

OPIOID RECOVERY AND REMEDICATION FUND (ORRF) GRANT GUIDELINES



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Grant Program Guidelines:

Opioid Recovery and Remediation Fund

Overview

The goal of the Springfield Department of Health and Human Services (SDHHS) is to use Opioid Recovery and Remediation Fund (ORRF) investments to improve pathways to treatment, care, and recovery services for People With Lived or Living Experiences (PWLLE) by building capacity of community-based organizations, particularly those based in communities that are historically underserved and have experienced a disproportionately high rate of opioid-related overdose deaths. ORRF investments will be used to level the playing field for community organizations, catalyze pilot programs, evaluate innovative approaches and treatment, and diversify the pool of providers available to fight the challenge of Opioid Use Disorder (OUD) crisis throughout the City of Springfield.

The ORRF was established in 2020 to receive and administer funds from certain legal settlements relating to allegations brought against companies in connection with the opioid crisis. Over the next 15 years, SDHHS will receive approximately \$7,000,000 settlement funds to be used for substance use prevention, harm reduction, treatment, and recovery.

Community Engagement in Priority Setting

SDHHS collected community input for: (1) setting priorities in this grantmaking process, (2) developing strategies to close the gaps in the local opioid treatment and recovery ecosystem, and (3) effectively engage People With Lived or Living Experiences (PWLLE) and OUD providers in planning, delivery and evaluation of programs, policies, and services. Community input was received through a series of methods including: (1) online survey, (2) key informant interviews with OUD Providers and PWLLE, (3) focus groups with PWLLE and families, and (4) community forum on closing the gaps in Springfield's OUD ecosystem. Across all methods of input there was a resounding endorsement for using ORRF investments to make the ecosystem more person-centered, better able to serve the needs of PWLLE, as well as their families and friends.

This RFP is designed to make it easier for PWLLE to begin and complete their recovery journey by closing gaps in the ecosystem, increasing accountability across sectors for transitions in care, and creating strategic learning opportunities to deepen and build grantee organizational and community capacity.

Substance Use Disorder Ecosystem¹

SDHHS considers the opioid crisis as a public health problem and as such, there are valuable opportunities across multiple elements of the overall system to implement practices, programs, and policies that consider the powerful role of social determinants of health play in addressing various aspects of the crisis. For instance, there are specific ways in which the opioid crisis affects system components, such as the educational system, employers, and the child welfare system. The opioid crisis covers more than overdoses; it is not limited to the issues people who use opioids face. Their families also lie at the heart of the ecosystem and sometimes suffer because relatives' substance use.



Figure 1 - American Opioid Ecosystem, © 2023 RAND Corporation

The logic that guides this RFP is as follows. If critical decisionmakers pay attention to multiple parts of the ecosystem at the same time and have reliable information about the ecosystem, they will understand how systems interact and are more likely to produce positive outcomes. Community input revealed a significant gap in communication, cooperation, and coordination among OUD providers during care transitions. Treatment and recovery are NOT viewed within the context of an ecosystem (Figure 1), thus missing are the dynamic aspects of treatment and care and how components (such as medical care criminal legal justice system, harm reduction, etc.) interact both directly and indirectly.

Applicants/grantees are encouraged to move away from siloed thinking and to adopt an ecosystem approach. Understanding the nature of the ecosystem is a necessary step for decision makers at all levels (from policy makers to treatment providers to case managers to recovery coaches) seeking to move forward.

Building a Recovery-Ready Springfield

To develop Springfield as a recovery-ready community we must have a recovery-oriented system of care model². This framework (Figure 2) is helpful for identifying assets and gaps in current community infrastructure and connections that support a community's ability to support

¹ For more information visit www.rand.org/t/RR604-1

² Robert D. Ashford, Austin M. Brown, Rachel Ryding & Brenda Curtis (2020) Building recovery ready communities: the recovery ready ecosystem model and community framework, *Addiction Research & Theory*, 28:1, 1-11, DOI: [10.1080/16066359.2019.1571191](https://doi.org/10.1080/16066359.2019.1571191)

individual and group recovery.

