##### 2023-2024 SOR Community implementation grant ITA

North Dakota State Opioid Response (SOR) Grant

**Community Implementation Grant**

Invitation to apply (ITA)



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# Funding Opportunity Description

## Eligible Applicants

Invitation to Apply forms (ITAs) will be accepted from North Dakota Local Public Health Units (LPHUs).

## Program Background and Goals of Program

The State Opioid Response (SOR) grant program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

**North Dakota SOR Grant Goals:**

1. Prevent substance (mis)use (specifically focused on opioids and stimulants).
2. Reduce harm related to opioids and stimulants.
3. Improve access to evidence-based treatment.
4. Increase access to recovery support services.

The purpose of this Community Implementation Grant is to support communities across the state to address local needs and gaps throughout the continuum of care specific to the opioid crisis, while also addressing stimulant misuse and use disorders.

## Contract Dates

The contract will run from October 1, 2023 to September 29, 2024.

## Expectations/Scope of Work

Vendor shall provide services in a manner that is recovery-oriented, trauma-informed, and person-centered.

Learn more with the following links:

* [Trauma-Informed](https://www.hhs.nd.gov/sites/www/files/documents/BH/Trauma%20Informed%20.pdf)
* [Recovery-Oriented](https://www.hhs.nd.gov/sites/www/files/documents/BH/Recovery-Oriented%20Systems.pdf)
* [Person-Centered](https://www.hhs.nd.gov/sites/www/files/documents/BH/Person%20Centered%20Care%20.pdf)
* [Integrated](https://www.hhs.nd.gov/sites/www/files/documents/BH/Integrated%20Care%20.pdf)

Vendor shall implement evidence-based strategies addressing opioid or stimulant misuse and use disorders through prevention, harm reduction, treatment, and recovery as identified in the submitted “Invitation to Apply”, as approved by the STATE.

Vendor shall implement the following strategies:

1. Increase access to naloxone through naloxone distribution with a focus on reaching individuals at high risk of experiencing an overdose.
2. Reduce opioid overdose related deaths by providing training on the recognition of opioid overdose and appropriate use of naloxone.
3. Reduce stigma surrounding Opioid Use Disorder (OUD) and the use of naloxone through the state opioid media campaign (Opioids: Fill with Care).
4. Increase access to naloxone by increasing awareness of where naloxone can be obtained.

Vendor shall ensure any organization receiving funding through the SOR perform HIV and viral hepatitis testing as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or referral made for same as clinically indicated.

Vendor shall utilize third party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual’s health insurance plan.

Vendor shall ensure no duplication of funding for activities being implemented. This includes but is not limited to the use of local and state opioid settlement funds, the use of state funds, and other grant funded efforts.

Vendor shall make any necessary project modifications as deemed necessary by STATE.

Vendor shall coordinate with all STATE-funded SOR sub-recipients to support collective efforts meeting the goals and objectives of the SOR grant program.

Vendor shall coordinate with existing community-based organizations and programs to maximize benefit, avoid duplication and leverage, redirect, and realign resources.

Vendor shall collaborate with STATE-contracted SOR evaluator to ensure all state and federal required data is collected, including the designated measures under the Government Performance and Results (GPRA) Modernization Act of 2010 for approved treatment and recovery activities (pre, follow-up, and post-grant activities).

Vendor shall comply with reporting deadlines as required by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Vendor shall submit monthly reports to STATE by the 10th of each month (unless otherwise directed based on SAMHSA requirements), which may include project performance, implementation status, achievement and barriers, any changes to local strategy implementation, process and outcome measures, and other measures as identified by SAMHSA or STATE

Vendor shall engage in ongoing communication with STATE and project evaluator for monitoring of local strategy implementation and project analysis.

By September 15, 2024, Vendor shall complete a final project summary report to include the following information:

* Summary of progress made for each implemented strategy, including success stories.
* Identified barriers to implementation for each strategy and efforts made to address them.

Vendor shall participate in training and technical assistance provided by STATE.

Vendor shall follow all SAMHSA standard funding restrictions.

