

Overdose Fatality Review (OFR) Mini-Grant Application

Project proposals are due by close of business, Wednesday, October 25, 2023.

Summary:

The Rhode Island Department of Health (RIDOH) is offering mini-grants of up to \$4,950 to organizations to support projects that work to operationalize recommendations made by the Rhode Island Overdose Fatality Review (OFR) Team.

The OFR Team has been convening since 2016 with legislation passed in 2018 to create statutory permanence that ensures sustainability as an important public health policy priority. It is a multiagency, multidisciplinary team that convenes on a quarterly basis to share, review, and analyze data from multiple sources. The team utilizes a problem-solving framework to increase collaboration across systems, identify opportunities to prevent future overdoses, and provide recommendations for policies, services, and initiatives by reviewing the life and death circumstances of individuals who have experienced an accidental fatal overdose.

Eligible applicants are non-profit organizations and/or government entities with experience providing services, support, and engagement to populations affected by overdose or can provide justification for other demonstrated efforts that address the overdose epidemic in Rhode Island. Priority will be given to applicants with proposals for innovative projects that address existing gaps in overdose prevention and/or work to achieve health equity and eliminate health disparities by focusing on recommendations that directly impact the Black, Indigenous, and people of color (BIPOC) communities, who remain disproportionately impacted by drug-related overdose deaths.

Each organization may submit only one mini-grant application. Please note that RIDOH anticipates funding <u>six</u> agencies during this mini-grant cycle.

To apply: Please submit the following documents to <u>Heather Coia</u> no later than **5 p.m. on Wednesday, October 25, 2023:**

- 1. A completed RIDOH Overdose Fatality Review Mini-Grant Application (Pages 4–10). Incomplete project proposals will not be considered.
- 2. A completed federal W-9 to verify non-profit status and ensure timely processing of the grant award.

Requirements:

- Project proposals should align with at least one recommendation from the list of priorities on page 3. Proposals to implement other OFR recommendations from <u>published OFR reports</u> with justification will also be considered.
- A final report, project deliverables (if applicable), and project invoice must be submitted to RIDOH within 30 days of project completion. The anticipated start date for project implementation is December 1, 2023. The final report must be completed in its entirety prior to receiving reimbursement for grant-related expenses.

• Please note that mini-grants operate on a reimbursement model. No funding will be provided until the conclusion of the project implementation period and all proper documentation is received and processed.

Restrictions:

Mini-grant funding may not be used for the following:

- Purchase of <u>naloxone</u> or <u>harm reduction supplies</u> (i.e. safer smoking kits and fentanyl test strips¹).
- Purchase of syringes;
- Implementation or expansion of prescription drug "take-back" or disposal programs (including Deterra™ or any other drug deactivation and disposal products);
- Preparation, distribution, or use of any material related to lobbying, publicity, or propaganda;
- Direct funding or expansion of substance use treatment programs;
- Direct funding of clinical care, staff, or operations.

¹ Safer smoking kits and other <u>harm reduction supplies</u> such as fentanyl test strips can be ordered **at no cost to the organization** through <u>Preventing Overdose and Naloxone Intervention (PONI)</u>. **Free** naloxone can be requested using the <u>Naloxone Request Form for Community Partners</u>.



Overdose Fatality Review (OFR) Mini-Grant Application

Instructions: Please complete Sections I-VI of the mini-grant application.

RIDOH is seeking applications to support projects that operationalize recommendations made by the Rhode Island Overdose Fatality Review (OFR) Team. **Proposed projects should align with at least one OFR recommendation from the below list. Proposals to implement other OFR recommendations from <u>published OFR reports</u> with justification will also be considered.** Priority will be given to applicants with proposals for innovative projects that address existing gaps in overdose prevention and/or work to achieve health equity and eliminate health disparities by focusing on recommendations that directly impact communities who remain disproportionately impacted by drug-related overdose deaths.