The Springfield Department of Health and Human Services is investing ORRF to build system capacity and assets by closing gaps in the OUD ecosystem and improving linkages across community care systems to foster a longer-term comprehensive continuum of care model of addiction. Recovery often occurs along different pathways and PWLLE will use one or more assisted pathways (such as mutual aid groups, medical treatment, recovery support services, medication, etc.). The SDHHS and multiple stakeholders determined, through a six-month community input and priority-setting process, that treatment and recovery support would be more effective when delivered through well-coordinated services and collaborative approaches across sectors.

Recovery-Oriented Ecosystem of Care The presence of each service and resource within a community will improve the chance over successful recovery for an individual.		
Prevention Services ¹	Mutual Aid (e.g. MOAR)	Peer support, family support
Residential	Springfield: A Recovery Ready Community	Partial hospitalization
Harm Reduction		Inpatient Detox
Sober Living		Traditional Medical Care - MAT
Criminal Justice and Reentry Services		Outpatient
Recovery Support Services ²	Recovery Community Organizations	Early Education and Care for Families in Recovery

Figure 2 - Framework for identifying ecosystem assets and gaps.

Funding Available

The proposed “Closing the Gaps” grants offer a unique opportunity for communities to bolster their capacity to address the overdose crisis through strong community collaboration and to expand interventions that have proven to save lives. Three-year funding is available across two phases (1) One-Year Demonstration Period: \$300,000 - \$500,000 dollars to be awarded in 2025 for planning and design and pilot testing solutions; (2) Full Implementation Grants: \$500,000 - \$700,000 will be awarded to successful demonstration projects for a two-year period, 2026 and 2027.

Who is Eligible to Apply

- Community-based Nonprofit Organizations
 - SDHHS seeks to award ORRF funds to local nonprofit organizations that work on any aspect of the care continuum, from prevention to recovery, and that collaborate with communities and populations that are diverse, historically underserved, and have experienced a higher rate of opioid-related overdose deaths.
- Coalitions
 - Organizations are encouraged to pool resources and can apply together as a

Collaborative, although one organization must be designated as the lead applicant. Organizations applying as a Collaborative must submit a joint letter signed by each participating organization illustrating the shared commitment.

Funds cannot be used for:

- Care or costs reimbursed by the state, including MassHealth and MA DPH Bureau of Substance Addiction Services, unless they strengthen and supplement these services, not supplant them.
- Initiatives and activities that are not considered best practice and cause additional harm and/or trauma for people who use drugs, individuals in recovery and/or treatment, and their family members.
- Fundraising pursuits
- Endowments or annual appeals
- Clinical or drug trials
- Direct payments to individuals
- The promulgation of religious beliefs
- Lobbying or legislative activity

Proposed Projects

Proposed projects should aim to strengthen the overall recovery ecosystem in Springfield. The goal is to strengthen networks and partnerships and build successful linkages between community-based OUD providers, healthcare, criminal justice, and community-based social welfare services (e.g., childcare, housing, workforce, food security, etc.) in at least one of the following areas:

1. Resource Navigation & Assertive Linkages
2. Comprehensive Case Management
3. People-centered Design and Solutions by PWLLE and their Families

Proposed projects must align with the [Massachusetts State Sub-Division Agreement for Statewide Opioid Settlements](#) and advance non-punitive, health-centered approaches to substance use disorder-related harms and challenges.

Resource Navigation & Assertive Linkages

Insufficient information is often the main barrier to accessing OUD care and treatment services. There is not a shared agenda or common goals among OUD providers on how to support PWLLE navigation to vital resources across ecosystem components.

