CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

1020 Sundown Way, Roseville, CA 95661 Phone: 916-929-9761 · Fax: 916-929-7246 · www.crihb.org

REQUEST FOR APPLICATIONS

Tribal Local Opioid Coalitions: *Bringing Tribal communities together to prevent opioid-related deaths*

Important Dates

Project Period: December 3, 2018 – September 29, 2019

Funding Announcement Release: October 25, 2018

Informational Webinar: November 2 or November 6, 2018, 12:30 PM-1:30 PM

Nov 2 registration link: <u>https://attendee.gotowebinar.com/register/1859976045070154754</u>

Nov 6 registration link: https://attendee.gotowebinar.com/register/6490603350309283330

Application Deadline: November 19, 2018 Selection Notification: November 30, 2018

Mandatory Grantee Meeting/Opioid Summit: December 11-12, 2018

Final Report Due: June 15, 2019

Background

Thank you for your interest in the Tribal Local Opioid Coalition funding opportunity. This funding opportunity has been made available as part of the California Rural Indian Health Board, Inc. (CRIHB) Tribal Medication Assisted Treatment (MAT) project funded by the California Department of Health Care Services (DHCS)'s Substance Abuse and Mental Health Services Administration (SAMHSA)-funded State Targeted Response to the Opioid Crisis grant.

Tribal Local Opioid Coalition Description

CRIHB will fund up to 15 new Tribal Local Opioid Coalitions to address the opioid crisis in California Tribal communities. Coalition members will work towards: increasing access to treatment, reducing unmet treatment need, reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder. Tribal Local Opioid Coalitions are meant to be multi-sector, inter-agency partnerships of community members, stakeholders and resources who work together to reduce and eliminate opioid-related deaths and other impacts of opioid use in Tribal communities. CRIHB will utilize SAMHSA's Strategic Prevention Framework to guide the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable interventions to address opioid misuse.

Required activities

Each funded Coalition will be required to complete the below four (4) activities:

- 1. Complete a Community Readiness Model (or update an already-existing model)
- 2. Develop a Tribal Action Plan, incorporating harm reduction strategies (or submit an already-existing plan)
- 3. Develop or strengthen partnerships across sectors: law enforcement, local providers, schools, EMS, religious/spiritual institutions, etc.
- 4. Develop a Coalition evaluation plan

In addition to the required four (4) activities, each Coalition will prioritize a minimum of two and maximum of four of the below interventions that they may undertake:

- 1. Increase access to MAT for opioid addiction
- 2. Implement Safer Prescribing Practices and Guidelines
- 3. Stigma reduction strategies
- 4. Support recovery and peer support services
- 5. Youth prevention initiative
- 6. Community-based, culturally appropriate prevention strategies: This can include activities addressing historical and intergenerational trauma, grief, and loss; expanding opportunities to incorporate Tribal-specific cultural activities to strengthen community connectedness; supporting Gathering of Native Americans (GONA) events; strengthening family structures; and using traditional healers or practitioners.
- 7. Expand access to non-opioid pain treatment options such as acupuncture and physical therapy

CRIHB will provide funded Coalitions with access to a Tribal MAT Champion who will serve as a coach to provide on-going support, training, and technical assistance. Opportunities for peer-to-peer learning will be available through in-person regional and statewide convenings and webinars. Each funded Coalition will work with a Tribal MAT Champion and the California Tribal Epidemiology Center to obtain opioid-related data for their region and to develop a Coalition evaluation plan.

Eligibility

Applicants must:

- Be a Tribe or Tribal Organization
- Have capacity to complete the planned activities within the project timeframe.

Note: One organization will be funded to serve as the lead Coalition member and will be responsible for coordinating and organizing the Tribal Local Opioid Coalition, submitting progress reports to CRIHB, and evaluating the work.

Project Period

Applications are due on or before November 19, 2018. The project period to complete activities is December 3, 2018 – September 29, 2019. Funded activities must be completed by September 29, 2019. Funding for activities after September 29, 2019 is contingent upon allocations received.

Funding available

Approximate number of awards: 15

The one-year award amount will range from \$50,000 - \$75,000 to support Coalition activities. This is a competitive funding opportunity; programs will be awarded based on the application review. After a program is officially notified of funding, half of the award will be given upfront and the remaining award will be issued upon completion of project deliverables. All subcontract funds are required to be invoiced by the date noted in the contract.

Application Guidelines

A completed application includes a preliminary Work Plan, Statement of Need, Organizational Capacity Statement, preliminary Evaluation Plan, and a Budget.

Applicants will be notified if additional documentation is required. All application documents must be submitted in a typewritten format and submitted by 11:59pm (PST), November 19, 2018.

Project Requirements

Each local Tribe or Tribal organization selected will be required to do the following:

- Identify leadership and staff support;
- Complete the activities indicated in the grantee proposed work plan;
- Adhere to reporting requirements;
- Work collaboratively with the Project staff;
- Participate in at least one site visit before September 29, 2019;
- Participate in project sponsored meetings and trainings; and
- Send at least one representative to the California Indian Opioid Safety Coalition (CIOSC)
- Commit to the requirements of the subcontract program, including adhering to timelines and providing the appropriate deliverables.

