

Building Community Capacity through Community Behavioral Health Organizations

Request for Applications

The National Council for Mental Wellbeing, with support from the Centers for Disease Control and Prevention (CDC), invites community behavioral health organizations (CBHOs), harm reduction organizations, and other community-based organizations to apply for grant funding to support overdose prevention efforts. Through a competitive application process, National Council staff and project partners will select **up to 25 sites** to implement evidence-based or promising strategies to enhance and expand critical services that reduce the risk of overdose through increasing engagement in evidence-based and innovative harm reduction treatments, linkage to care, and peer support services. In addition to funding support, selected sites will receive and participate in training and technical assistance (TTA) opportunities. **Grants of up to \$100,000 will be awarded; projects of up to 12 months will begin in March 2023.**

Applications must be submitted online at <https://ncmw.awardsplatform.com/> by Friday, February 3, 2023, at 11:59pm ET. Late submissions will not be accepted. Please contact J'Neal Woods at JNealW@thenationalcouncil.org with any questions.

A. Background

The overdose crisis, with more than 103,000 overdose deaths occurring in the 12-month period ending in May 2022, necessitates a robust response that includes evidence-based and best practice overdose prevention, harm reduction, and linkage to care strategies and services.¹ More than 3 out of 5 overdose deaths involved at least one potential opportunity to link people to care before the fatal overdose or to implement life-saving actions when the fatal overdose occurred.² Given unprecedented rates of mortality, expanded access to and engagement with overdose prevention and treatment services is needed. Additionally, overdose-related disparities based on race, ethnicity, and other socio-economic factors, require a health equity lens in the planning, implementation, and evaluation of overdose prevention and treatment strategies.

Linkage to care is a crucial early step in successful overdose prevention and response. It is a coordinated system and practice of actively referring individuals to desired care or services related to problematic opioid or other drug use.

Linkage to care initiatives identify people who are at risk for overdose or have recently experienced a non-fatal overdose and link them with harm reduction services, health care, evidence-based substance use

¹ Ahmad, F. B., Cisewski, J. A., Rossen, L. M., & Sutton, P. (2022, Oct. 12). *Provisional drug overdose death counts*. National Center for Health Statistics. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

² (2022, Dec. 5). *Overdose Deaths and the Involvement of Illicit Drugs*. Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/featured-topics/V5-overdose-deaths-illicit-drugs.html>



treatment, and wraparound supports³. The key is that these initiatives are person-centered—helping individuals to access services when they express the desire for them.

Identifying persons who use drugs and persons with substance use disorder at risk of overdose and successfully linking them to care plays a key role in the overall overdose epidemic, by addressing structural inequities related to health, reducing suffering, disease, and death.

Effective linkage to care programs are grounded in the following pillars and principles:

- Embrace the inherent value of people
- Commit to deep community engagement and community building
- Promote equity, rights, and reparative social justice
- Offer low barrier access and non-coercive support
- Focus on any positive change, as defined by the person
- Assure education, access, and autonomy in service and treatment planning

Peer work is an essential part of linkage to care initiatives. Emerging evidence shows that peer-recovery models, in which a trained person in recovery or with lived experience of a substance use disorder acts as both a form of social support and a patient navigator, are easily integrated into existing services.⁴ Peer workers can provide a range of supports, including:

- Peer navigation: Peer support workers help with navigating a wide range of health and social welfare service systems, facilitate access to physical and behavioral health care, and support beginning SUD treatment when desired, as well as sustaining engagement in care.
- Informational support: Peer support workers assist individuals to increase their knowledge and awareness of how to reduce the risk of infection and other health issues related to drug use, reduce overdose risk, and co-create wellness goals.
- Emotional support: Peer support workers assist program participants to enhance confidence and motivation to self-defined goals for health and well-being, and to address challenges and barriers to care.

Core components of linkage to care programs may include:

- Active referral and warm handoffs to substance use treatment, harm reduction services, recovery support services, and primary care services
- Intensive, comprehensive outreach, including one-on-one visits to persons who are at risk of overdose, in-person or virtually
 - Brief motivational interviews
 - Facilitate risk and readiness to change self-assessments

³ Wraparound supports may include mental health care, transportation to treatment, peer support, infectious disease care, obstetric care, or harm reduction services that can address barriers to care.

