



UTAH DEPARTMENT OF HEALTH CONTRACT

PO Box 144003, Salt Lake City, Utah 84114
288 North 1460 West, Salt Lake City, Utah 84116

2124508
Department Log Number

212700635
State Contract Number

1. **CONTRACT NAME:** The name of this contract is San Juan Public Health Department - FY21 Violence and Injury Prevention Program
2. **CONTRACTING PARTIES:** This contract is between the Utah Department of Health (DEPARTMENT) and the following CONTRACTOR:

PAYMENT ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

MAILING ADDRESS

San Juan County
735 S 200 W, Ste 2
Blanding UT, 84511

Vendor ID: 06866HL
Commodity Code: 99999

3. **GENERAL PURPOSE OF CONTRACT:** The general purpose of this contract is to provide support in order to maintain the violence and injury prevention program in the health district..
4. **CONTRACT PERIOD:** The service period of this contract is 10/01/2020 through 09/30/2021, unless terminated or extended by agreement in accordance with the terms and conditions of this contract.
5. **CONTRACT AMOUNT:** The DEPARTMENT agrees to pay \$50,539.58 in accordance with the provisions of this contract. This contract is funded with 100% federal funds, 0% state funds, and 0% other funds.
6. **CONTRACT INQUIRIES:** Inquiries regarding this Contract shall be directed to the following individuals:

CONTRACTOR

Kirk Benge
(435) 359-0038
kbenge@sanjuancounty.org

DEPARTMENT

Disease Control and Prevention
Health Promotion
Vanonda Kern
(385) 267-6528
vkern@utah.gov

7. **SUB – RECIPIENT INFORMATION:**

DUNS: 079815014

Indirect Cost Rate: 0%

Federal Program Name:	Maternal and Child Health Services Block Grant to the States	Award Number:	BO4MC28130
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	BO4MC28130
CFDA Title:	Maternal and Child Health Services Block Grant to the States	Federal Award Date:	10/1/2020
CFDA Number:	93.994	Funding Amount:	\$10280.00

Federal Program Name:	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	Award Number:	1 NB01OT009323-01-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NB01OT009323
CFDA Title:	PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT	Federal Award Date:	8/7/2020
CFDA Number:	93.991	Funding Amount:	\$4311.00

Federal Program Name:	HRRDM; PUBLIC SAFETY & PUBLIC HEALTH INFO CAT 6	Award Number:	2018-PM-BX-K021
Name of Federal Awarding Agency:	BJA	Federal Award Identification Number:	2018-PM-BX-K021
CFDA Title:	HAROLD ROGERS PRESCRIPTION DRUG MONITORING PROGRAM	Federal Award Date:	9/25/2018
CFDA Number:	16.754	Funding Amount:	\$7792.70

Federal Program Name:	UTAH OVERDOSE TO ACTION	Award Number:	1 NU17CE925013-02-00
Name of Federal Awarding Agency:	CDC	Federal Award Identification Number:	NU17CE925013
CFDA Title:	Injury Prevention and Control Research and State and Community Based Programs	Federal Award Date:	7/29/2020
CFDA Number:	93.136	Funding Amount:	\$22155.88

Federal Program Name:	CORE STATE VIOLENCE AND INJURY PREVENTION	Award Number:	5NU17CE924839-04-03
Name of Federal Awarding Agency:	CDC	Federal Award	5NU17CE924839

Agency:		Identification Number:	
CFDA Title:	Injury Prevention and Control Research and State and Community Based Programs	Federal Award Date:	6/19/2020
CFDA Number:	93.136	Funding Amount:	\$6000.00

8. REFERENCE TO ATTACHMENTS INCLUDED AS PART OF THIS CONTRACT:

- Attachment A: SPECIAL PROVISIONS
- Attachment B: MCH activities
- Attachment C: PBG activities
- Attachment D: Category 6 activities
- Attachment E: Data to Action activities
- Attachment F: CORE Activities

9. DOCUMENTS INCORPORATED INTO THIS CONTRACT BY REFERENCE BUT NOT ATTACHED:

- A. All other governmental laws, regulations, or actions applicable to services provided herein.
- B. All Assurances and all responses to bids as provided by the CONTRACTOR.
- C. Utah Department of Health General Provisions and Business Associates Agreement currently in effect until 6/30/2023.