Required Reporting:

- Progress Reports due in March 22, 2019; June 21, 2019; and
- Final Report due September 27, 2019

Budget Guidelines

The purpose of the budget narrative is to present and justify all expenses required to achieve project aims and objectives. In general, the budget narrative should provide as much detail and justification as necessary and explain why each of the items on the budget page is needed to accomplish the proposed project.

Salaries and Wages: Include information for each requested position, providing:

- 1. Name of staff member occupying the position, if available;
- 2. Annual salary;
- 3. Percentage of time budgeted for this program; and
- 4. Total salary requested;

Fringe Benefits: Usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation:

Supplies: General office supplies may be shown by an estimated amount per month multiplied by the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives. No single item purchase of \$5,000 or more, and no aggregate total of \$5,000 to one single vendor;

Travel: Whenever possible, list "who, what, where, when, and why." Use federal lodging, mileage, and per diem rates for relevant travel, including but not limited to attendance of existing Local Opioid Coalition meetings, reimbursement to Coalition members, etc.;

Consultant Services: Please indicate the services of non-employees "if paid by purchase order" in this section; and

Other Direct Costs: This line item may include phone lines, postage, printing, etc.

Review Criteria

All proposals will be reviewed by a selection committee comprised of staff from a variety of CRIHB departments. Individual comments on final applications will not be provided. Proposals will be rated based on the following criteria:

- The degree to which the proposal meets all RFP requirements; and
- The feasibility of achieving project objectives within the estimated schedule and budget.

Contact Information

CRIHB is the lead agency for this project. The Research and Public Health Department will administer and manage this project.

CRIHB Lead:

Daniel Domaguin, LCSW Behavioral Health Clinical Manager ddomaguin@crihb.org (916) 929-9761 x1520

How to Apply

The completed application *must* be received by 11:59pm (PST) on November 19, 2018. Application *must* be submitted to CRIHB via email to ddomaguin@crihb.org

Funding Limitations

Subcontract funds may not be used to substitute for or replace funds already allocated or spent for the same activity. These funds may not be used for clinical services, purchase of furniture or equipment (Equipment—Tangible, non-expendable personal property charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit), to construct or renovate facilities, for lobbying, or for travel unrelated to the project. Subcontract funds may be used for project staff salaries, supplies, project-related travel, and other direct expenses related to the project plan. Funds may not be used for construction.

Application

CONTACT INFORMATION	NC	
Tribe or Tribal Organization Name		
Tribe(s) Represented		
Street Address		
City, State, Zip Code		
Phone		
OFFICIAL CONTACT (CEO,	Chairperson	, Tribal Administrator)
Name and Title		
Work Phone		
E-Mail Address		
PROJECT LEAD (Responsible	le for carryi	ng out project activities)
Name		
Title		
Work Phone		
E-Mail Address		
FISCAL CONTACT (Person	who oversee	es the accounting of grant or contract funds)
Name		
Title		
Work Phone		
E-Mail Address		
AMOUNT OF REQUESTE	ED FUNDIN	G
Amount Requesting	\$	
Required Activities (pre	aliminary v	vorknjan)
The below activities are require		• /
•		s Model (or submit an already-existing model)
Develop a Tribal Ac existing plan)	tion Plan, inc	orporating harm reduction strategies (or submit an already-
		os across sectors: law enforcement, local providers, schools,
EMS, religious/spirit		
4. Develop a Coalition	evaluation pl	an
Prioritize and describe at least Increase access to Implement Safer I Stigma reduction	MAT for op Prescribing P	
Support recovery	-	port services

opioid-related deaths _____ Youth prevention initiative _____ Community-based, culturally appropriate prevention strategies Expand access to non-opioid pain treatment options How do you plan on completing these activities? A. NEED Describe the opioid-related issues that affect the Tribal community or communities you plan to serve through this Coalition.

Tribal Local Opioid Coalitions: Bringing Tribal communities together to prevent

B. ORGANIZATIONAL CAPACITY			
Describe adequate staffing and experience to ensure the Coalition's success. Include the system and methods for financial reporting, budget management, and administration.			
Outline who will have day-to-day responsibility for key tasks such as: coordination of the Coalition, monitoring of the Coalition's on-going progress, preparation of reports, program evaluation, etc.			
Describe all partners you plan to have participate in the Coalition.			

C. EVALUATION PLAN

Provide at least <u>three</u> key evaluation questions you will use to measure the performance and success of the Coalition. (i.e. "What are the demographics and content area expertise of all Coalition members?", "What is the impact of opioid reduction talking circles on the community?", "How satisfied are members with the Coalition's work?")					
Describe what types of data sources/tools, including you will use to answer your key evaluation question Ouantitative: clients served and community members reached; Coalition meeting attendance sheets; number of meetings, meeting participants, and community sectors represented by participants; number of partnerships and collaborations; number of Memoranda of Understanding, resolutions, and agreements; and numerical survey and interview data (i.e. from Community Readiness Model)					

D. Budget

CATEGORY	NARRATIVE	AMOUNT REQUESTED
Salary		\$
Fringe		\$
Supplies		\$
Travel		\$
Consultant/Contractual		\$
Other		\$
	TOTAL	\$

AUTHORIZED SIGNATURE (CEO, Chairperson, Tribal Administrator) Name (printed) Signature Title Date