This RFP seeks proposals that promote OUD interagency collaboration and care integration by developing information, referral, and linkage networks. Additionally, the aim is to advance Resource Navigators within local networks of service providers to support PWLLE and their families. This project seeks to reset previous work between the Greater Springfield Opioid Crisis Collaborative (GSOCC) and the Public Health Institute of Western Massachusetts (PHIWM) 413Cares to formalize referral networks between OUD care and treatment providers and other social service systems. The 413Cares platform was seen as a solution and foundation for basic communication and coordination efforts necessary for more integrated care systems. This project will be a precursor to a formal HUB model that would move the work of relevant service providers and partner organizations beyond information, referral, and linking services to an intensive process of targeting high-risk individuals with closed-loop referrals and individual intervention plans to enhance support and access to services.

Comprehensive Case Management (CCM)

Support individuals as they move across ecosystem components. At local levels, coordination issues and conflicts persist. There is often insufficient information and a lack of a well-defined handoff between OUD system providers for PWLLE moving across the ecosystem. This disconnect between providers can be framed as a question. *Is it the system component from which an individual is coming that is responsible for managing the transition, or is it the system component to which the individual is going? Who takes ownership in assisting PWLLE in their journey or transitions through the systems?*

This RFP seeks proposals that support individuals with comprehensive case management. The proposed CCM model should go beyond regular case management by helping people with OUD: (1) navigate the landscape of existing providers; (2) develop a plan for appropriate services; and (3) establish linkages and relationships with corresponding agencies. Case managers could remain involved with individuals throughout periods when more traditional case managers are not involved. Case managers proactively address needs during high-risk periods, such as release from incarceration. Case managers are involved with individuals when uninsured and/or not supported by social services. Case managers alone will not be sufficient to close the gap due to competing and contradictory policies and missions among ecosystem components. The Grantee's role is as a "system steward" working with other organizations to address cross-sectoral challenges and exploit opportunities at the intersections of these systems.

People-centered Design and Solutions by PWLLE and their Families

Many individuals with opioid use disorder (OUD) and their families face barriers and disincentives that hinder their access to and engagement with treatment. Only by addressing these barriers and implementing systemic changes in systems that support engagement, and ongoing treatment can OUD providers and community stakeholders offer them the services likely to address their

OUD issues. Often PWLLE and their families, describe the OUD ecosystem as difficult to connect with and to remain engaged. In particular, the system does create barriers to supporting families of those with OUD.

This RFP seeks proposals for the development of a Human-Centered Design process that features the voices of PWLLE and their families in the design of solutions to barriers and gaps in care and treatment and for mitigating the burdens that opioids impose on family members. The Human-Centered Design process prioritizes the voices of people with lived and living experiences (PWLLE) and their families. By engaging those directly impacted by opioid use disorder (OUD), we collaboratively identify barriers and gaps in care and treatment. This approach not only addresses the unique challenges faced by individuals but also seeks to alleviate the burdens that opioid use places on families. Together, we co-create innovative solutions that are both effective and empathetic, ensuring that the needs and insights of those most affected drive our design efforts.

This proposal should consider two phases of work using a structured approach that ensures that the design solutions are not only effective but also deeply resonant with the experiences and needs of individuals living with OUD and their families.

Phase 1 Design prototype solutions

- **Empathize** - Create Personas: Develop personas representing different stakeholders (e.g., individuals with OUD, family members, healthcare providers) to humanize the challenges faced.
- **Define** - Craft a Problem Statement: Formulate a clear and concise problem statement that reflects the needs of the target audience.
- **Ideate** - Prioritize Ideas: Evaluate and prioritize the generated ideas based on feasibility, impact, and alignment with user needs.
- **Prototype** - Develop Low-Fidelity Prototypes: Create simple, cost-effective prototypes.

Phase 2 – Upgrade ecosystem

- **Test** - Conduct Usability Testing: Engage individuals with OUD and their families to test the prototypes in real-world settings.
- **Implement** - Launch the Solution: Introduce the final product or service to the community, ensuring clear communication and support.
- **Evaluate** - Share Learnings: Document the process and outcomes, sharing insights with stakeholders and the wider community to foster further innovation.

