

2021

NORTH DAKOTA
DISASTER RESPONSE STATE GRANT

**COMMUNITY ENGAGEMENT AND OUTREACH
PROGRAM**

INVITATION TO APPLY (ITA)



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FUNDING OPPORTUNITY DESCRIPTION

ELIGIBLE APPLICANTS

Eligible applicants must be in one of the 29 highlighted counties in the map, or provide documentation of providing service to one of the 29 highlighted counties in the map and includes:

- Local government organizations
- Community nonprofit or private organizations
- Tribal nations



GOALS OF PROGRAM

The Community Engagement and Outreach Program is a component of the North Dakota Disaster Response State Grant. The Disaster Response State Grant aims to provide mental and substance use disorder treatment, crisis counseling, and other related supports for adults impacted by the 2019 floods in North Dakota, which encompasses 29 counties (see highlighted counties in map above). The Disaster Response State Grant also supports efforts, which will be implemented through the Community and Engagement Program, to increase community capacity to address behavioral health needs increased by disasters, increase outreach, engagement, and training available to increase the ability of individuals to recognize signs and symptoms of behavioral health conditions.

Community and Engagement Program Goals:

1. Minimize the long-term behavioral health effects of the 2019 floods for residents in McKenzie, Mountrail, Adams, Hettinger, Grant, Morton, Emmons, McIntosh, Dickey, Sargent, Richland, Ransom, LaMoure, Logan, Kidder, Stutsman, Barnes, Cass, Traill, Steele, Griggs, Foster, Eddy, Wells, Sheridan, Nelson, Grand Forks, Welsh, and Pembina counties.
2. Build resilience and promote sustainable connections for future substance abuse and mental health prevention, treatment and recovery efforts.

Allowable Activities include:

- Provide training support to communities, practitioners, individuals and families related to behavioral health consequences of natural disasters.
- Build community coalitions to respond to and prepare for behavioral health impacts of natural disasters.
- Develop and implement a workforce development training plan to increase the ability of individuals in the community to recognize the signs and symptoms of mental illness and substance abuse in adults impacted by a disaster and link them to appropriate services.
- Establish relationships with local businesses, families, and community groups to broaden and link all community resources available to adults and their families impacted by the disaster.
- Provide recovery support services (e.g., childcare, vocational, educational, and transportation services) designed to improve access to, and retention in services. (Note: Grant funds may be used to purchase such services from another provider.)

CONTRACT DATES

The contract will run from an agreed upon start date between STATE and Grantee to September 30, 2022.

EXPECTATIONS/SCOPE OF WORK

Grantee shall implement evidence-based behavioral health community outreach and engagement strategies as identified in the submitted "Invitation to Apply" and described in Attachment B.

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

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

Grantee shall ensure 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.

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

Grantee shall submit monthly reports to STATE by the 10th of each month, following the template provided by the STATE.

By September 30, 2022, Grantee 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.

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

Grantee shall follow all SAMHSA standard funding restrictions, see Attachment C.

Grantee 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 Disaster Response Grant, 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 Human Services.*

FUNDING AVAILABILITY AND DISTRIBUTION

The total available funding for this program is approximately \$1,000,000. Organizations may choose one or more strategy to implement (see table below). Funding will be distributed among eligible applicants based on selected strategy(s) who apply and are approved by STATE based on availability of funding. Total requested funding amount may not exceed the amounts listed in the table below.

Strategy	Funding Amount
Provide training support to communities, practitioners, individuals and families related to behavioral health consequences of natural disasters.	\$30,000
Build community coalitions to respond to and prepare for behavioral health impacts of natural disasters.	\$20,000
Develop and implement a workforce development training plan to increase the ability of individuals in the community to recognize the signs and symptoms of mental illness and substance abuse in adults impacted by a disaster and link them to appropriate services	\$42,000
Establish relationships with local businesses, families, and community groups to broaden and link all community resources available to adults and their families impacted by the disaster.	\$30,000
Provide recovery support services (e.g., childcare, vocational, educational, and transportation services) designed to improve access to, and retention in services.	\$58,000

Contract Compensation: State, upon receipt and approval of SFN 1763 Request for Reimbursement, monthly report, invoice with actual expenses and required contract deliverables met to date, shall pay Grantee a monthly payment as indicated on submitted invoice. Total payment under this agreement may not exceed total funding amount. Grantee shall submit its request for reimbursement to State monthly. Grantee shall submit its final payment request to State no later than 15 days after the expiration or termination of this agreement.

Please note that reimbursement will only be for actual cost. We will add a 10% indirect cost to reimbursement, unless otherwise directed by organization.