⁴ Carroll, J.J., Asher, A., Krishnasamy, V., & Dowell, D. (2022, Dec. 21). *Linking People with Opioid Use Disorder to Medication Treatment: A Technical Package of Policy, Programs, and Practices*. Centers for Disease Control and Prevention National Center for Injury Prevention and Control. https://www.cdc.gov/drugoverdose/pdf/pubs/linkage-to-care_edited-pdf_508-3-15-2022.pdf

- Facilitate self-directed health, well-being planning (for example, moderation, safer use, or no goals related to substance use), and recovery planning
- Active relationship-building and follow-up
- Overdose education and naloxone distribution
- Stigma-reduction education and messaging campaigns
- Health and well-being promotion

B. Goals

The goals of this funding opportunity are to:

- Support the implementation and enhancement of evidence-based services or promising practices to prevent and reduce overdose and other drug-related harms through linkages to care, such as syringe services programs, naloxone distribution, mail-based and mobile syringe and naloxone distribution programs, post-overdose outreach, and medication for opioid use disorder (MOUD).
- Increase the collaboration between CBHOs, harm reduction organizations, and other community-based organizations to link people who use drugs (PWUD) and people with substance use disorder (PWSUD) to harm reduction services, peer support, treatment and recovery support, and other wraparound services.

Examples of possible projects that are in line with the goals of this funding opportunity include:

- Health hubs for PWUD
- Community-based overdose response teams, crisis response teams, or rapid response teams that serve communities that are significantly impacted by overdose
- Partnering to ensure access to services that decrease wait times for appointments, have low barrier access, and collaborate on follow-up to re-engage individuals in care
- Co-located services (e.g., MOUD within syringe services programs)
- Low barrier buprenorphine and methadone at multiple locations in a community
 - MOUD bridge clinics (face-to-face and telehealth) in transitional places, such as emergency departments, criminal legal settings, and overdose response programs
 - MOUD integration within primary care and community health centers
 - Mobile clinical wound care, or such care integrated into spaces in which PWUD feel safe
- Emergency department linkage to care after overdose
- Re-entry support and linkage to care for individuals returning to a community after incarceration

C. Applicant Eligibility

Eligible applicants include community behavioral health organizations (CBHOs), harm reduction organizations, and other community-based organizations and/or coalitions in the U.S. that provide services within a city, county, or multiple geographic locations with a total population of 400,000 people or more. Applicants must use the 2020 - 2021 U.S. Census [city](#) or [county](#) data to confirm population for



the geographic area to be served. Applicants should have the experience and infrastructure necessary to begin active implementation within five months of the start of the project period.

Additionally, applicants that are in line with the goals of this funding opportunity:

- Have established linkages to and partnerships with mental health and substance use treatment, primary care, public health, social services, legal services, and other community-based providers.
- Serve disproportionately affected populations (e.g., justice-involved, homeless, people who have already experienced a drug overdose, people with disabilities/differently able, racial/ethnic minorities such as African Americans, Hispanic/ Latinx and American Indian/ Alaska Native populations).
- Focus on opioid, stimulant, and polysubstance use prevention.
- Provide a range overdose prevention and harm reduction services and interventions for PWUD and/or PWSUD.
- Conduct peer-led outreach to individuals who recently experienced an overdose or areas where overdoses are occurring.
- Engage new drug users in services, prioritizing engagement of PWUD not currently in care.

All applicants must:

- **Possess a Unique Entity ID (UEI) provided by www.SAM.gov.** The Unique Entity ID is a unique twelve-character alphanumeric identification number provided by SAM.gov. It will be used as the Universal Identifier when applying for federal awards or cooperative agreements. The applicant organization may register for a Unique Entity ID online at www.SAM.gov. SAM.gov is the primary registrant database for the federal government and the repository into which an entity must submit the information required to conduct business as a recipient of federal funds. The UEI will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients must provide their Unique Entity ID before accepting any funds. If an award is made, the Unique Entity ID must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM.gov registration process can require 10 or more business days, and registration must be renewed annually. Learn more about registration procedures at www.SAM.gov.

D. Program Expectations and Requirements

Organizations awarded funding are expected to:

- Use grant funds to support novel and innovative harm reduction and overdose prevention and treatment services to support PWUD over a project period of 12 months.



- Participate in grantee cohort learning opportunities, training and technical assistance, such as grantee meetings, webinars or other sessions for sharing tools, resources, and lessons learned.
 - To promote meaningful learning and sustainable implementation, we recommend that organization and coalition members participate together in TTA when possible.
- Participate in project evaluation, including responding to a brief evaluation assessment at the beginning of the project period (baseline), mid-year, and at 12 months.
- Provide a brief mid-year report to the National Council that details how grant funds were used to support project activities, an action plan for what activities will be implemented during the second half of the project period, and how remaining funds are expected to be used.

E. Funding Priorities

Priority for grant awards will be given to projects that:

- Serve populations highly impacted by drug overdose, including PWUD and PWSUD that are:
 - Black, Indigenous and people of color (BIPOC).
 - Experiencing homelessness and housing instability.
 - Not currently in care
 - From jurisdictions that lack or are underserved by MOUD treatment providers.
 - Justice-involved.
 - Overdose survivors.
- Use a health equity approach in their initiatives.
- Have the experience and infrastructure necessary to begin active implementation within five months of the start of the project period.
- Actively collaborate with other organizations that are engaged in overdose prevention and harm reduction activities within their communities.

