This solicitation announces two opportunities under the DSAMH’s State Opioid Response (SOR) grant for a wide range of organizations to implement approaches to engage racial/ethnic minorities who are impacted by opioid use disorder/stimulant use disorder (OUD/STUD).

In 2021, the year-over-year rate of overdose deaths increased significantly among Black individuals (25.5 in 2018 vs. 43.7 in 2021) and Hispanic individuals (25.0 in 2020 vs. 35.8 in 2021). In response to these trends and other health disparities faced by racial/ethnic minorities, DSAMH is continuing its Health Equity Advancement Project (HEAP) initiative for a second year. Funded by DSAMH’s State Opioid Response Grant, these opportunities will be available to a broad base of community partners after federal funding approval, including treatment/recovery organizations, community-based organizations, and other grassroots leaders. They include: **(1)** **HEAP Mini-Grants** and **(2)** **HEAP Community Awareness Partnerships.**

**OPPORTUNITY 1: HEAP Mini-Grants (“HEAP CBO” and “HEAP TX”)**

This funding opportunity will be administered by Bowling Business Strategies (BBS), on behalf of DSAMH. BBS will provide direct funding to treatment/recovery organizations and community-based organizations for a five-month implementation period, from May 1, 2024, to September 29, 2024. This mini grant is intended to better equip organizations to understand, engage, and address the needs of racial/ethnic minorities with OUD/STUD. Mini-grants are available for community-based organizations (“HEAP CBO” mini-grants) and SUD treatment and recovery organizations (“HEAP TX” mini-grants):

* *HEAP CBO Mini-Grants:* Community-based organizations are eligible to receive up to $50,000 each to implement strategies to build internal knowledge and capacity to engage constituencies at-risk for or experiencing OUD/STUD and their families, develop and enhance referral pathways to connect individuals to OUD/STUD care, and serve as community conveners to engage community-based organizations and stakeholders to discuss and formulate community-driven strategies to address health inequities. Up to 10 community-based organizations will be awarded. Community-based organizations **do not** have to provide direct OUD/STUD services or have been previously awarded SOR funding to be eligible.
* *HEAP TX Mini-Grant:* SUD treatment and recovery organizations will be funded up to $75,000 each to strengthen implementation of the [National Culturally and Linguistically Appropriate Services (CLAS) Standards](https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf) or collect and analyze equity-focused data to inform programming and services. Up to five SUD treatment/recovery organizations will be awarded.

The table below provides more details regarding the mini-grant focus areas for each cohort. Technical assistance will be required and provided to assist mini-grant awardees with project implementation. Funding **may not** be used for direct treatment services, funding new staff, or duplicating/overlapping initiatives currently funded by other means. Prior awardees applying to HEAP again must clearly identify a new project and/or how the current submission does not duplicate what they were awarded for previously.

