

Building Capacity through Rural Community Behavioral Health Organizations Mentorship and Support Program (R-CBHO MSP)

Request for Applications (RFA) Office Hour
December 6, 2024

This project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,250,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.

Agenda

- Welcome and Introductions
- Opportunity Overview
 - Program overview and key dates
 - Eligibility
 - Mentorship and support program requirements
 - Example project activities
 - SMART goals and budget table examples
 - Funding restrictions
 - Frequently Asked Questions (FAQ)
- Q&A
- Closing and Reminders

Meet the Team - National Council



Cortney Lovell
(she/her)
Senior Advisor



Elizabeth Burden
(she/her)
Senior Advisor



J'Neal Woods
(she/her)
Senior Project Manager



Emma Hayes
(she/her)
Project Coordinator



Vikrum Vishnubhakta
(he/him)
Consultant, Principal
Forward Consultants

Meet the Team - CDC



April Wisdom
(she/her)

Senior Health Scientist
Applied Prevention Science Team
Division of Overdose Prevention, NCPIC

NATIONAL
COUNCIL
for Mental
Wellbeing

Opportunity Overview

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 serving rural and frontier communities to apply for the upcoming **Building Capacity through Rural Community Behavioral Health Organizations Mentorship and Support Program (R-CBHO MSP)** to implement strategies to enhance and expand critical services that reduce the risk of overdose by increasing engagement in evidence-based and innovative harm reduction strategies, linkage to care and peer support services.

Goals:

- 1) Support the implementation and enhancement of evidence-informed, evidence-based and promising practices with demonstrated successes to prevent and reduce overdose and other drug-related harms.
- 2) Increase the collaboration between CBHOs, harm reduction organizations, and other community-based organizations to link PWUD and PWSUD to harm reduction services, peer support, treatment and recovery support, and other wraparound services.
- 3) Facilitate mentorship, peer learning, and other technical supports to enhance capacity around implementation and effective delivery of critical services to reduce the risk of overdose among PWUD.

Opportunity Overview

Through a competitive Request for Funding Applications (RFA) process, **up to 18 organizations** will be selected for the six-month opportunity.

Select organizations will each receive awards up to **\$83,500** and will be paired with a mentor organization and a subject matter expert who will share best practices, resources, and insights to strengthen capacity to provide overdose prevention, response, and linkage to care services.

Activity	Date
Application launch	Monday, December 2, 12:01am ET
★ Deadline to submit applications	Monday, December 16, 11:59pm ET
Selected organizations notified	Friday, January 10, 2025
Kick-off mentee meeting (Zoom) -- REQUIRED	Thursday, January 23, 12:30-2pm ET
TA activities, including at least five, monthly mentorship calls	Monthly (days and times TBD), March – July
Deadline to submit mid-project report	TBD, late April/early May

Applicant Eligibility

Eligible applicants are CBHOs, harm reduction and other community-based organizations and/or coalitions in the U.S. that:

Provide services within one or more rural or frontier geographic areas, as defined by the Health Resources and Services Administration (HRSA). This includes:

- All non-metro counties.
- All metro census tracts with Rural-Urban Commuting Area (RUCA) codes 4-10.
- Large area metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3.
- Census tracts in metro counties that are at least 20 sq. miles, have Road Ruggedness Scores (RRS) of 5 and RUCA codes 2-3.
- All outlying metro counties with fewer than 50,000 residents.
- **Applicants must use the Health Resources and Services Administration's Rural Health Eligibility Analyzer to determine their eligibility.**

Applicant Eligibility – Rural Clarification

Q – Is my organization eligible if headquartered in a non-rural area?

A – Yes, you are still eligible regardless of where you are headquartered **if you service rural areas.**

Examples of eligible scenarios:

- A linkage to care program that will also be offered at a satellite location in a rural area.
- Mobile services where the vehicle is based out of a non-rural organization headquarters, but goes into surrounding rural areas to provide services.
- Programs to transport rural residents to non-rural areas to receive care or services.

In any of these scenarios, use the specific address or county of where services are provided to prove eligibility using the Rural Health Grants Eligibility Analyzer

Additional Eligibility Requirements

Eligible applicants are CBHOs, harm reduction and other community-based organizations and/or coalitions in the U.S. that:

- Can describe the fatal and non-fatal overdose burden in the rural or frontier area(s) served.
- Possess a [SAM.gov Unique Entity ID](https://sam.gov).
 - *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.*
- Have the infrastructure necessary to begin active implementation within 30 days of the start of the project period.

Applicant Eligibility

Priority for selection will be given to organizations 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
 - reside in jurisdictions that lack or are underserved by MOUD treatment providers.
 - justice-involved
 - overdose survivors
- Use a health equity-focused (or infused) approach in their initiatives.
- Actively collaborate with other organizations that are engaged in overdose prevention and harm reduction activities within their communities.