If you have questions about any of the priorities listed below, please reach out to Heather Coia.

RIDOH will prioritize funding for OFR-related initiatives that:

- Promote education and messaging that prevents overdoses to include risks, safer drug use practices, and overdose prevention/response.
- Address polysubstance use, including stimulant and/or alcohol use.
- Focuses on meeting the specific needs of individuals who use on stimulants (see funding restrictions on page 2).
- Are designed to provide supports for families impacted by substance use and/or misuse to include scholarship programs to Rhode Island youth who have lost a caregiver to overdose, provision of Community Reinforcement and Family Training (CRAFT) and supports for families whose loved one experiences a fatal accidental overdose.
- Provide education/training to healthcare providers, first responders, and/or school staff that focus on anti-stigma, appropriate screening for substance use, trauma-informed care, and crisis intervention.
- Engage non-traditional partners to include liquor stores, local businesses, and/or music venues in overdose prevention efforts.
- Provide low-barrier housing with limited eligibility requirements and basic needs of individuals who use and/or misuse substances to include housing subsidies, hygiene supplies and transportation options to access daily needs/services.

- Support policy work that addresses barriers to on-demand treatment and/or legal barriers that negatively impact people who use drugs.
- Provide clinical and/or other trauma supports to professionals who provide frontline services.
- Improve patient care coordination by promoting best practices for continuous person-focused case coordination, collecting/analyzing data about barriers to ongoing care coordination, implementing primary care managers that longitudinally track care, and/or focus on care coordination at discharge from the emergency department or other level of care.

SECTION I: AGENCY AND AGENCY CAPACITY (15 points)

Name of Agency:
Partner Agency (or Agencies) if Applicable:
Project Title:
Is Your Organization Currently Funded By RIDOH?

___Yes ___No

If yes, please list the position/program/project(s) _____

Please briefly describe your organization's experience with overdose prevention and response initiatives, including any relevant experience with your proposed target population. If your agency does not have experience working with populations affected by drug overdose but you are partnering with an agency who does, please identify that partner agency, along with the unique expertise and experience each agency brings to the partnership. Please use bullet points as needed.

300 words maximum

SECTON II: SCOPE OF WORK (30 points)

Provide a detailed summary of the project you are proposing to implement. Please be as specific as possible about your scope of work. If the mini grant funding is intended to support a smaller piece of a larger program, you can briefly provide that context here. However, please be sure to specifically detail which aspects of the program will be funded by *this* mini-grant.

Important details to include:

- Your target population and the reason why you selected this population, including any supporting data or evidence (i.e., what is the problem you are trying to address).
- A description of *how* your project connects to one or more OFR recommendations listed.
- Potential challenges and solutions: Do you foresee any challenges that could arise? How would you try to solve them?

500 words maximum

SECTION III: PERSONNEL AND WORK PLAN (15 points)

Please include details about staff members that will be involved with the mini-grant funded project and *briefly* describe their relevant experience and role. Add or delete rows as necessary.

Name of Staff	Title	Experience and Role in this Project
1.		
2.		

Please provide a **detailed work plan and timeline**, listing *all* steps of the mini-grant project implementation with the approximate start and end dates.

• Project timelines are flexible and left to the discretion of the organization. Typically, most projects can be completed between three to six months. But please propose a timeline that works best for your scope of work/project.

Agencies can expect contracts to be in place by **December 1, 2023** (exact start date TBD), with the understanding that processing delays may occur.

Add or delete rows as necessary.

Activities	Start Date	End Date

SMART Goals Guide

SMART Stands for Specific, Measurable, Achievable, Realistic, and Time-Bound.

Please see example of a SMART goal is on the following page, SECTION IV: PROJECTED OUTCOMES AND EVALUATION

Specific

• Objective clearly states, so anyone reading it can understand, what will be done and who will do it.

Measurable

• Objective includes how the action will be measured. Measuring your objectives helps you determine if you are making progress. It keeps you on track and on schedule.