Application Process & Timeline

If your project meets the guidelines, we invite you to complete an [application](#) and submit it by

11:59 pm EST on December 30, 2024. The application questions are at the end of this document for easy review. Questions are highly encouraged and should be submitted to Justin Chellman, jchellman@springfieldcityhall.com, (413)787-6724), SDHHS will post answers to submitted questions. All questions will be posted anonymously. SDHHS may contact applicants for additional information or clarification if needed during the review process. SDHHS is committed to providing ample technical assistance and support during the application process.

Application Process & Timeline	
Date	Activity
Application Released	November 4, 2024
Informational Session	November 18, 2024
Application Due	December 30, 2024
Notifications	February 1, 2025
Grant Period Begins	March 3, 2025

Project Description

Contact Information

1. Organization:
2. Community-based organization's EIN:
3. Contact person at the organization:
4. Street Address, City, County, Zip Code:
5. Email:
6. Phone number:
7. If you are applying as a Collaborative, please answer the following:
 - a. Name of the Collaborative:
 - b. Participating partner organizations:
 - c. Lead organization:

8. Project(s)	Amount requested:
a) Resource Navigation & Assertive Linkages	\$ _____
b) People-centered Design and Solutions by PWLLE and their Families	\$ _____
c) Comprehensive Case Management	\$ _____

Project Narrative

Describe your proposal logic model or theory of change for improving the lives of PWLLE OUD experience and producing positive outcomes for the broader community. Remember to tailor responses to the outline/instructions below to the specific context and goals of your project. See grant criteria for additional guidance.

1. Need Statement

- Articulate the problem or unmet need that your project will address within the target population.

2. Mission/Purpose Statement

2.1. **Writing the Mission Statement** - Craft a concise and impactful statement that encapsulates the core purpose of your project.

- Label the **Who** - Identify the specific group of people your project aims to serve.
- Label the **What** - Specify the service or intervention your project provides.
- Label the **Benefit** - Articulate the desired outcome or impact that your project aims to achieve.

2.2. **Complete the Mission Statement** - Construct a complete mission statement using the following formula as a guide: *"To provide (what) to (whom) so that (with what benefit) as measured by (indicators of success)."*

3. Project Execution - Determine what is needed to Implement the Mission

3.1. **Organizational Capacity** – Identify organizational capacity and contributions to implementing the mission statement.

3.2. **Roles and Responsibilities** - Define specific roles and assign responsibilities to team members.

3.3. **Obstacle Identification and Mitigation** – Identify potential challenges that could hinder project success. Identify strategies to overcome or minimize these obstacles.

4. Program Description

4.1. Goal and Objective Breakdown

- Break down the overall mission into smaller, measurable goals and objectives.

4.2. Program Model Selection

- Research and select an evidence-based program model that aligns with your project's goals.
- Clearly define the model and its purpose.

4.3. Program Organization

- Outline how the program will be structured and implemented.
- Specify the service activities to be provided.
- Detail the implementation process for these activities.

4.4. Staffing Model

- Define the roles required for program delivery, administration, control, and support.
- Determine the number of full-time equivalent personnel needed for each role.

5. Agreements

5.1. Linkage/Affiliations - Discuss the partners you've engaged and how their input informed your project:

- PWLLE
- Mental health providers
- Human and social service providers
- Health care providers
- Workforce training systems
- Other community-based, faith-based, and civic associations

6. Evaluation

- Describe the data or methods (community outreach, surveys, statistics) used to identify the need for your project.
- Describe the key performance indicator dimensions for data.
- Outline your plan for completion and use of evaluation reports.

7. Estimate Resource Needs - Please provide a budget narrative and explanation for your project; be as specific as possible. How you will spend the funds - include amounts allocated

7.1. Staffing

- Delivery system
- Support systems
- Administrative costs

7.2. Other direct cost

- Non-personnel costs
- Special costs

7.3. Facility

- General space requirement (square feet)
- Unique requirements

Grant Selection Criteria

All proposals will undergo an unbiased, fair, equitable, and timely review process that includes PWLLE and other subject matter experts. SDHHS recognizes that not every proposal will address all items below, but in general, seeks to fund organization-led initiatives that address the following criteria detailed in the following table.

