

## Notice of Funding Opportunity for Quick Response Teams

As part of the Kentucky Overdose Response Effort (KORE), the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) will award up to eight grants to support eligible agencies to establish or expand the Quick Response Team (QRT) model in Kentucky. KORE's mission is to support the implementation of a comprehensive set of interventions to address KY's opioid and stimulant crisis by expanding equitable access to a full continuum of evidence-based prevention, harm reduction, treatment, and recovery support services. KORE's populations of focus include individuals with opioid use disorder (OUD) or stimulant use disorder (StimUD) who are 1) overdose survivors; 2) criminal-legal system-involved; 3) pregnant and postpartum; 4) Black, Indigenous, and People of Color (BIPOC); and 5) transition-age youth.

KORE is soliciting applications from not-for-profit agencies with experience in serving individuals and families experiencing OUD and StimUD to 1) coordinate with local leadership to develop, implement, expand, and sustain QRT partnerships, 2) establish or expand a QRT with access to essential resources and training, and 3) facilitate access to intensive harm reduction, treatment, and recovery services. The application must address how the program will support multiple pathways to recovery, including the use of FDA-approved medications for OUD (MOUD).

**What is a Quick Response Team?** The time following a nonfatal overdose is an essential intervention opportunity to identify individuals at high risk for a subsequent overdose and provide services to reduce their future overdose risk. The goal of a Quick Response Team (QRT) is to mitigate the risk and severity of drug-related overdoses by providing assertive outreach and engagement to overdose survivors and their social networks within 24-72 hours of the incident.

### What are the components of a successful QRT?

- QRTs are comprised of multidisciplinary professionals and can include first responders, law enforcement officers, behavioral health clinicians, public health officials, case managers, peer support specialists, and individuals from community organizations (e.g., faith-based groups).
- QRTs have the capacity to initiate contact within 24-72 hours following a drug overdose and provide assertive outreach through home and community visits.
- QRTs are guided by a steering committee, advisory board, or other form of governance, with at least one-third of the voting membership comprised of individuals in recovery or their loved ones.

### What evidence-based and community-defined services do QRTs offer?

- Harm reduction supplies (e.g., naloxone, fentanyl test strips, xylazine test strips, wound care kits)
- Connections to local health departments, syringe service programs, and other harm reduction services
- Education on overdose prevention and safer drug use practices
- Education on treatment and recovery support options
- Referrals to mental health and substance use treatment, including medications for opioid use disorder (MOUD)
- Referrals to infectious disease testing and treatment
- Case management for recovery support services, including housing, food, healthcare, and transportation

**Award Information:** Federal funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) will be provided by the Kentucky Overdose Response Effort (KORE) to eight QRTs.

- Minimum Eligibility: Organizations must be a nonprofit 501 (c)(3) or quasi-government agency with at least two (2) years of experience serving individuals experiencing OUD/StimUD and their families.
- Funding Priority: Priority will be given to QRTs in communities with a high frequency of overdose fatalities and/or overdose-related emergency department visits relative to KY's state rate.
- Award Ceiling: \$200,000
- Project Length: 12 months
- Anticipated Start Date: March 1, 2025
- Cost Sharing/Match Requirement: No
- Service Delivery Date: To begin no later than 30 days from receipt of the contract.

**Reporting Requirements:** Awardees must submit bi-annual progress reports, monthly summaries of service recipients' demographics and services rendered, and client-level data using the [Government Performance and Results Act](#).