APPLICATION AND SUBMISSION INFORMATION

DEADLINE FOR ITA SUBMISSION

Applicants must submit a completed *Invitation to Apply (ITA)* and *Proposed Budget Form (Attachment A)* to MHGrant@nd.gov. Funding will be awarded on a first-come, first-serve basis. Once all allowable funding has been awarded, applications will no longer be accepted.

REVIEW PROCESS

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

CONTACT INFORMATION

Please contact Moriah Opp, mopp@nd.gov, with any questions.

INVITATION TO APPLY FORM

Organization	
Contact Person	
E-mail	
Phone	
Address	

Describe the population(s) of focus and the geographic catchment area where services will be delivered.

If your organization is not located in one of the 29 identified counties, please describe experience providing service(s) in one of the 29 identified counties.

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Describe the impact of previous and current natural disasters affecting your jurisdiction and the extent of behavioral health impacts on the population.

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Briefly describe the resources and readiness (capacity) in the geographic catchment area to implement strategies within this program.

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Select the strategy(s) you intend to implement through this program.

- Provide training support to communities, practitioners, individuals and families related to behavioral health consequences of natural disasters.
- Build community coalitions to respond to and prepare for behavioral health impacts of natural disasters.
- Develop and implement a workforce development training plan to increase the ability of individuals in the community to recognize the signs and symptoms of mental illness and substance abuse in adults impacted by a disaster and link them to appropriate services.
- Establish relationships with local businesses, families, and community groups to broaden and link all community resources available to adults and their families impacted by the disaster.
- Provide recovery support services (e.g., childcare, vocational, educational, and transportation services) designed to improve access to, and retention in services. (Note: Grant funds may be used to purchase such services from another provider.)

ACTION PLANS

Please complete a detailed action plan for each strategy selected above. See Attachment B: Activity Guide for activities to help guide your proposal.

STRATEGY 1 →	Provide training support to communities, practitioners, individuals and families related to behavioral health consequences of natural disasters.	BUDGET	\$30,000
Action Steps		Planned Months for Implementation	Process Measure(s)

STRATEGY 2 →	Build community coalitions to respond to and prepare for behavioral health impacts of natural disasters.	BUDGET	\$20,000
Action Steps		Planned Months for Implementation	Process Measure(s)

STRATEGY 3 →	Develop and implement a workforce development training plan to increase the ability of individuals in the community to recognize the signs and symptoms of mental illness and substance abuse in adults impacted by a disaster and link them to appropriate services.	BUDGET	\$42,000
Action Steps for plan development		Planned Months for Implementation	Process Measure(s)
Action Steps for implementation of the plan		Planned Months for Implementation	Process Measure(s)

STRATEGY 4 →	Establish relationships with local businesses, families, and community groups to broaden and link all community resources available to adults and their families impacted by the disaster.	BUDGET	\$30,000
Action Steps		Planned Months for Implementation	Process Measure(s)

STRATEGY 5 →	Provide recovery support services (e.g., childcare, vocational, educational, and transportation services) designed to improve access to, and retention in services.	BUDGET	\$58,000
Action Steps		Planned Months for Implementation	Process Measure(s)

ATTACHMENT A - PROPOSED BUDGET FORM

Item	Amount
Salaries	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Occupancy/Space	
Operations	
Other	
Indirect Costs	
Total Cost	

ATTACHMENT B – ACTIVITY GUIDE

Organizations may choose one or more strategy. Please see the menu of activities below to guide your proposal.

STRATEGY 1: PROVIDE TRAINING SUPPORT TO COMMUNITIES, PRACTITIONERS, INDIVIDUALS AND FAMILIES RELATED TO BEHAVIORAL HEALTH CONSEQUENCES OF NATURAL DISASTERS.

Maximum allowable budget not to exceed \$30,000.

Allowable activities include but are not limited to:

- Host a webinar training and provide technical assistance
- Host a conference or training event and provide technical assistance
- At least two presentations to individuals/groups and provide technical assistance

STRATEGY 2: BUILD COMMUNITY COALITIONS TO RESPOND TO AND PREPARE FOR BEHAVIORAL HEALTH IMPACTS OF NATURAL DISASTERS.

Maximum allowable budget not to exceed \$20,000. Vendor's proposal must include the activities they plan to implement for 1) building/creating a community coalition/taskforce and 2) creation of a response and preparedness plan.