GRANT SELECTION CRITERIA		CRITERIA RATING		
ELEMENT	DEFINITION	MET	PARTIALLY MET	DID NOT MEET
Program Model:	<ul style="list-style-type: none"> • Solution Design: Does the proposal have a clear logic model or theory of change for improving the lives of people with lived and living OUD experience and producing positive outcomes for the broader community? 			
	<ul style="list-style-type: none"> • Relevance: Does the program model directly address the stated mission? 			
	<ul style="list-style-type: none"> • Clear Goals: Does the proposal establish clear and measurable goals for improving outcomes for individuals with OUD? 			
	<ul style="list-style-type: none"> • Feasibility: Are the proposed actions realistic and achievable within the given time limit and resources? 			
	<ul style="list-style-type: none"> • Sustainability: Can the proposed actions be sustained over time, or are they dependent on short-term funding or resources? 			
Measurable Outcomes:	<ul style="list-style-type: none"> • Key Performance Indicators: Does it identify key performance indicators to track progress and assess the impact of the ecosystem? 			
	<ul style="list-style-type: none"> • Data Collection: Does it outline a plan for data collection and analysis to inform decision-making and improve outcomes? 			
Centering People With Lived or Living Experience With OUDs:	<ul style="list-style-type: none"> • Direct Input: Does the proposal clearly articulate how individuals with lived or living experience with OUDs participated in shaping the project's goals, objectives, and strategies? 			
	<ul style="list-style-type: none"> • Informed Decision-Making: Does the proposal demonstrate how the perspectives, experiences, and needs of individuals with OUDs have informed the design and implementation of the project? 			
	<ul style="list-style-type: none"> • Leadership and Representation: Does the proposal include individuals with lived or living experience with OUDs in leadership or decision-making roles? 			
Data-Driven, Evidence-Based Treatment and	<ul style="list-style-type: none"> • Informed by Research: Does the proposal incorporate evidence-based practices and interventions for OUD treatment and prevention. 			

GRANT SELECTION CRITERIA		CRITERIA RATING		
ELEMENT	DEFINITION	MET	PARTIALLY MET	DID NOT MEET
Recovery:	<ul style="list-style-type: none"> • Tailored Approaches: Does the proposal demonstrate how these practices can be tailored to meet the specific needs and preferences of individuals with OUDs? 			
Outcomes and Community Impact:	<ul style="list-style-type: none"> • Continuous Improvement: Does the proposal include a plan for ongoing evaluation and improvement to ensure the effectiveness of the project ? 			
	<ul style="list-style-type: none"> • Evaluation and Improvement: Does the proposal include a plan for ongoing evaluation and improvement to ensure the project's effectiveness and relevance over time? 			
Anti-Racism and Cultural Humility:	<ul style="list-style-type: none"> • Understanding of Anti-Racism and Cultural Humility: Does the proposal identify approaches that address the underlying systemic issues contributing to disparities in OUD services and actions focused on building relationships and providing culturally appropriate care. 			
	<ul style="list-style-type: none"> • Understanding of OUD: Does the proposal demonstrate a deep understanding of the lived experience of OUD, including cultural, social, and economic factors that contribute to the disorder? 			
	<ul style="list-style-type: none"> • Culturally Sensitive Approaches: Does the proposal outline culturally sensitive approaches to service delivery and outreach? 			
	<ul style="list-style-type: none"> • Removing Barriers: Does the proposal address barriers to accessing services, such as geographic location, cost, and stigma? 			
	<ul style="list-style-type: none"> • Diverse Representation: Does the proposal ensure that the project is accessible to a diverse range of individuals with OUDs, including those from marginalized communities? 			
Equity:	<ul style="list-style-type: none"> • Root Causes: Does the proposal commit to diversity, equity, and inclusion and engage in activities that are transformational, that is, mitigate the structures of and processes that contribute to disparities in access, participation, and outcomes? 			
	<ul style="list-style-type: none"> • Vulnerable Populations: Does the proposal specifically address the needs of vulnerable populations, such as racial and ethnic minorities, and individuals with co-occurring disorders. 			
	<ul style="list-style-type: none"> • Equity-Focused Strategies: Does it incorporate strategies to reduce health disparities and improve access to care for marginalized populations? 			
Comprehensive OUD Ecosystem:	<ul style="list-style-type: none"> • Interconnectedness: Does the proposal recognize the interconnectedness of different services within the OUD ecosystem, such as prevention, treatment, recovery, and harm reduction? 			
	<ul style="list-style-type: none"> • Collaboration: Does it promote collaboration and partnership among various stakeholders, including healthcare providers, social service agencies, law enforcement, and community organizations? 			