### **Mandatory Submission Materials:**

1. Cover letter on agency letterhead
2. Project Narrative Sections A-D (see p.3 for additional instructions):
  - Section A. Organization Profile
  - Section B. Description of Program and Services
  - Section C. Implementation and Sustainability
  - Section D. Performance Data Collection and Reporting
3. Attachments 1-5 (see p.5 for additional instructions):
  - Attachment 1. Detailed Budget Worksheet and Narrative Summary using the template provided
  - Attachment 2. Access to FDA-Approved Medications for Opioid Use Disorder attestation
  - Attachment 3. Three (3) letters of commitment
  - Attachment 4. Governing body membership list
  - Attachment 5. Copy of the 501(c) 3 IRS letter indicating non-profit status

All materials must be submitted in a combined PDF titled **DBHDID\_QRT2025** and **the name of your agency** by email to [kore@ky.gov](mailto:kore@ky.gov) no later than **5pm ET on November 6<sup>th</sup>, 2024**. For example, the document should be titled “**DBHDID\_QRT2025\_AgencyABC**”. Incomplete or late submissions will not be considered for funding.

Please submit questions regarding proposals to Margaret Corneilson, KORE’s Treatment Implementation Specialist, at [margaret.corneilson@ky.gov](mailto:margaret.corneilson@ky.gov).

### **Funding Parameters:**

Funding is subject to DBHDID and SAMHSA’s funding restrictions. For Community Mental Health Centers, funds awarded under this grant mechanism must be used to provide services in locations within the counties for which the Board is duly recognized as the Regional Community Mental Health Center.

Grant funds cannot be used to:

- Supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant. Grant funds may be used to expand existing activities or services.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Pay for salaries of individuals who are able to perform a billable service. Grant funds can pay for non-billable or start-up staff time.
- Pay for salaries of administrative or clerical staff as that is allocated to indirect costs.\*
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, lanyards and conference bags.
- Support non-evidence-based or non-evidence-informed approaches.

\*Note: Funds for “Facilities and Administration” are considered indirect costs. Administration is defined as general administration and general expenses such as the director’s office, accounting, or other positions hired by the agency but not specific to the grant.

### **Resources:**

To learn more about post-overdose response models, please reference the resources listed below.

- [SAMHSA’s Overdose Prevention and Response Toolkit](#)
- [North Carolina’s Department of Health and Human Services Post-Overdose Response Team Toolkit](#)

### **QRT NOFO Q&A Session:**

An optional Question-and-Answer Session will be held for organizations interested in responding to the QRT NOFO to ask questions about the application.

Date and Time: October 17<sup>th</sup>, 2024 from 12:00 – 1:00 pm

Zoom link: <https://us06web.zoom.us/j/84471814792>

## PROJECT NARRATIVE

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria listed in Sections A to D below. The application will be reviewed according to the quality of your responses.

- The Project Narrative must be double-spaced using *Times New Roman 12-point font*.
- The Project Narrative is limited to six (6) pages, excluding the cover letter and Attachments 1-5.
- Pages must be numbered consecutively from beginning to end of the Project Narrative.

Scoring: Each response will be scored using a scale from 0 to 5, as depicted in the table below. Scores will be assigned based on the extent to which responses meet the outlined evaluation criteria, with higher scores reflecting greater alignment with the goals and expectations of the funding opportunity. Scoring will be conducted independently by members of a review panel. Funding decisions will be made based on the panel's evaluations and available budget. The total number of points that can be awarded is 55.

<b>0</b> <b>Missing</b>	<b>1</b> <b>Poor</b>	<b>2</b> <b>Fair</b>	<b>3</b> <b>Good</b>	<b>4</b> <b>Very Good</b>	<b>5</b> <b>Excellent</b>
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### **Section A. Organization Profile** (Total Points: 15)

The purpose of this section is to describe the culture, context, and capacity of your organization to support a QRT.

1. Describe your organization's capacity to carry out the proposed service(s), including your experience and qualifications to serve overdose survivors. Consider what resources are available to embed a QRT within your organization (e.g., time, funding, effort, technology, etc.).
2. Describe how your organization supports the equitable provision of behavioral health services to minoritized populations and populations experiencing health disparities. Please refer to the definitions below when developing your response.
  - SAMHSA's definition of [behavioral health equity](#)
  - National Institutes of Health's definition of [minoritized populations and health disparities](#)
3. Describe the governing body/advisory board structure(s) and feedback loops that will be put into place so that individuals with lived experience have input into the design, implementation, and evaluation of the QRT.