Vendor shall ensure all communication (i.e. media, partnership meetings, stakeholders, etc.) about efforts related to this project includes the following language:

* *This effort is associated with North Dakota’s State Opioid Response Grant (SOR), funded by the federal Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), administered through the North Dakota Department of Health and Human Services, Behavioral Health Division.*

## Funding Availability and Distribution

Total available funding for the Community Implementation Grant is approximately **$1,900,000** with funding limits placed on each LPHU. Funding limits were calculated to provide a $35,000 minimum with additional funding based on population. A LPHU can apply for any funding less than or equal to the funding limit. STATE reserves the right to adjust funding awards.

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| --- | --- | --- | --- | --- |
| **Local Public Health Units** | **Funding Limit** |  | **Local Public Health Unit** | **Funding Limit** |
| Bismarck-Burleigh Public Health | $151,180 |  | McIntosh District Health Unit | $37,985 |
| Cavalier County Health District | $39,371 |  | Nelson/Griggs District Health Unit | $41,279 |
| Central Valley Health Unit | $62,693 |  | Pembina County Health Department | $43,076 |
| City-County Health Department | $47,807 |  | Ransom County Public Health Department | $41,730 |
| Custer Health Unit | $93,666 |  | Richland County Health Department | $54,504 |
| Dickey County Health District | $40,899 |  | Rolette County Public Health District | $49,381 |
| Emmons County Public Health | $38,895 |  | Sargent County District Health Unit | $39,557 |
| Fargo Cass Public Health | $252,740 |  | Southwestern District Health Unit | $92,596 |
| First District Health Unit | $149,651 |  | Steele County Public Health Department | $37,122 |
| Foster County Community Health | $39,008 |  | Towner County Public Health District | $37,551 |
| Grand Forks Public Health Department | $121,341 |  | Trail District Health Unit | $44,436 |
| Kidder County District Health Unit | $37,825 |  | Upper Missouri District Health Unit | $114,836 |
| Lake Region District Health Unit | $63,209 |  | Walsh County Health District | $47,464 |
| LaMoure County Public Health Department | $39,830 |  | Wells County District Health Unit | $39,699 |

# ITA Submission Information

## Deadline for ITA Submission

Applicants must submit completed *Invitation to Apply (ITA)* form by **September 22, 2023** to Amy Lies at [amlies@nd.gov](mailto:amlies@nd.gov)

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| **Schedule** | **Dates** | **Time (CT)** |
| Invitation to Apply Submission Deadline | September 22, 2023 | 5:00PM |
| Approximate Date of Notification of Award | September 29, 2023 |  |
| Contract Start | October 1, 2023 |  |
| Contract End | September 29, 2024 |  |

## Review Process

Completed ITAs will be reviewed by the Behavioral Health Division. Allow up to one week following the application deadline for notice of award.

# BHD Contact Information

Please contact Amy Lies with any questions.

Email: [amlies@nd.gov](mailto:amlies@nd.gov)

Phone: 701-328-8933

Main BHD office: 701-328-8920

# Invitation to Apply (ITA) Form

## LPHU Contact Information

|  |  |  |
| --- | --- | --- |
| Name of Local Public Health Unit |  | |
| Phone Number |  | |
| Address | Physical: | Mailing: |
| Grant Coordinator | Name: | Email Address: |
| Fiscal contact | Name: | Email Address: |

## Funding Limits

Funding limits are the total amount a LPHU can request and includes required and optional strategies. Funding limits were calculated to provide a $35,000 minimum with additional funding based on population. The last section of the ITA allows for proposals for additional funding beyond the funding limit. Additional funds are not guaranteed. Requests will be reviewed by the Behavioral Health Division team and awards will be based on available funding.