Allowable activities for building/creating a community coalition/taskforce include but are not limited to:

- Increase key stakeholder involvement on an existing coalition/taskforce
- Increase new partnerships/relationships
- Attend/host meetings with key stakeholders
- Increase awareness
- Increase capacity

STRATEGY 3: DEVELOP AND IMPLEMENT A WORKFORCE DEVELOPMENT TRAINING PLAN TO INCREASE THE ABILITY OF INDIVIDUALS IN THE COMMUNITY TO RECOGNIZE THE SIGNS AND SYMPTOMS OF MENTAL ILLNESS AND SUBSTANCE ABUSE IN ADULTS IMPACTED BY A DISASTER AND LINK THEM TO APPROPRIATE SERVICES.

Maximum allowable budget not to exceed \$42,000.

Develop a Workforce Development Training Plan

Components of a comprehensive plan must include but are not limited to the following:

- A Mission Statement: What are you trying to achieve?
- A Vision Statement: What are you trying to achieve in the long term?
- Logic model that includes but is not limited to the following components:
 - Problem statement(s)
 - Intervening variables
 - Strategies and Activities
 - Short-term Outcomes
 - Long-term Outcomes
- List of strategies with SMART goals
- Evaluation plan

Implement the workforce development training plan

Effective activities for implementation include but are not limited to:

- Information dissemination on signs and symptoms of mental illness, substance abuse and appropriate services

- Radio
- Flyers/handouts
- Newspaper
- Posters
- Brochures
- Newsletters
- Booth
- Social media campaigns
- Post on website
- Increasing capacity and knowledge of signs and symptoms of mental illness, substance abuse and appropriate services
 - Host a webinar training
 - Host a conference or training event
 - Presentations to individuals/groups
 - Provide technical assistance
 - Create a company taskforce
 - Meetings with individuals
 - Speaking engagements/presentations
- Organization policy change(s) to increase the ability of individuals in the community to recognize the signs and symptoms of mental illness and substance abuse in adults impacted by a disaster and link them to appropriate services
 - Implementation of new company policy or assess and revise current company policy.
Components of a comprehensive policy change include but are not limited to the following:
 - Assess
 - Plan
 - Develop
 - Modify
 - Implement

STRATEGY 4: ESTABLISH RELATIONSHIPS WITH LOCAL BUSINESSES, FAMILIES, AND COMMUNITY GROUPS TO BROADEN AND LINK ALL COMMUNITY RESOURCES AVAILABLE TO ADULTS AND THEIR FAMILIES IMPACTED BY THE DISASTER.

Maximum allowable budget not to exceed \$30,000. Vendor may assess and increase individual capacity, community capacity, community involvement, and/or key stakeholder involvement on the coalition/taskforce.

Primary activities include but are not limited to:

- Host a conference or training event
- Create a company taskforce
- Increase community resources
- Assess and create a plan for increasing:
 - Individual capacity
 - Community capacity
 - Community involvement
- Create coalition/taskforce
- Expand membership and focus of existing coalition/taskforce
- Increase new partnerships in coalition/taskforce

Supporting activities include but are not limited to:

- Speaking engagements/presentations to individuals or groups
- Provide technical assistance

- Create/promote resource directory/library
- Attend a conference/training
- Participate in webinar
- Host a webinar or online training
- Information dissemination
 - Radio
 - Flyers/handouts
 - Newspaper
 - Posters
 - Brochures
 - Newsletters
 - Booth
 - Social media campaigns
 - Post on website

STRATEGY 5: PROVIDE RECOVERY SUPPORT SERVICES (E.G., CHILDCARE, VOCATIONAL, EDUCATIONAL, AND TRANSPORTATION SERVICES) DESIGNED TO IMPROVE ACCESS TO, AND RETENTION IN SERVICES.

Maximum allowable budget not to exceed \$58,000.

Note: Grant funds may be used to purchase such services from another provider.

Allowable activities for providing disaster recovery support services include but are not limited to:

- Care coordination: includes helping participants access recovery resources based on their individual needs and creatively problem solve challenges to help participants access such resources. Helping participants access nourishment assistance programs, supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, and any other individualized resources the person needs. May include the following sub-categories:
 - Transportation to Behavioral Health Treatment
 - Childcare during Behavioral Health Treatment
 - Vocational Education
- Securing contracts with new providers/vendors

ATTACHMENT C – SAMHSA STANDARD FUNDING RESTRICTIONS

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at <https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements>.

SAMHSA grant funds may not be used to:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. 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 . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$150,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project. Renovations exceeding \$150,000 may be proposed but require prior approval from SAMHSA in advance of executing.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

Note: A recipient or treatment or prevention provider may provide up to \$30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.

- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person per day.
- Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles

or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.