse. The Contractor shall inform their employees in writing they are subject to federal whistleblower rights and remedies. This notification must be in the predominant native language of the workforce.
- 7.3 The Contractor shall include this requirement in any agreement made with a subcontractor or subgrantee.

#### 8. CLEAN AIR ACT AND WATER POLLUTION CONTROL ACT

The Contractor shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 *et seq.*) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 *et seq.*).

#### SUBRECIPIENT SPECIAL CONDITIONS

- 1. The Department of Health and Senior Services has determined that this contract is subrecipient in nature as defined in the 2 CFR § 200.331. To the extent that this contract involves the use, in whole or in part, of federal funds, the Contractor shall comply with the following special conditions.
- 1.1 The Contractor shall comply with all applicable implementing regulations, and all other laws, regulations and policies authorizing or governing the use of any federal funds paid to the Contractor through this contract. The Contractor shall ensure compliance with U.S. statutory and public policy requirements, including but not limited to, those protecting public welfare, the environment, and prohibiting discrimination. See the Federal Agency's Notice of Grant Award at <a href="https://health.mo.gov/information/contractorresources/">https://health.mo.gov/information/contractorresources/</a> for the terms and conditions of the federal award(s) governing this contract. Refer to the Contract Funding Source(s) report enclosed with the contract for a listing of the applicable federal award numbers.
- 1.2 In performing its responsibilities under this contract, the Contractor shall fully comply with the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (2 CFR Part 200, as applicable, including any subsequent amendments.
- 1.3 If a Single Audit is required, the Contractor must submit the Single Audit Report according to 2 CFR § 200.512. The Contractor shall return to the Department any funds disallowed in an audit of this contract.
- 1.4 The Contractor shall comply with the public policy requirements as specified in the Department of Health and Human Services (HHS) Grants Policy Statement which is incorporated herein as if fully set forth. <a href="https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html">https://www.hhs.gov/grants-contracts/grants/grants-policies-regulations/index.html</a>.
- 1.5 The Contractor shall be responsible for any disallowances, questioned costs, or other items, including interest, not allowed under the federal award or this contract. The Contractor shall return to the Department any funds disallowed within ninety days of notification by the Department to return such funds.
- 1.6 The Contractor shall notify the Department in writing within 30 days after a change occurs in its primary personnel involved in managing this contract.

#### SUBRECIPIENT SPECIAL CONDITIONS

- 1.7 The Contractor shall promptly notify the Department in writing when there is credible evidence of a violation of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting federal monies under this contract. Failure to make required disclosures may result in the Department taking action as described in 2 CFR § 200.339 Remedies for Noncompliance.
- 1.8 The Contractor shall comply with Trafficking Victims Protection Act of 2000 (22 U.S.C. Chapter 78), as amended. This law applies to any private entity. A private entity includes any entity other than a State, local government, Indian tribe, or foreign public entity, as defined in 2 CFR § 175.25. The subrecipient and subrecipients' employees may not:
- 1.8.1 Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
- 1.8.2 Procure a commercial sex act during the period of time that the award is in effect; or
- 1.8.3 Use forced labor in the performance of the award or subawards under the award.
- 1.8.4 The Contractor must include the requirements of this paragraph in any subaward made to a private entity.
- 1.9 The Contractor shall comply with 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations, as applicable.
- 1.10 A Contractor that is a state agency or agency of a political subdivision of a state and its contractors must comply with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), as amended by the Resource Conservation and Recovery Act (P.L. 94-580). The requirements of Section 6002 relate solely to procuring items designated in the guidelines of the Environmental Protection Agency (EPA) at 40 CFR Part 247.
- 1.11 The Contractor shall provide its Unique Entity Identifier (UEI) number to the Department. If the Contractor is an exempt individual as per 2 CFR § 25.110(b), the Contractor shall notify the Department of its exemption. Pursuant to 2 CFR Part 25, no entity may receive a subaward unless the entity has provided its UEI number. The Department shall withhold the award of this contract until the Contractor submits the UEI number to the Department and the Department has verified the UEI number.