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| *Focus areas* | *Description* | *Example* |
| HEAP CBO: Community-Based Organizations (10 awards, up to $50,000) | | |
| Internal Capacity Building to Address OUD/STUD | Projects to strengthen the capabilities of community-based organizations to understand, engage around, and address OUD/STUD issues impacting their local communities and constituencies. Mini-grantees will focus efforts on enhancing knowledge and expertise on OUD/STUD, including its disproportionate impact on racial/ethnic minorities; strengthening understanding of available treatment, recovery, and harm reduction resources; reducing SUD stigma among leadership and constituencies through knowledge-building; and building organizational infrastructure to deepen its role in Delaware’s statewide response to the OUD/STUD crisis, particularly with regard to enhancing reach into, and access to care for, communities facing health inequities. | Youth Enrichment Organization launches a leadership and staff training program on youth substance use and related disparities faced by Black/African American youth, develops a directory of youth SUD treatment/recovery programs, and engages Board of Directors around strategies to deepen involvement in statewide OUD/STUD response. |
| Enhanced OUD/STUD Referral Pathways | Projects to establish partnerships between community-based organizations and SUD treatment/recovery organizations to facilitate seamless access to OUD/STUD care for racial/ethnic minorities. Mini-grantees will collaborate with treatment provider partners to co-create direct and prompt pathways to evidence-based OUD/STUD treatment for their constituencies. These projects should also include strategies to educate constituencies on the full range of available OUD/STUD services, to ensure their freedom of choice. Mini-grants are designed to build/establish enhanced referral pathways. Implementation and sustainment of pathways should not be dependent on funding. | Veterans housing organization identifies and meets with local SUD treatment programs to develop a warm handoff protocol that includes educating Veterans on available treatment, securing next-day appointments with partners, and coordinating transportation. They also cross educate the treatment programs to build understanding on the unique culture of Veterans and disparities faced by racial/ethnic minorities. |
| Convening Networks to Formulate Community-Driven Strategies | Projects to identify and establish networks of organizations and community members to co-create solutions to the OUD/STUD epidemic. Mini=grantees will serve as the lead convener of a group of partner entities/individuals to deepen relationships and formulate, coalesce around, and create action plans that identify strategies to address the OUD/STUD crisis. Mini-grants are designed to build/establish networks and strategies. Implementation and sustainment of network and strategies should not be dependent on funding. | An organization that serves returning citizens builds and convenes a county-wide coalition to facilitate strategies to better understand and address the needs of ethnic/racial minorities with prior justice-involvement and OUD/STUD. |
| HEAP TX: SUD Treatment/Recovery Organizations (5 awards, up to $75,000) | | |
| Equity-Focused Data Analytics Capacity Building | Projects to improve clinical outcome measures associated with OUD/STUD through the development, implementation, and rigorous programmatic evaluation of interventions with an equity lens. Mini-grantees will participate in a process guided by experts from Health Management Associates to improve data collection processes and infrastructure to identify health inequities; design, implement, and assess impact of new interventions; and engage in continuous quality improvement processes to improve care for racial/ethnic minorities. | An SUD treatment organization sets up data infrastructure for and conducts an analysis of SUD treatment access, utilization, and outcomes among racial/ethnic minorities to identify potential disparities. Based on findings, the organization creates a continuous quality improvement plan to test new approaches to address identified equity issues. |
| National Culturally and Linguistically Appropriate Services (CLAS) Standards Assessment and Planning | Projects to prepare for adoption of the National Culturally and Linguistically Appropriate Services (CLAS) Standards. Mini-grantees will participate in a process guided by experts from Health Management Associates to deepen understanding of CLAS standards, identify opportunities to address health disparities for individuals with OUD/STUD needs, and operationalize CLAS and other standards in policies, procedures, and practices to improve care. | An SUD treatment organization participates in an assessment of adherence to CLAS standards and develops an operational plan for greater adoption. |

**Description and Requirements**

Each mini-grant awardee will be required to:

* Identify an approach to improve access and care to racial/ethnic minorities, along with the justification/rationale for the proposed approach, including its potential to benefit the chosen target population(s).
* Participate in regular technical assistance (TA) calls with BBS and Health Management Associates over the five-month implementation period.
  + HEAP CBO mini grantees are expected to participate in monthly TA calls.
  + HEAP TX mini grantees are expected to participate in more intensive TA; CLAS Standards Assessment and Planning project for 15 hours and Equity-Focused Data Analytics Capacity Building for 23 hours.
* Provide regular updates on the status of key deliverables, accomplishments, barriers, and expenditures-to-date, including a final report that details how grant funds were used to achieve project goals and highlights key data points demonstrating outcomes and impact.
  + As projects will vary in scope depending on focus area(s), mini-grantees may suggest their own data metrics to measure project success.
* Coordinate with existing initiatives.
* Participate and share on progress and efforts at the Health Equity Summit in September 2024.

# Mini-Grant Eligible Applicants

# Community-based organizations are eligible for HEAP CBO mini-grants. SUD treatment/recovery organizations are eligible for HEAP TX mini-grants. Applicants may not apply for both tracks.