GRANT SELECTION CRITERIA		CRITERIA RATING		
ELEMENT	DEFINITION	MET	PARTIALLY MET	DID NOT MEET
	<ul style="list-style-type: none"> • Accessibility: Does the proposal ensure that services are accessible to individuals with OUD, regardless of their demographic characteristics or geographic location? 			
	<ul style="list-style-type: none"> • Holistic Care: Does it consider the physical, mental, and social needs of individuals with OUD? 			
	<ul style="list-style-type: none"> • Addressing Social Determinants of Health: Does it address the social determinants of health, such as poverty, housing insecurity, and lack of employment, which contribute to OUD? 			
	<ul style="list-style-type: none"> • Community Partnerships: Does the proposal involve partnerships with community organizations and stakeholders to ensure long-term sustainability? 			
Budget:	<ul style="list-style-type: none"> • Clarity and Detail: Is the budget clear, detailed, and itemized, outlining specific expenditures and their justifications? 			
	<ul style="list-style-type: none"> • Relevance: Is the budget aligned with the proposal's objectives and demonstrate how the funds will be used effectively to achieve them? 			
	<ul style="list-style-type: none"> • Feasibility: Is the budget realistic and achievable within the proposed time limit? 			
	<ul style="list-style-type: none"> • Cost-Effectiveness: Does the proposal justify the proposed expenditures and demonstrate that they represent a fair value for the investment? 			

Finalist will need to submit the following for contracting:

- Proof of Insurance
- IRS letter
- Scope of Services
- Budget
- W-9

Evaluation & Reporting

SDHHS aims to measure what matters most, not just what is easily measurable. Our evaluations track progress, increase grantee capacity for data-informed decision-making, and develop a community of learning and improvement. Grantees will participate in virtual or in-person meetings, technical assistance, and convenings to network, share ideas, and learn from each other. In addition, we ask grantees to share their progress, successes, and challenges at the midway point and the end of the grant period. This helps grantees understand what works, adjust what doesn't, and create sustainable means to measure success. For example, we may explore questions like:

- To what extent were organizations and their partners able to implement projects as expected?
- What challenges did they experience, and how were they resolved?
- How did the ORRF funds impact current care or costs reimbursed by the state, including MassHealth and MA DPH Bureau of Substance Addiction Services and strategies for using their funds?
- What were the strengths and challenges of nonprofit partnerships?
- How many community members were reached with the projects, and what were their characteristics?
- What early outcomes did the Springfield community experience because of the demonstration project(s)? (e.g., increased access to care and resources, strengthened cross-sector collaborations, etc.)

Health Equity Statement

The SDHHS believes that anyone with substance use disorder should have access to a range of substance use treatments, including all types of MOUD, psychosocial interventions, harm reduction, community services, and recovery supports. Yet, gaps in access to care remain, especially for people who identify as Black, Indigenous, and people of color, as well as rural residents, LBGTQ+ persons, youth, and others. The SDHHS makes health equity a grantmaking priority by investing in programs that increase access to care and address root causes, such as racism, poverty, and power imbalances. The SDHHS also follows the MA Department of Public Health Principles for Racial Equity and endeavors to meet national [Culturally and Linguistically Appropriate Services \(CLAS\) standards](#) as an additional tool to help achieve health and racial equity.