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| **Local Public Health Units** | **Funding Limit** |  | **Local Public Health Unit** | **Funding Limit** |
| Bismarck-Burleigh Public Health | $151,180 |  | McIntosh District Health Unit | $37,985 |
| Cavalier County Health District | $39,371 |  | Nelson/Griggs District Health Unit | $41,279 |
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| Custer Health Unit | $93,666 |  | Richland County Health Department | $54,504 |
| Dickey County Health District | $40,899 |  | Rolette County Public Health District | $49,381 |
| Emmons County Public Health | $38,895 |  | Sargent County District Health Unit | $39,557 |
| Fargo Cass Public Health | $252,740 |  | Southwestern District Health Unit | $92,596 |
| First District Health Unit | $149,651 |  | Steele County Public Health Department | $37,122 |
| Foster County Community Health | $39,008 |  | Towner County Public Health District | $37,551 |
| Grand Forks Public Health Department | $121,341 |  | Trail District Health Unit | $44,436 |
| Kidder County District Health Unit | $37,825 |  | Upper Missouri District Health Unit | $114,836 |
| Lake Region District Health Unit | $63,209 |  | Walsh County Health District | $47,464 |
| LaMoure County Public Health Department | $39,830 |  | Wells County District Health Unit | $39,699 |

## Required Strategies

The following strategies are a requirement of the SOR Community Implementation Grant and must be implemented by all funded LPHUs.

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|  | **Required Strategies** | |
|  |  | Increase access to naloxone through naloxone distribution with a focus on reaching individuals at high risk of experiencing an overdose.  *\*\*BHD can provide nasal Narcan (2-dose kits) to LPHUs at no cost or LPHUs can use SOR funds to purchase their own* |
|  |  | Reduce opioid overdose related deaths by providing training on the recognition of opioid overdose and appropriate use of naloxone |
|  |  | Reduce stigma surrounding OUD and the use of naloxone through the state opioid media campaign (*“Opioids: Fill with Care”*) |
|  |  | Increase access to naloxone by increasing awareness of where naloxone can be obtained |

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| **STRATEGY 1 →** | Increase access to naloxone through naloxone distribution with a focus on reaching individuals at high risk of experiencing an overdose.  *\*\*BHD can provide nasal Narcan (2-dose kits) to LPHUs at no cost or LPHUs can use SOR funds to purchase their own* | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Action Steps** | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 2 →** | Reduce opioid overdose related deaths by providing training on the recognition of opioid overdose and appropriate use of naloxone | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Action Steps** | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 3 →** | Reduce stigma surrounding OUD and the use of naloxone through the state opioid media campaign (*“Opioids: Fill with Care”*) | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Action Steps** | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 4 →** | Increase access to naloxone by increasing awareness of where naloxone can be obtained | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Action Steps** | | **Who** | **When** | **Process Measure(s)** | | |
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| **Total funding requested for REQUIRED STRATEGIES** |  |

## Optional Strategies

The following is a list of evidence-based, optional strategies that can be implemented through the SOR Community Implementation Grant. Select each strategy you plan to implement.

If there are additional strategies you would like to implement that are not listed, you may contact the Behavioral Health Division by emailing Amy Lies at [amlies@nd.gov](mailto:amlies@nd.gov)