# Mini-Grant Application Submission Process

Applications are due by **5:00 p.m.** on **March 13, 2024.** Incomplete applications will be returned to the applicant for revision and may impact selection for award. Any questions and final applications should be submitted by email to [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov). DSAMH expects to award projects no later than the end of April 2024.

# Mini-Grant Solicitation, Application Review, and Award Timeline

Below is an estimated timeline for application review, award processes, and implementation for projects. *These timelines are subject to change.*

* HEAP Mini-Grant solicitation release – February 22, 2024
* HEAP Initiatives Open Call – February 26, 2024 at 3:00 p.m., please register here: <https://us06web.zoom.us/j/82824918956>
* Applications due – March 13, 2024 at 5:00 p.m.
* Applicants selected – April 12, 2024
* Agreements finalized – April 18, 2024
* Implementation period – May 1, 2024, to September 29, 2024
* Health Equity Summit (Mini-Grant recipients expected to attend and share) – September 2024

**Mini-Grant Funding**

Funding is being provided through DSAMH’s SOR grant from SAMHSA and distributed by BBS.

* HEAP CBO mini-grantees are eligible to receive up to $50,000. BBS will provide an upfront disbursement of up to $25,000 within 5 business days of contract execution and a second disbursement of up to $25,000 at the midpoint of the project, contingent on successful progress on implementation.
* HEAP TX mini-grantees are eligible to receive up to $75,000. BBS will provide an upfront disbursement of up to $37,500 within 5 business days of contract execution and a second disbursement of up to $37,500 at the midpoint of the project, contingent on successful progress on implementation.

Awardees will be required to provide regular progress reports, including programmatic and fiscal updates. Funds must be utilized by September 29, 2024. More details on the funding structure and process will be included in final agreements between BBS and awardees. Please see below for additional requirements and funding restrictions.

**OPPORTUNITY 2: HEAP Community Awareness Partnerships**

DSAMH acknowledges that community leaders and CBOs (“community partners”) play a vital role in the state’s OUD/STUD response and is committed to partnering with trusted community partners whose unique knowledge and expertise can reach and engage Delaware’s diverse populations.

In this HEAP opportunity, DSAMH is developing a range of community education/awareness campaign strategies that will be accessible to community partners. DSAMH wishes to develop partnerships to refine and advance these campaigns, with a special focus on reaching racial and ethnic minorities. The table below identifies the **focus areas** of DSAMH’s current campaign strategies, along with a selection of **activities** that can be supported by DSAMH and its technical assistance vendors for partners to refine and implement within their own communities.

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| *Campaign Focus Areas* | *Activities* |
| * Reducing stigma toward persons with substance use disorders (SUD) * Promoting awareness of and access to SUD treatment and recovery services * Preventing SUD among youth and adults * Reducing stigma toward medications for opioid use disorders, such as methadone and buprenorphine * Promoting access to naloxone/Narcan * Promoting recovery   \*Note: SOR grant funding requires a focus on opioid and stimulant use. | * **Speaker’s bureau** – get support to assemble, train, and deploy a group of persons in recovery to speak at conferences, panels, local congregations, and other community events. * **In-person event production and promotion** – get support to hold a community education event to share information about SUD among racial/ethnic minorities. * **Listening session** – get support to plan and hold a listening session among racial/ethnic minorities to better understand the opioid epidemic and how to engage in SUD services. * **Social media campaign plan/development** – get support to promote SUD prevention messaging through social media among racial/ethnic minorities. * **Videography and photography** – get support to develop SUD messaging materials for websites, social media, or public service announcements. * **Grassroots mobilization campaign** – get support to adopt/modify existing messaging/awareness campaigns for targeted local community audiences and finalize materials for implementation/distribution. * **Pledge drive** – get support to plan and hold a community event among community members, asking them to pledge to carry naloxone/Narcan or make other similar pledges. * **Educational presentations** – get support to host DSAMH or subject matter experts to deliver educational presentations to a local community target audience (Narcan training, Opioid Crisis State of the State, Addiction Brain Science 101, etc.). * **Media relations outreach** – get support for engaging local media outlets to place or run stories promoting SUD treatment and recovery. |

All partnerships will include: (1) Health Equity Summit readiness support, (2) quantitative and qualitative research planning to inform and advance HEAP implementation, and (3) communications/campaign plan development support. DSAMH will also provide community partners with access to a Campaign Planner, through its partner organization Health Management Associates (HMA), to assist in the design of a customized campaign plan. The customized campaign plan will include key activities, timelines, and costs associated with implementing the campaign.