10. This contract, its attachments, and all documents incorporated by reference constitute the entire agreement between the parties and supersedes all prior written or oral agreements between the parties relating to the subject matter of this contract.

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Contract with Utah Department of Health and San Juan County, Log # 2124508

IN WITNESS WHEREOF, the parties enter into this agreement.

CONTRACTOR

STATE

By: _____
Kenneth Maryboy Date
County Commission Chair

By: _____
Shari A. Watkins, C.P.A. Date
Director, Office Fiscal Operations

**Special Provisions – Attachment A
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2020 – September 30, 2021**

I. DEFINITIONS:

- A. “ULACHES” means Utah Local Association of Community Health Education Specialists (attachment B).
- B. “Safe Dates Program” is a school-based prevention program for middle and high school students designed to stop or prevent the initiation of dating violence victimization and perpetration, including the psychological, physical, and sexual abuse that may occur between youths involved in a dating relationship (attachment B & C).
- C. “Bystander Programs” refers to evidence-based bystander intervention programs. (attachment B & C).
- D. “Pax Good Behavior Game” is a universal preventive intervention used by teachers and schools to teach self-regulation, self-management, and self-control in young people (attachment B & C).
- E. “Wyman’s Teen Outreach Program” is a public health program that promotes positive youth development through a social-emotional learning curriculum, community service learning, and supportive relationships with adults (attachment B & C).
- F. “EITC” means Earned Income Tax Credit (attachment B & C).
- G. “Catalyst” is a reporting system, where local health departments will be reporting completed activities, successes, and/or challenges (attachment C & F)
- H. “Opioid Overdose Community Crisis Response Teams” refers to a public health formed team, formed to address opioid overdose, with a community-level approach (attachment D & E).
- I. “Opioid Overdose Community Crisis Response Plan” refers to a specific plan, addressing opioid overdose, from a community level approach, in the event of a crisis, or spike in overdose data (attachment D & E).
- J. “UCO-OP Steering Committee” refers to the Utah Coalition for Opioid Overdose Prevention Steering Committee (attachment E).

II. FUNDING:

- A. Total Funding is \$50,539.58 in federal and state funding.
 - 1. Maternal and Child Health Block Grant; activities listed in Attachment B.
 - a) \$10,280.00 shall be reimbursed for the period of October 1, 2020 to September 30, 2021.
 - 2. Preventive Health and Human Services Block Grant; activities listed in Attachment C.
 - a) \$4,311.00 shall be reimbursed for the period of October 1, 2020 to September 30, 2021.
 - 3. Comprehensive Opioid Abuse Site-based Program Category 6: Public Safety, Behavioral Health, and Public Health Information-sharing Partnerships Grant; activities listed on Attachment D.
 - a) \$7,792.70 shall be reimbursed for the period of October 1, 2020 to September 30, 2021.
 - 4. Utah Overdose Data to Action Grant; activities listed in Attachment E.
 - a) \$22,155.88 shall be reimbursed for the period September 1, 2020 to August 31, 2021.
 - 5. Core SVIPP Grant Funds: activities listed Attachment F.
 - a) \$6,000.00 shall be reimbursed for the period August 1, 2020 to July 31, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum amount of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.

1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the MER submitted to the DEPARTMENT.

III. DEPARTMENT CONTACT:

- A. The day to day program contact is Lauren Radcliffe, lradcliffe@utah.gov, 385-303-2303.

IV. RESPONSIBILITIES OF DEPARTMENT:

- A. DEPARTMENT agrees to provide written confirmation of receipt of reports within 10 working days.
- B. DEPARTMENT agrees to provide written or over the phone feedback on results/progress within 20 working days of receipt of report.
- C. DEPARTMENT agrees to provide training and technical assistance as requested/needed.
- D. DEPARTMENT agrees to conduct one site visit during the contract period at mutually agreed upon times with a jointly developed agenda during contract period.