Mentorship and Support Program Requirements

Over the 6-month project period, organizations selected for the R-CBHO MSP will be expected to use funds to:

- Support novel and innovative overdose prevention and harm reduction services to support PWUD in rural and frontier communities.
- Increase the collaborations to link PWUD and PWSUD to harm reduction services, peer support, recovery support and other wraparound services over a project period of 6 months.
- Actively participate in mentorship activities to learn from innovative and experienced organizations and subject matter experts who have demonstrated success in meeting the needs of PWUD in rural and frontier communities.
- Prepare for and participate in at least five monthly mentorship calls and virtual learning sessions with the assigned mentorship team.



Program Requirements Continued

- Participate in other cohort learning opportunities, training and technical assistance, such as virtual 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), 3 months, and 6 months.
- Provide a brief mid-project report to the National Council that details project activities and lessons learned from the mentorship sessions.



Application Overview

Application Process

The RFA and link to the application via Awardforce platform can be accessed by visiting

<https://nationalcouncil.awardsplatform.com/>

Applications will be reviewed and rated by a panel of external subject matter experts and National Council staff.

Application Sections

1. Contact Information
2. Organization Overview
3. Project Proposal
4. Mentorship Program
5. Budget Proposal
6. Supporting Attachments

Timeline

Application Launch

Monday, December 2, 12:01am ET

Application Deadline

Monday, December 16, 11:59pm ET

Award Notifications

Friday, January 10, 2025

NATIONAL
COUNCIL
*for Mental
Wellbeing*



Project Examples

- Community-based overdose or post-overdose response teams, crisis response teams, or rapid response teams that serve rural and frontier communities that are impacted by overdose.
- Partnerships to increase access to services, decrease wait times for appointments, foster low barrier access, and re-engage individuals in care.
- Services that increase access to low barrier treatment with medications for opioid use disorder (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.
 - Co-located services (e.g., access to (MOUD) within syringe services programs).
- Health hubs for PWUD.
- Mobile harm reduction services, including clinical wound care, or such care integrated into spaces in which PWUD feel safe.
- Drug checking services.
- Emergency department linkage to care after overdose.
- Re-entry support and linkage to care for individuals returning to a community after incarceration.
- Linkage to care services in syringe services programs, naloxone distribution programs, or post overdose outreach.
- Partnerships to increase naloxone distribution and education.



SMART Goal Example

Outcome: By end of project period, increase overdose prevention and response services for people experiencing homelessness by 25 percent, responding to 700 help line calls and distributing 100 emergency kits.

Why this example is SMART:

- *Specific: Increase the reach of overdose prevention and response services*
- *Measurable: The program will respond to an additional 700 help line calls and distribute 100 emergency kits to population of focus.*
- *Achievable: Allocate resources to hire staff and equip them with the tools necessary to effectively reach and respond to the target population.*
- *Relevant: Provides resources to prevent and reduce overdose and assist individuals experiencing homelessness.*
- *Timebound: Respond to 700 help line calls and distribute 100 emergency kits within 6 months.*

Documentation: Review the baseline level of services and track the number of help line calls answered and kits distributed.

Budget Example - Table and Narrative

Budget Narrative

Proposed Deliverables and Outcomes	Cost per
1. Increase overdose prevention and response services for people experiencing homelessness by 30 percent, responding to 1000 help line calls and distributing 300 emergency kits.	\$68,500
2. Pilot test a 10-module training curriculum on key overdose prevention topics for individuals who trade sex	\$15,000
Total Cost	\$83,500

Deliverable 1 cost calculations (\$68,500):

- Salary for Peer Engagement Specialist, 0.5 FTE: **\$20,833.33**
 - $(50,000 \times (10/12) \times 0.5)$ where \$50,000 is the annual base salary, adjusted for a 10-month project period, budgeted at 0.5 FTE
- Fringe @ 25% of salary: **\$5,208.33**
 - $(\$20,833.33 \times 0.25)$ where \$20,833.33 is the allocation for salary (from above) with fringe calculated at 0.25 the salary
- Supplies: **\$33,500**
- Indirect expense: **\$8,958.34**

Deliverable 2 cost calculations (\$15,000):

- Salary for Peer Engagement Specialist, 0.25 FTE: **\$10,416.67**
 - $(\$50,000 \times (10/12) \times 0.25)$ where \$50,000 is the annual base salary, adjusted for a 10-month project period, budgeted at 0.25 FTE
- Fringe @ 25% of salary: **\$2,604.16**
 - $(\$10,416.67 \times 0.25)$ where \$10,416.67 is the allocation for salary (from above), adjusted for a 10-month project period, with fringe calculated at 0.25 the salary
- Supplies: **\$1,500**
- Indirect expense: **\$479.17**