#### SUBRECIPIENT SPECIAL CONDITIONS

- 1.12 Equipment
- 1.12.1 Title to equipment purchased by the Contractor for the purposes of fulfilling contract services vests in the Contractor upon acquisition, subject to the conditions that apply as set forth in 2 CFR § 200.313. The Contractor must obtain written approval from the Department prior to purchasing equipment with a cost greater than \$5,000. The repair and maintenance of purchased equipment will be the responsibility of the Contractor. Upon satisfactory completion of the contract, if the current fair market value (FMV) of the equipment purchased by the Contractor is less than \$10,000, the Contractor has no further obligation to the Department. The Contractor may sell or retain items it purchased with a current FMV greater than \$10,000, but the Contractor may be required to reimburse the Department for costs up to the current value of the equipment.
- 1.12.2 Equipment purchased by the Department and placed in the custody of the Contractor shall remain the property of the Department. The Contractor must ensure these items are safeguarded and maintained appropriately, and return such equipment to the Department at the end of the program.

# <u>Local Public Health Agencies</u> 2025-2026 OD2A Work Plan Requirements

The Department seeks partnerships that improve the quality and comprehensive nature of overdose interventions within their jurisdiction. The CDC OD2A-S cooperative agreement emphasizes implementing targeted prevention responses in local communities disproportionately affected by overdose. LPHAs partnering with the Department will address health disparities in populations vulnerable to overdose at the local level. The Department will offer OD2A-S grant funds to support LPHAs completing Department and CDC-required interventions through LPHA-defined activities.

The LPHA 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 choose at least one other optional intervention from this category

- (Required Intervention) Facilitate, participate in, and/or support community coalitions that address overdose in communities that are disproportionately impacted by overdose and substance use disorders. Coalitions should include members who represent communities that are disproportionately affected by overdose and other associated harms.
- (Optional Intervention) Develop a local-level health literacy plan that includes adapting culturally tailored program materials for responding to overdoses in communities of color, those disproportionately affected by overdose, and other associated harms.
- o (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, harm reduction, 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 facilitating access to harm reduction services
- o (Optional Intervention) Facilitate and support Stakeholder meetings with Criminal Justice Reentry Service programs.
- o (Optional Intervention) Work with community partners to develop, maintain, and promote a reentry resources guide/webpage
- (Optional Intervention) Develop a local-level Overdose Fatality Review
  (OFR) Board that will conduct Overdose Fatality Reviews (OFRs) for their local community.
- (Optional Intervention) Collaborate with local Department of Corrections and community-based organizations to develop a community reentry council (Contact the MO reentry services for support and guidance <u>Missouri Reentry Process (MRP) | Missouri Department of Corrections (mo.gov)</u>)

#### 3) Harm Reduction

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

- (Required Intervention) LPHAs will ensure PWUD 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 harm reduction organizations to increase access to harm reduction services and support programming to reduce overdose, 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 harm reduction resources and to combat stigma and change social norms around harm reduction.
- o (Optional Intervention) Working in collaboration with existing mobile harm reduction services to expand overdose prevention and linkage to care.
- o (Optional Intervention) Initiating, expanding, and supporting programs and outreach by navigators (e.g., people with lived experience, case managers) to

promote access to harm reduction services and to link people to care from harm reduction 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) and/or linkage to harm reduction services.
- o (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.
- o (Optional Intervention) Provide youth-based substance use education and linkage to care.



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% \$162,391.00

Contract Title: **OVERDOSE DATA TO ACTION** 

Contract Start: 9/1/2023 Contract End: 8/31/2026 Amend#: 03 Contract #: DH240054280

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:** 

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES / CENTERS FOR DISEASE CONTROL AND PREVENTION Federal Agency:

Federal Award: 1NU17CE010204-02

Federal Award Name: OVERDOSE DATA TO ACTION-STATES

**Federal Award Year:** 2024 DHSS#: CE010204-02A **Federal Obligation:** \$2,166.67

Thursday, July 3, 2025 MO 580-3018 (5-12)

Federal Award Year:

11:34:24 AM

Page 1 of 2

DH-72

\$49,797.00

\* 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.