V. RESPONSIBILITIES OF SUB-RECIPIENT:

- A. Reports on the progress report measures for each of their activities as listed in the Catalyst web-based application system or other agreed upon reporting system. Progress reports shall be submitted quarterly by the 15th of December, March, June, and September.
- B. SUB-RECIPIENT shall perform its SUB-RECIPIENT responsibilities as set forth in Attachments B, C, D, E, and F.

VI. ADMINISTRATIVE REQUIREMENT:

- A. The CONTACTOR shall conform to the Americans with Disabilities Act (ADA) including associated regulations and policies and Civil Rights laws, regulations and policies, which includes providing reasonable accommodations to those with disabilities and displaying required notices of rights.

Attachment B
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2020 – September 30, 2021

Maternal and Child Health Block Grant
Grant# B04MC28130 - CFDA 93.994 - LEJ-4328-MCH0-MBG21

I. FUNDING:

- A. Total Funding is \$10,280.00 for October 1, 2020 thru September 30, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
 - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
 - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
 - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

II. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- A. Participate in the Safe Kids Local Coalition:
 - 1. Attend at least four (4) coalition meetings during the contract period.
 - 2. Expand partnerships with organizations that may contribute to the purpose of keeping kids safe through a shared risk and protective factor approach. These may include:
 - a) School district partners
 - b) Housing partners
 - c) Food security
 - d) Business/economic partners
 - e) Local Communities That Care partners
 - f) Youth council representatives
 - g) Other non-traditional and relevant partners that are working on shared risk and protective factors
- B. Participate in the ULACHES Injury Workgroup.
- C. Document one success story related to bullying prevention efforts through a shared risk and protective factor approach in Catalyst.
- D. Develop strategies to address bullying through a shared risk and protective factor approach. The strategies must encompass one or more of the following activities and must impact another negative health outcome. Additional approved strategies can be adapted from the [Menu of Violence and Injury Prevention Strategies from the Colorado Department of Public Health and Environment](https://docs.google.com/document/d/1bePpITN1iVJ0VTK9GR_dnCENvVGe27sshUxsr0h8I58/edit) until a similar menu can be adapted for Utah (https://docs.google.com/document/d/1bePpITN1iVJ0VTK9GR_dnCENvVGe27sshUxsr0h8I58/edit). Strategies must be reported in Catalyst by December 15, 2020.
 - 1. Health Care Access
 - a) Policies and programs shown to improve access to care including behavioral health care
 - 2. Social Norms
 - a) Policies and programs shown to change harmful social norms such as:
 - (1) Positive parenting strategies

- (2) Safe Dates program
 - (3) Bystander programs (Upstanding)
 - (4) Spanking prevention strategies (No Hit Zones)
 - b) Policies and programs that support implementation of evidence based curriculum in the community and schools that improve health such as:
 - (1) Pax Good Behavior Game
 - (2) Safe Dates
 - (3) Wyman's Teen Outreach Program (TOP) (Pre-approval and coordination needed with Family and Youth Outreach Program within the Bureau of Maternal and Child Health)
 - c) Policies and programs shown to improve parent/child resilience such as:
 - (1) Parents as Teachers (Coordination needed with the Office of Home Visiting)
 - (2) Child Parent Centers
- 3. Economic Stability
 - a) Policies and programs shown to increase economic stability such as:
 - (1) Housing stability approaches
 - (2) Comparable worth policies
 - (3) Increases in EITC filings
- 4. Connectedness
 - a) Policies and programs shown to increase connectedness such as:
 - (1) Community events that bring residents together
 - (2) Promoting family meals
- 5. Enhance the Physical Environment
 - a) Policies and programs that enhance the physical environment to improve injury or violence outcomes such as:
 - (1) Implementing a systemic trauma informed approach
 - (2) Approaches that modify the physical and social environment to prevent crime and youth violence (increasing lighting, managing accessibility to buildings and public spaces, street cleaning, increasing security, abandoned building and vacant lot remediation, creating green space, and sponsoring community events that bring residents together.