Budget Example Continued – Narrative and Notes

The **Peer Support Specialist** engages community members and assists in linking them to services to support their community stabilization. The Peer Engagement Specialist will connect with individuals and families with mental health needs -- including substance use disorders -- at shelters, homeless encampments, and living room programs, and provide support with therapy and care coordination services until the individuals are linked to long term community providers. The Peer Engagement Specialist will facilitate the training of clinical staff and provision of pre-screening services to clients. Additionally, the Peer Engagement Specialist will facilitate outreach and schedule workshops with libraries and ward offices, as well as assume responsibility for the onboarding, training, and supervision of additional Peer Engagement staff for this program.

Fringe reflects current rate for the agency. Health benefits include health insurance, life insurance, vision, dental, and short-term disability.

Supplies will equip people experiencing homelessness and those at risk for overdose with a variety of materials to support their immediate needs, including but not limited to a dual poncho and blanket, PPE materials to mitigate the spread of COVID-19 and testing strips to promote safe use. Additional supplies include materials to host workshops and outreach events to build community knowledge in harm reduction techniques and improve outreach to at-risk populations and other community members including but not limited to food and drink supplies, laptop computers, and office supplies.

Indirect expenses include technical and administrative costs of the deliverable.

Funding Restrictions

Please refer to the RFA for a complete list of funding restrictions.

Examples of Allowable Use of Funds

- Enhance and expand existing programs
- Salaries and wages for staff - *Salaries and wages cannot be used to cover staff time for the distribution of syringes.*
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Contractual costs
- Indirect costs

Examples of Unallowable Use of Funds

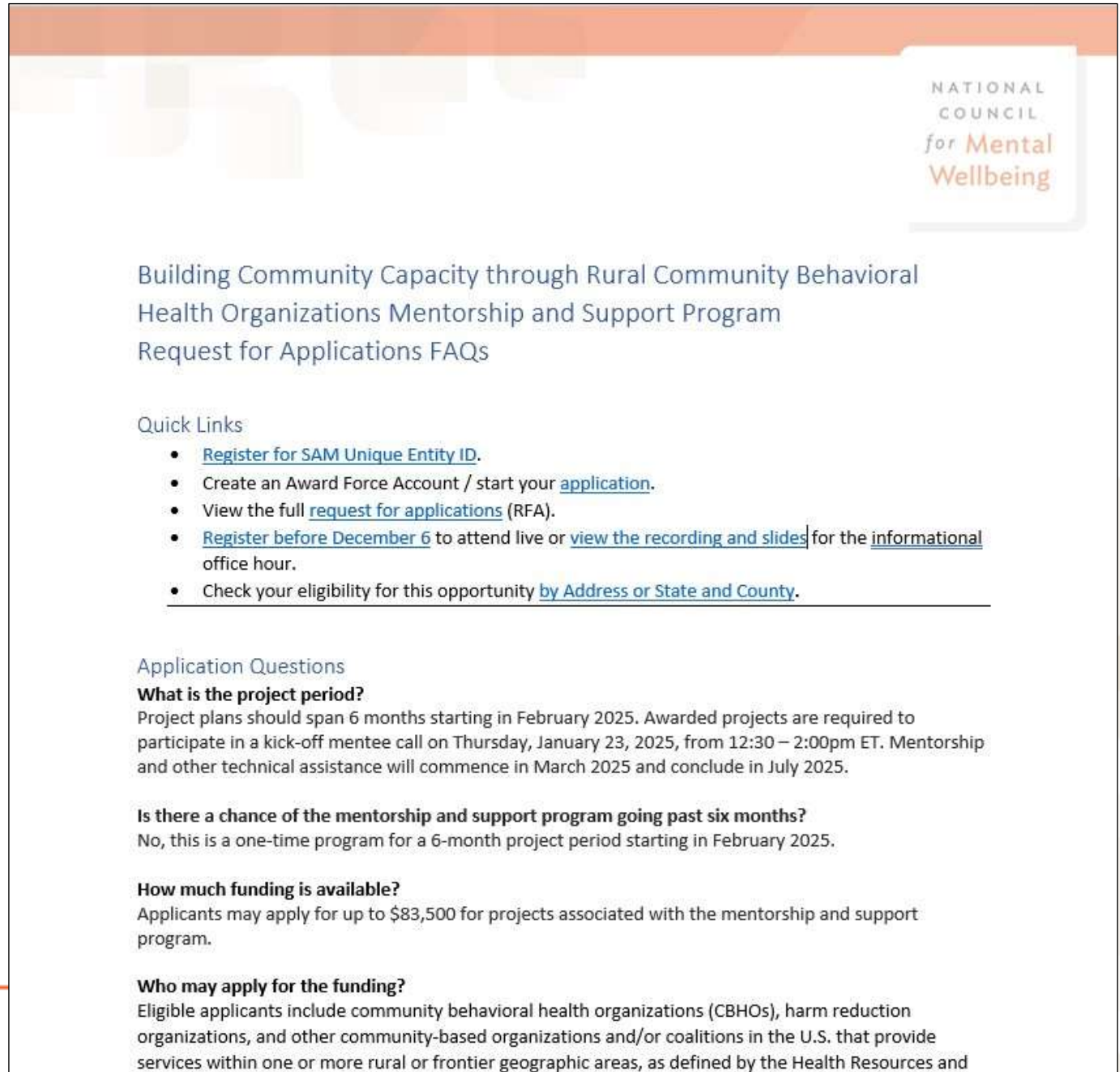
- Naloxone (Narcan), syringes, harm reduction kits, furniture, and equipment
- HIV/HCV or other STD/STI testing
- Drug disposal programs or supplies
- Provision of medical/clinical care
- Research
- Direct funding for or expanding SUD treatment - *However, activities related to co-location of treatment within existing syringe services programs (SSPs) are allowable; payment for direct services remains unallowable*