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| **State Goal** | **Strategies** | |
| **Prevent opioid and stimulant (mis)use** |  | Promote medication safety by partnering with local law enforcement to host drug Take Back event(s), establish drug Take Back locations, and/or promote drug Take Back events and locations |
|  |  | Promote medication safety by distributing safe medication disposal products (DisposeRX and/or Deterra bags) |
|  |  | Promote medication safety by supporting prescribers on the adoption of best practice policies related to prescribing practices and alternative pain management options |
|  |  | Provide education on medication safety, increase awareness on risks and signs of an opioid overdose, and educate on the effective response to an opioid overdose through the state opioid media campaign (*“Opioids: Fill with Care”*) |
|  |  | \*For grantees NOT receiving SUPTRS Prevention Block Grant funds –  Provide support to parents to create a safe environment for their children that promotes behavioral health while preventing substance use through the state opioid media campaign (*“Parents Lead”*) |
| **Reduce harm related to opioids and stimulants** | *If the LPHU currently operates a Syringe Service Program:* | |
|  |  | Increase availability of harm reduction supplies by purchasing and distributing fentanyl test strips |
|  |  | Increase availability of harm reduction supplies by purchasing and distributing xylazine test strips |
|  |  | Increase availability of harm reduction supplies by purchasing and managing a harm reduction vending machine |
|  |  | Enhance existing harm reduction services |
|  |  | Reduce stigma related to harm reduction efforts through the state opioid medica campaign (“*Opioids: Fill with Care”)* |
|  | *If the LPHU does not currently operates a Syringe Service Program:* | |
|  |  | Increase availability of harm reduction services by establishing a new Syringe Service Program |
|  |  | Increase availability of harm reduction services by partnering with existing Syringe Service Programs |
|  |  | Reduce stigma related to harm reduction efforts through the state opioid medica campaign (“*Opioids: Fill with Care”)* |
| **Improve access to evidence-based treatment** |  | Increase availability of medications for opioid use disorder (MOUD) by partnering with an existing OTP to establish a medication unit |
|  |  | Increase availability of MOUD by partnering with a prescriber and a pharmacy to fund MOUD for individuals with financial barriers \**This strategy requires GPRA collection* |
|  |  | Increase availability of MOUD by educating prescribers on the ability to prescribe MOUD to increase the number of practitioners prescribing MOUD |
|  |  | Increase access to treatment by partnering with local Emergency Department to perform buprenorphine inductions and increase linkages to treatment \**This strategy requires GPRA collection* |
|  |  | Increase access to MOUD for individuals who are incarcerated by supporting jails on the adoptions or enhancement of policies supportive of MOUD |
|  |  | Increase access to treatment for individuals who are incarcerated by linking SUD Voucher providers with local jails |
|  |  | Increase access to treatment by reducing barriers such as childcare (SOR is payor of last resort) \**This strategy requires GPRA collection* |
|  |  | Increase retention in treatment by partnering with treatment providers to implement Contingency Management in their practice \**This strategy requires GPRA collection* |
|  |  | Reduce stigma surrounding MOUD through the state opioid media campaign (“*Opioids: Fill with Care”)* |
| **Increase access to recovery support services** |  | Increase availability of peer support services by supporting individuals to become Peer Support Specialists |
|  |  | Increase availability of peer support services by contracting with a Peer Support Specialist \**This strategy requires GPRA collection* |
|  |  | Increase availability of peer support services by supporting the adoption or enhancement of policies that integrate Peer Support Specialists in the Emergency Department \**This strategy requires GPRA collection* |
|  |  | Increase access to recovery support services by reducing barriers such as transportation or childcare (SOR is payor of last resort) \**This strategy requires GPRA collection* |
|  |  | Support the adoption or enhancement of best practices within existing recovery services to ensure access for individuals receiving MOUD |
|  |  | Increase access to recovery housing by increasing Recovery Housing Assistance Program providers |
|  |  | Reduce stigma surrounding OUD, Stimulant Use Disorder, and recovery through the state opioid media campaign (“*Opioids: Fill with Care”)* |

## Action Planning for Optional Strategies

Please complete a detailed action plan for each **optional** strategy selected above. Add additional tables as needed. With each strategy, please include a requested dollar amount.

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| **STRATEGY 1 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 2 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 3 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 4 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 5 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **STRATEGY 6 →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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| **Total funding requested for OPTIONAL STRATEGIES** |  |

## Total Funding Request

|  |  |
| --- | --- |
| Total funding request for **ALL STRATEGIES**  (Required + Optional) |  |

\*Total funding request shall not exceed the funding limit for your community

## Additional Funding Proposal

It is recognized that communities may have the capacity and desire to implement strategies in their communities that require funding above and beyond the funding limits. Due to the potential of some LPHUs not applying for the grant or some LPHUs requesting funds below their funding limit, there is a possibility for additional funds for LPHUs.

Using the template below, you may request additional funds. Please describe how you would like to use the funds and the requested amount for each strategy.

*\*\*Additional funds are not guaranteed. Requests will be reviewed by the Behavioral Health Division team and additional funding will be awarded based on total funds available.*

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| **STRATEGY →** |  | | | | | **DOLLAR AMOUNT REQUESTED** |  |
| **Describe any previous efforts related to this strategy that have been funded by the SOR grant, including successes and barriers** | |  | | | | | |
| **Action Steps** | | | **Who** | **When** | **Process Measure(s)** | | |
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