III. ADMINISTRATIVE REQUIREMENTS:

- A. SUB-RECIPIENT shall include the following statement on all products produced by Maternal and Child Health Block Grant funds: "This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under CFDA #93.994 Maternal and Child Health Services - Title V Block Grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Attachment C
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2020 – September 30, 2021

Preventive Health and Human Services Block

Grant# 1 NB01OT009323-01-00 - CDFA 93.991 - LEJ-4323-LHD-BLK21

I. FUNDING:

- A. Total Funding is \$4,311.00 for October 1, 2020 thru September 30, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
 - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
 - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
 - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

II. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- A. Maintain one injury prevention program with a designated injury prevention coordinator to implement a shared risk and protective factor approach.
- B. Maintain at least one employee who has the skills to:
 - 1. Describe and explain shared risk and protective factors of injury and violence
 - 2. Access, interpret, and use indicator data linked to shared risk and protective factors
 - 3. Plan and implement shared risk and protective factor prevention activities based on evidence based or promising interventions
 - 4. Serve as a resource for at least one specific risk or protective factor.
- C. Maintain at least one (1) employee to receive and utilize indicator reports published by VIPP and other sources and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on these indicators
- D. The injury coordinator and staff will complete the following required trainings and provide the DEPARTMENT with documentation of completed trainings:
 - 1. VIPP Shared Risk and Protective Factors 101
 - 2. VIPP Shared Risk and Protective Factors 201In addition, the injury coordinator will complete at least two of the following trainings and provide the department documentation of completed trainings:
 - 1. [New Recommendations: Strategies to Address Shared Risk and Protective Factors for Driver Safety \(CEU: 1 Hour\)](https://training.safestates.org/course/https-www-safestates-org-page-srpfdriving/) (<https://training.safestates.org/course/https-www-safestates-org-page-srpfdriving/>)
 - 2. [Let's Talk: Shared Risk and Protective Factors – Creating Social and Community Connectedness \(CEU: 0 Hour\)](https://training.safestates.org/course/lets-talk-shared-risk-and-protective-factors-creating-social-and-community-connectedness/) (<https://training.safestates.org/course/lets-talk-shared-risk-and-protective-factors-creating-social-and-community-connectedness/>)
 - 3. [Let's Talk: Shared Risk and Protective Factors – Establishing Neighborhood & Built Environments \(CEU: 0 Hour\)](https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-establishing-neighborhood-built-environments/) (<https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-establishing-neighborhood-built-environments/>)
 - 4. [Let's Talk: Shared Risk and Protective Factors – Access to Health Care \(CEU: 0 Hour\)](https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-access-to-health-care/) (<https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-access-to-health-care/>)