FAQs Document

Information from today's session can also be found in the RFA FAQs Document.

The FAQs Document will be linked in the RFA.



NATIONAL COUNCIL
for Mental Wellbeing

Building Community Capacity through Rural Community Behavioral Health Organizations Mentorship and Support Program
Request for Applications FAQs

Quick Links

- [Register for SAM Unique Entity ID.](#)
- Create an Award Force Account / start your [application](#).
- View the full [request for applications](#) (RFA).
- [Register before December 6](#) to attend live or [view the recording and slides](#) for the [informational office hour](#).
- Check your eligibility for this opportunity [by Address or State and County](#).

Application Questions

What is the project period?
Project plans should span 6 months starting in February 2025. Awarded projects are required to participate in a kick-off mentee call on Thursday, January 23, 2025, from 12:30 – 2:00pm ET. Mentorship and other technical assistance will commence in March 2025 and conclude in July 2025.

Is there a chance of the mentorship and support program going past six months?
No, this is a one-time program for a 6-month project period starting in February 2025.

How much funding is available?
Applicants may apply for up to \$83,500 for projects associated with the mentorship and support program.

Who may apply for the funding?
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 one or more rural or frontier geographic areas, as defined by the Health Resources and



FAQs

Could you provide an example or two of evidence-based or promising practices for harm reduction?

Examples of evidence-based harm reduction practices include distributing drug testing supplies or wound care supplies, operating naloxone vending machines and providing mobile harm reduction services.

While using the online application platform, can you start an application and save it to come back to it later?

Yes, on Award Force you can save your progress and return to complete your application later.

Are scoring criteria specified within the RFA?

Yes, scoring criteria are included in the RFA, based on the strategic priorities for this opportunity. Applications will be scored by a panel of overdose prevention and response experts and National Council staff.

Can an organization build upon an existing program?

Yes, if the existing program is using this opportunity to enhance and expand critical services that reduce the risk of overdose through increasing engagement in evidence-based and innovative harm reduction treatments, linkages to care and peer support services. If the program has other funding, ensure the proposed activities increase, supplement or enhance services that align with the goals of this opportunity.



Q&A

Application Overview

Application Process

The RFA and link to the application via Awardforce platform can be accessed by visiting

<https://nationalcouncil.awardsplatform.com/>

Applications will be reviewed and rated by a panel of external subject matter experts and National Council staff.

Application Sections

1. Contact Information
2. Organization Overview
3. Project Proposal
4. Mentorship Program
5. Budget Proposal
6. Supporting Attachments

Timeline

Application Launch	Monday, December 2, 12:01am ET
Application Deadline	Monday, December 16, 11:59pm ET
Award Notifications	Friday, January 10, 2025

NATIONAL
COUNCIL
for Mental
Wellbeing

Next Steps

- 1) Review the application and apply for the funding opportunity by visiting <https://nationalcouncil.awardsplatform.com/>
- 2) Submit your application by Monday, December 16, 2024, at 11:59pm ET.
- 3) Questions? Contact Emma Hayes at EmmaH@TheNationalCouncil.org

Activity	Date
Application launch	Monday, December 2, 2024
★ Deadline to submit applications	Monday, December 16, 2024, at 11:59pm ET.
Selected mentee organizations notified	Friday, January 10, 2025



Thank you!