F. Funding Restrictions

In compliance with federal funding requirements, grant funds **may not** be used for the following activities:

- Prohibited purchases generally include naloxone (Narcan), syringes, harm reduction kits, furniture, and equipment. Please note that vehicles may be allowable expenses for linkage to care activities.
 - However, when injectable naloxone is being used in a program or community, certain activities are allowable, including:
 - Purchasing equipment associated with the use of injectable naloxone (e.g., alcohol pads, antiseptic wipes, personal fitpacks/sharps containers used to carry naloxone and dispose of syringes used with injectable naloxone).
 - Syringe disposal as part of prevention activities.
 - Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
- HIV/HCV or other STD/STI testing.



- Drug disposal, including implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- Provision of medical/clinical care.
- Research.
- Direct funding or expanding the provision of SUD treatment.
 - However, activities related to co-location of treatment within existing syringe services programs (SSPs) are allowable. Payment for direct services remains unallowable.
- The prevention of adverse childhood experiences (ACEs) as a stand-alone activity.
 - However, activities related to ACEs are allowable if they pertain to establishing linkage to care or to providing training to public safety and first responders on trauma-informed care.
- Medication-assisted treatment (MAT) provider waiver fees.
 - Funds can be used to support training and education related to MAT waivers but cannot be used to cover the waiver fee itself.
- Neonatal abstinence syndrome (NAS) surveillance data collection.
 - Please note that certain activities that cover NAS are allowable, while others are not. In particular, certain NAS-related surveillance and prevention activities may be allowable; however, funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable include:
 - Surveillance of linkage to care during or after pregnancy for mothers who use opioids during pregnancy.
 - Tracking drug use patterns, overdose history and linkage to treatment and risk reduction services for pregnant women.
 - Linking data sources on pregnant women available at the state and local level.
 - Prevention strategies and activities for pregnant women, infants born with NAS and for health care provider/clinician support and education

Grant funds **may** be used to support a range of project activities in compliance with the above funding restrictions, including, but not limited to:

- Salaries and wages for staff.
- Fringe benefits.
- Consultant costs.
- Equipment not listed in the unallowable list.
- Supplies.
- Travel.
- Contractual costs.
- Indirect costs.

G. Key Dates

Activity	Date
Deadline to submit applications	Friday, February 3, 2023, at 11:59pm ET
Funding notifications	Friday, February 24, 2023
Kick-off grantee meeting (Zoom) -- REQUIRED	Thursday, March 9, 2023, 11:00am – 1:00pm ET
TA activities	Monthly (days and times TBD)
Deadline to submit mid-year report and action plan	Friday, July 24, 2023, at 11:59pm ET

H. Application Submissions

Applicants should develop a proposal with project activities spanning one year that would begin in March 2023. All applications are due by **Friday, February 3, 2023, at 11:59pm ET** and must be submitted online at <https://ncmw.awardsplatform.com/>.

I. Selection Process

Each application will be reviewed and rated by a panel of subject matter experts. Applications will be chosen for awards based on the following criteria:

- Organizational scope of overdose prevention and treatment services and populations served (5 points)
- Reasonableness and feasibility of project scope and success (20 points).
- Impact of the proposed project activities on PWUD and on reducing overdose and drug-related harms in their communities (5 points).
- Connections to and collaborations with other groups (formal and informal) doing similar work in the community and experience working with the population of focus (5 points).
- Reasonable timeline and ability to begin active implementation within five months of the start of the project period (5 points).
- Plan to measure success of the project (5 points).
- Appropriateness of proposed budget (5 points).

Additionally, reviewers will consider:

- Commitment and ability to serve highly impacted populations.
- Appropriateness of the budget request.
- Geographic diversity among selected awardees.

J. Award Process

The National Council will administer grant funds with awarded implementation sites through a fixed price contract. When funding decisions have been made, National Council project staff will contact each



applicant to notify them of their application status. Successful applicants will be asked to sign a commitment agreement detailing roles and responsibilities, project activities and payment schedule. Funds will be provided in two payments, once following execution of the contract and again after five months, contingent on receipt of the mid-year report and action plan.

Funding decisions are expected to be made, and applicants notified, by February 24, 2023.

Questions about the funding opportunity or application process?