5. [Let's Talk: Shared Risk and Protective Factors – Educational Achievement \(CEU: 0 Hour\)](https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-educational-achievement/) (<https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-educational-achievement/>)
 6. [Let's Talk: Shared Risk and Protective Factors – Economic Stability \(CEU: 0 Hour\)](https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-economic-stability/) (<https://training.safestates.org/course/lets-talk-shared-risk-protective-factors-economic-stability/>)
 7. [Applying a Shared Risk & Protective Factor Approach to Injury and Violence Prevention – Evaluating Shared Risk and Protective Factors to Address ACEs, Suicide, and Opioid Misuse – Examples from States \(CEU: 1 Hour\)](https://training.safestates.org/course/applying-a-shared-risk-protective-factor-approach-to-injury-and-violence-prevention-evaluating-shared-risk-and-protective-factors-to-address-aces-suicide-and-opioid-misuse-examples-from-state/) (<https://training.safestates.org/course/applying-a-shared-risk-protective-factor-approach-to-injury-and-violence-prevention-evaluating-shared-risk-and-protective-factors-to-address-aces-suicide-and-opioid-misuse-examples-from-state/>)
 8. [Applying a Shared Risk & Protective Factor Approach to Injury and Violence Prevention – Leveraging Injury Prevention Efforts to Address ACEs, Suicide, and Opioid Misuse – Examples from States \(CEU: 1 Hour\)](https://training.safestates.org/course/applying-a-shared-risk-protective-factor-public-health-approach-to-injury-and-violence-prevention-leveraging-injury-prevention-efforts-to-address-aces-suicide-and-opioid-misuse-examples-from/) (<https://training.safestates.org/course/applying-a-shared-risk-protective-factor-public-health-approach-to-injury-and-violence-prevention-leveraging-injury-prevention-efforts-to-address-aces-suicide-and-opioid-misuse-examples-from/>)
- E. Document one success story that resulted from shared risk and protective factors efforts in Catalyst.
- F. Expand their prevention partnerships to include the local substance authority, and at least one of the following:
1. School district partners
 2. Housing partners
 3. Food security
 4. Business/economic partners
 5. Local *Communities That Care* partners
 6. Youth council representatives
 7. Other non-traditional and relevant partners that are working on shared risk and protective factors
- H. Develop strategies to address shared risk and protective factors across multiple violence and injury prevention topic areas. This can be implemented virtually. This strategy must encompass one or more of the following approaches and must impact two or more violence and injury prevention topics. Additional approved strategies can be adapted from the [Menu of Violence and Injury Prevention Strategies from the Colorado Department of Public Health and Environment](https://docs.google.com/document/d/1bePpITN1iVJ0VTK9GR_dnCENvVGe27sshUxsr0h8l58/edit) until a similar menu can be adapted for Utah (https://docs.google.com/document/d/1bePpITN1iVJ0VTK9GR_dnCENvVGe27sshUxsr0h8l58/edit). Strategies must be reported in Catalyst by December 15, 2020.
1. Health Care Access
 - a) Policies and programs shown to improve access to care including behavioral health care
 2. Social Norms
 - a) Policies and programs shown to change harmful social norms including, but not limited to:
 - (1) Positive parenting strategies
 - (2) Safe Dates program
 - (3) Bystander programs (Upstanding)
 - (4) Spanking prevention strategies (No Hit Zones)
 - b) Policies and programs that support implementation of evidence based curriculum in the community and schools that improve health including, but not limited to:

- (1) Pax Good Behavior Game
- (2) Safe Dates
- (3) Wyman's Teen Outreach Program (TOP) (Pre-approval and coordination needed with Family and Youth Outreach Program within the Bureau of Maternal and Child Health)
- c) Policies and programs shown to improve parent/child resilience such as including, but not limited to:
 - (1) Parents as Teachers (Coordination needed with the Office of Home Visiting)
 - (2) Child Parent Centers
- 3. Economic Stability
 - a) Policies and programs shown to increase economic stability including, but not limited to:
 - 1) Housing stability approaches
 - 2) Comparable worth policies
 - 3) Increases in EITC filings
- 4. Connectedness
 - a) Policies and programs shown to increase connectedness including, but not limited to:
 - (1) Community, social, school, workplace, etc. events that bring residents together Promoting family meals
- 5. Enhance the Physical Environment
 - a) Policies and programs that enhance the physical environment to improve injury or violence outcomes including, but not limited to:
 - (1) Implementing a systemic trauma informed approach
 - (2) Approaches that modify the physical and social environment to prevent crime and youth violence (increasing lighting, managing accessibility to buildings and public spaces, street cleaning, increasing security, abandoned building and vacant lot remediation, creating green space, and sponsoring community events that bring residents together.

Attachment D
San Juan County Health Department
Violence & Injury Prevention Program
October 1, 2020 – September 30, 2021

**Comprehensive Opioid Abuse Site-based Program Category 6: Public Safety,
Behavioral Health, and Public Health Information-sharing Partnerships Grant**

Grant# 2018-PM-BX-K021 - CFDA 16.754 - LEJ-3815-PSP20

I. FUNDING:

- A. Total Funding is \$7,792.70 for October 1, 2020 thru September 30, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
 - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
 - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
 - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

II. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- A. Send one (1) staff a DEPARTMENT sponsored and facilitated training on dashboard interpretation and data dissemination.
- B. Check dashboard data weekly for data anomalies and determination of further data review.
- C. Coordinate Opioid Overdose Community Crisis Response Teams to include regular dashboard data updates.
- D. Electronically notify DEPARTMENT if action is taken as a result of data anomalies.
- E. Implement Opioid Overdose Community Crisis Response Plan when applicable.
- F. Update Opioid Overdose Community Crisis Response Plan annually.
- G. Perform other duties as needed and as mutually agreed upon with the DEPARTMENT.