### **Section B. Description of Program and Services** (Total Points: 20)

The purpose of this section is to describe the proposed QRT services that will be delivered in the identified geographic service area(s).

1. Describe the project goals and state the measurable objectives. Review [SAMHSA's guidance](#) on writing goals and objectives.
2. Describe how the QRT will operate. In your response, please include the following:
  - a. What are the interventions that the QRT will deliver?
  - b. What are the proposed hours of operation?
  - c. What organization(s) will be responsible for housing and operating the QRT?
  - d. What is the intended geographical area to be served?
3. Describe who will comprise the QRT. In your response, please include the following:
  - a. What professional roles will be represented on the QRT?
  - b. What are their qualifications? If staff have not been hired, what are the desired qualifications of QRT personnel?
  - c. How will the program ensure that staff have sufficient training and expertise to address the needs of the population(s) of focus?

4. Describe the partnering organizations in your community that will provide access to the full continuum of trauma-informed harm reduction, treatment, and recovery services. Examples of these services include:
  - Harm reduction: distribution of naloxone, fentanyl and xylazine test strips; infectious disease testing
  - Treatment: residential, intensive outpatient, outpatient, medications for substance use disorders including opioid use disorder
  - Recovery: recovery community centers, peer support/recovery coaching, NARR-certified recovery housing, transportation

**Section C. Implementation and Sustainability** (Total Points: 10)

The purpose of this section is to provide a plan for implementation that aligns with key deadlines provided in this Notice of Funding Opportunity and for how the QRT will sustain operations following the grant.

1. Provide an implementation timeline with key activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
2. Describe a sustainability plan that supports the QRT beyond a 12-month award period and includes potential reimbursement pathways and/or sources of revenue generation.

**Section D. Performance Data Collection and Reporting** (Total Points: 10)

SAMHSA requires the collection of two specific types of data on the service recipients who interact with QRTs. First, QRTs are expected to submit monthly demographic data on clients served through a web-based portal. Second, QRTs are expected to complete the SAMHSA-required [Government Performance and Results Act](#) on service recipients who consent to participate in the assessment.

1. Describe your previous experience with data collection, as well as the proposed procedures you will implement to collect the required data.
2. Describe how you will use data for planning and evaluation purposes to ensure continued quality improvement of the QRT. Indicate how you will include community stakeholders in the quality improvement process.

## REQUIRED ATTACHMENTS

1. Attachment 1: Detailed budget using the provided template (see Budget Detail Worksheet & Summary). The budget template does not count towards the allowable page total. Please include the necessary costs to support your proposed QRT for a 12-month period.
2. Attachment 2: Attestation to supporting the use of all FDA-approved medications for OUD as part of a treatment and recovery plan. Specifically, services and supports cannot discriminate against or deny any individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine products including buprenorphine mono-product formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine). Members served by the QRT must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual's opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, FDA-approved medications for OUD must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that members served by the QRT will not be compelled to no longer use FDA-approved medications for OUD as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
3. Attachment 3: Three Letters of Commitment from law enforcement or emergency response agencies *and/or* community-based organizations that will provide harm reduction, behavioral health treatment, and/or recovery services in accordance with the attestation of support for access to all FDA-approved medications (see #2 above) for OUD as part of a treatment and recovery plan.
4. Attachment 4: Governing body membership list and attestation indicating a willingness to ensure that at least one-third of the voting membership is comprised of individuals in recovery and/or family members of individuals in recovery *or* documentation of the organization's willingness to develop a steering committee or advisory board comprised of individuals in recovery and/or family members of individuals in recovery who will provide input to the larger governing body.
5. Attachment 5: An IRS Letter of Determination documenting that your organization is a 501(c)3 non-profit.