Contact J'Neal Woods at JNealW@thenationalcouncil.org

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Application for Funding

Application Instructions

Please complete the application in its entirety. **Final application packages should be submitted online at <https://nationalcouncil.awardsplatform.com/> by Friday, February 3, 2023, at 11:59pm ET**

Application questions are required unless otherwise specified. Word limits are designated for each response. Submit questions related to the application J'Neal Woods at JNealW@thenationalcouncil.org

Part I. Contact Information

Field	Response options
1. Contact First and Last Name	
2. Contact Job Title	
3. Contact Email Address	
4. Contact Phone Number	
5. Organization/Program Name	
6. Physical Address (City, State, ZIP Code)	
7. Federal Employer Identification Number (EIN)	
8. Unique Entity ID (UEI)	
10. Does the organization provide services within a city, county, or multiple geographic locations with a total population of 400,000 or more people? If yes, provide the city(s) or county(s) and total population.	<ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> ○ Required comment box • No
11. Which of the following best describes the service area of the organization?	<ul style="list-style-type: none"> • Rural • Suburban • Urban
12. Website (if applicable)	

Part II. Organizational Overview (5 points)

Field (maximum word count)	Response options
1. Brief description of organization, including high-level overview of services provided, experience working in geographic location to be served, mission and populations served. (500 words)	
2. Type of organization	<ul style="list-style-type: none"> • Harm reduction • Certified Community Behavioral Health Centers • Mental health or substance use treatment organization



	<ul style="list-style-type: none"> • Primary care/ health care • Faith-based organization • Community based organization • Recovery community organization • Reentry Programs • Other (comment box)
3. Annual Organizational Budget	
4. Number of individuals served annually	<ul style="list-style-type: none"> • 1-100 • 101-500 • 501-1,000 • 1,001-5,000 • 5,001-10,000 • 10,001-15,000 • More than 15,000
5. Populations served	<ul style="list-style-type: none"> • People experiencing homelessness and housing instability • BIPOC communities • People with disabilities/differently able • Rural, tribal and frontier communities • People transitioning from correctional settings to the community • LGBTQ+ communities • People transitioning from hospitals/emergency departments back to the community • Jurisdictions with a lack of MOUD treatment providers • PWUD over the age of 55 • PWUD not currently in care • People with co-occurring disorders • Pregnant people • Young adults • Other (comment box)
6. Please select the primary services currently offered for the population to be served with this project.	<ul style="list-style-type: none"> • Overdose response <ul style="list-style-type: none"> ○ Syringe services ○ Naloxone distribution ○ Overdose prevention and reversal training ○ Fentanyl testing strips distribution • Peer recovery support services • Outreach • Mobile services • Technology-assisted services (e.g., mobile apps, telehealth, texting) • Linkage to SUD treatment

	<ul style="list-style-type: none"> • Medications for opioid use disorder (MOUD) (e.g., buprenorphine, methadone, naltrexone) • Medical care <ul style="list-style-type: none"> ○ Wound care ○ HIV/HCV testing • Re-entry services • Case management • Housing assistance • Employment assistance • Food assistance • Legal assistance • Dental care • Mail services • Other (comment box)
7. Number of staff employed by organization or program	<ul style="list-style-type: none"> • 1-10 • 11-20 • 21-50 • 51-100 • More than 100
8. Number of volunteers part of the organization or program	<ul style="list-style-type: none"> • 1-10 • 11-20 • 21-50 • 51-100 • More than 100

Part III. Project Proposal (45 points)

Field (maximum word count)	Short answer response
1. Describe the proposed project, and its goals and activities. Include how evidence-based and innovative harm reduction strategies and treatments, linkage to care, and/or peer support services will be integrated to implement project activities and achieve project goals. (500 words)	
2. Describe the anticipated short-term and medium-term outputs and outcomes of the activities, including how they will reduce overdose and drug-related harms. (500 words)	
3. Describe existing and/or potential key partners/collaborating organizations for the project, the role that each will play,	



their experience working in the geographic location to be served, and their experience working with the population of focus. (500 words)	
4. Provide a brief project timeline, including key milestones and dates (300 words).	
5. Briefly describe how success will be measured for the project. Include proposed process, output and outcome measures, and methods that will be used to track project activities and outcomes. (300 words).	
6. Please describe what topic areas and types of TTA would be most beneficial for you to participate in during the project period (300 words).	
7. Name and title of project director.	
8. Project director email address.	
9. Project director phone number.	

Part IV. Budget Proposal

Field (maximum word count)	Response options
1. Total amount requested (up to \$100,000).	\$
2. Budget. Upload a proposed budget with line items identifying the allocation of funds for project expenses including, but not limited to, salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, contractual costs, indirect costs and other expenses.	File submission
3. Budget narrative. Upload a brief budget narrative describing how the funds will be applied to meet the goals of the project within the 12-month project period, including how each line item was calculated. The budget narrative will be reviewed to ensure proposed spending is in compliance with federal restrictions. Please see Section E of the RFA announcement for a list of unallowable expenses.	File submission



Part V. Additional Supporting Attachment(s)

Please include the following additional supporting documents:

- Updated brief biography or resume for the proposed project director (required).
- Other materials demonstrating commitment, experience, organizational impact, or current or past harm reduction (e.g., brochures, client testimonials, reports) (optional, limit 5 pages).

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