Attachment E

San Juan County Health Department

Violence & Injury Prevention Program

September 1, 2020 – August 31, 2021

Overdose Data to Action Grant

Grant #1NU17CE925013-01-00 - CFDA 93.136 - LEJ-3806-ODA21-PRV2

I. FUNDING:

- A. Total Funding is \$22,155.88 for September 1, 2020 thru August 31, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
 - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
 - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
 - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

II. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- A. Serve as the lead agency and/or coordinator for a multi-disciplinary data focused group.
 - 1. Hold at least (4) meetings during the contract period.
 - 2. Maintain or develop partnerships with organizations that have similar purpose of prevention opioid misuse and overdose, including public safety.
 - 3. Provide data updates to inform potential actions from the Opioid Overdose Community Crisis Response Plan or Opioid Overdose Community Crisis Response Teams.
- B. Conduct at least one (1) additional Opioid Misuse and Prevention activity during the contract period. Inform the DEPARTMENT of selected activity in Catalyst by December 15, 2020.
- C. Participate in UCO-OP Steering Committee meetings.
- D. Provide community level events to the DEPARTMENT to post on UCO-OP calendar of events.
- E. Provide at least one (1) overdose education and naloxone training, including naloxone dissemination (if available through alternative funding sources), to populations of increased risk for overdose or responding to an overdose.
- F. Promote DEPARTMENT events, resources and materials for Stop the Opioid Epidemic, Talk to Your Pharmacist Month, 2-1-1 Substance Use Disorder Helpline, Chronic Pain Self-Management Programs, and Naloxone for Opioid Overdose 101 (<https://naloxone.utah.gov/n-training>) training to the community.
- G. Work with community pharmacies to enroll in Utah's Standing Order for Naloxone.
- H. Develop an inventory of community resources and services related to opioids and identify gaps.
- I. Perform other duties as needed and as mutually agreed upon with the DEPARTMENT.

Attachment F
San Juan County Health Department
Violence & Injury Prevention Program
August 1, 2020 – July 31, 2021

Core SVIPP Grant

Grant# 5NU17CE924839-05-00 - CFDA 93.136 - LEJ-4352-VPS21

IV. FUNDING:

- A. Total Funding is \$6,000.00 for August 1, 2020 thru July 31, 2021.
- B. The DEPARTMENT agrees to reimburse the SUB-RECIPIENT up to the maximum of the contract for expenditures made by the SUB-RECIPIENT directly related to the program.
 - 1. Unless otherwise provided, allowable expenditures include wages and salaries, fringe benefits, current expenses, and travel and mileage.
 - 2. The SUB-RECIPIENT shall report monthly expenditures on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.
 - 3. The amount reimbursed is based on the services provided by the SUB-RECIPIENT as reported each month on the Monthly Expenditure Report (MER) submitted to the DEPARTMENT.

V. RESPONSIBILITIES OF SUB-RECIPIENT:

The SUB-RECIPIENT shall:

- II. Virtually implement strategies to address the prevention of suicide or adverse childhood experiences.
- III. Report the following in Catalyst on a quarterly basis:
 - B. Document one success story related to prevention of suicide or adverse childhood experiences efforts through a virtual environment.
 - C. Report the number of residents reached by suicide and adverse childhood experiences efforts through a virtual environment.
 - D. Report tools being developed and anticipated release or publication date
 - E. Report brief description of challenges and actions being taken to address them.
 - F. Report brief descriptions of innovative prevention activities happening or being implemented by partners that may be of interest to CDC, or other key stakeholders.