Achievable

• Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success

Realistic

• A relevant objective makes sense, that is, it fits the purpose of the grant, it fits the culture and structure of the community, and it addresses the vision of the project.

Time-Bound

• Every objective has a specific timeline for completion.

	Define what you expect
Specific	 Determine who will do it Detail accountability Use action verbs, expressing physical or mental action, as much as possible Provide enough detail - this depends on the objective but should be enough to be clear
Measurable	 Identify how you will know objective was accomplished – This can mean quantity or quality-(for instance, "80% of participants agree or strongly agree on the feedback form")
Achievable	 Make sure you have the time, manpower, resources, and authority to accomplish the objective Consider if there may be factors beyond your control

Tips for Writing SMART Objectives

Realistic	 The objective helps you meet the purpose of the grant The objective is aligned with the Community Readiness Assessment scores
Time-Bound	 Specify when the objective should be completed Include time-lined benchmarks for long-range goals and all objectives

(SMART Objective source: samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf)

SECTION IV: PROJECTED OUTCOMES AND EVALUATION (20 points)

What are the short-term outcomes of the mini-grant project? For example, what products will be developed, how many people do you expect to reach? How will you measure progress and success? Please use SMART objectives. Add or delete rows as necessary. (More details about SMART objectives on the previous page).

<u>Please note</u>: The SMART example below is included to help act as a guide for the development of your own SMART goals for your proposed project outcomes and evaluation planning.

Project Outcome(s)	How will you measure outcome success?
SMART Example 1:	Example:
By July 31, 2023, we will train 50 staff members on the administration of naloxone.	Logs and sign-in sheets will be kept at each naloxone administration training. Number of staff trained by July 31, 2023 will be tallied on these sheets.
<u>1.</u>	1.
2	2.
3.	3.
4.	4.

SECTION V: BUDGET NARRATIVE (20 points)

Please list and describe each item in your proposed budget for the mini-grant funding. Please be as specific as possible. The categories below are suggestions; please add or delete rows as necessary. The maximum budget for each agency involved in this project is \$4,950.

Please note:

Mini-grant funding **may** <u>not</u> be used for the implementation or expansion of prescription drug "takeback" programs (including Deterra[™] or any other drug deactivation and disposal products); the purchase of naloxone; harm reduction supplies such as safer smoking kits and fentanyl test strips; the preparation, distribution, or use of any material related to lobbying, publicity, or propaganda; the purchase of syringes; direct funding or expansion of substance use treatment programs; or direct funding of clinical care, staff, or operations.

Specific information needed for each section:

Personnel: please list the following information for each person involved in the project: name, title, hourly rate, total number of hours.

Supplies: list for each item the-: individual cost of the supply and the total number needed for your project.

Printing: list the cost per page and total number of pages being printed; other costs such as ink costs, color vs. black and white ink, etc.

Subcontactors/vendors: if you are hiring subcontractors or vendors, please list the name of organization/individual(s), role/title hourly rate, and total number of hours.

Mileage: Number of miles that will be driven for this project multiplied by mileage reimbursement rate.

Admin costs: Percentage of overall budget for other costs such as time spent on development of policy/procedure/forms/programming.

EXAMPLE:

Item	Amount	Justification
Personnel	\$655	Staff time for client and community therapy sessions: [Name1_Title1] \$90/hr. x 2 hrs. [Name2_Title2] \$25/hr. x 19 hrs. (allows for twice monthly open sessions)

Budget Table Template

Add or delete rows as necessary.

ltem	Amount	Justification
Personnel		
Supplies		
Printing		
Sub-Contracts/Vendors		
Mileage		
[# miles @ \$0.655/mile]		
Administrative Costs		
Other		
[Please specify]		
TOTAL BUDGET	\$0.00	

If you have any questions, please contact the OFR's Coordinator, <u>Heather Coia</u>, at RIDOH.