While DSAMH will not be providing direct funding to community partners, DSAMH will directly purchase and provide in-kind materials to support implementation of the campaign and provide technical assistance support to partners on the design and implementation of the activities. As part of the campaign plan, community partners will identify the needs (e.g., printed materials, meeting space, conference supplies, or other non-labor-related expenses) to implement the campaign and present them with the Campaign Planner to DSAMH. DSAMH will provide support and supply informational materials to the components of the activities as able (e.g., printing the refined flyers/postcards/handouts of existing campaign resources).

**Community Partnership Description and Requirements**

Each partner will be required to:

* Within the request, select a campaign focus area(s) and activities they are interested in implementing, population(s) of focus, and any expected outcomes. Identify how your existing constituencies align with the target populations and will benefit from this initiative.
* After approval of the request, participate in meetings with the Campaign Planner for technical assistance and develop a campaign plan to submit to DSAMH.
* Submit a brief monthly narrative providing the status of key deliverables, accomplishments, and barriers.
* Coordinate with existing initiatives.
* Participate and share on progress and efforts at a Health Equity Summit in September 2024.

# Community Partnership Eligible Requestors

# Community leaders and CBOs in Delaware.

# Community Partnership Request Submission Process

Requests have a rolling submission deadline from March 2024 to June 2024, as funds are available. Any questions and final requests should be submitted by email to DSAMH.ORT@delaware.gov.

# Community Partnership Request Review and Selection Timeline

HEAP Community Partnership request will be reviewed and selected on a rolling basis, starting in March 2024. Requests will be awarded contingent on availability of funding and resources for in-kind supports and technical assistance, so DSAMH encourages interested parties to submit requests sooner rather than later. Community Partners will be required to attend and share at the Health Equity Summit in September 2024.

**Community Partnership Funding**

No direct funding is available through this opportunity. DSAMH will supply informational materials to the components of the activities as able, and provide in-kind planning, design, and implementation support through HMA and BBS.

**STANDARD SAMHSA FUNDING REQUIREMENTS AND FUNDING PROHIBITIONS**

This project is funded by DSAMH’s SOR grant from SAMHSA. There are several requirements tied to this funding source, including but not limited to the following bullets. For full list of funding restrictions, please see the SAMHSA SOR [Notice of Funding Opportunity](https://www.samhsa.gov/grants/grant-announcements/ti-22-005) (pages 25, 59, and 60).

* Funding cannot be used to supplant existing operational expenses or funding mechanisms. However, proportional share on existing staff time or other costs may be requested for new programming.
* Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient, or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
* Funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
* Funds cannot be used to purchase Naloxone/Narcan; it is provided by DSAMH at no cost to partners.
* Funds cannot be used for travel/lodging expenses related to attendance or participation in conferences (including the Health Equity Summit).
* Funds cannot be used to provide direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
* Funds can be used as entrance fees to a training but not as an incentive or for staff time to participate in such trainings. DSAMH will utilize a technical assistance triage process to ensure that no-cost, federally funded, technical assistance resources (e.g., Opioid Response Network, Technology Transfer Centers, etc.) are prioritized over directly funding via HEAP.
* Funds cannot be used for promotional items, including but not limited to, clothing and commemorative items such as pens, mugs/cups, folders, lanyards, and conference bags.
* Funds may not be used to procure DATA waiver training as this is provided at no cost by SAMHSA at pcssnow.org.
* Funds cannot be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.
* Project budgets cannot exceed a 10 percent indirect rate.

# Please contact [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov) if you have any questions about these opportunities.