



Date: September 25, 2024

DCTS Action Memo 2024-10

To: Subscribers of the DCTS Action Memo Email Distribution List

From: Gynger Steele, Administrator

Request for Applications – Tribal Nation Opioid Abatement Efforts

This memo was updated September 30, 2024. The deadline to apply for funding was extended to November 1, 2024. The reporting requirements information also was updated.

Summary

This memo outlines the process for the 11 federally recognized Tribal nations with members in Wisconsin to apply for funding to support culturally relevant prevention, harm reduction, treatment, and recovery services related to opioid use. All eligible applicants who apply for funding are expected to receive funding. Applications are due by 11:59 p.m. November 1, 2024.

Background

Data shows increasing health inequities in Wisconsin related to the opioid epidemic. The overall rate in Wisconsin for opioid-related deaths was 24.8 deaths per 100,000 people in 2022. Opioid-related deaths are disproportionately higher for the Native American population. The chart below shows the rate of opioid-related deaths for racial and ethnic populations in Wisconsin between 2017 and 2022.

Opioid-Related Deaths in Wisconsin
(Rate per 100,000 people)

Race/Ethnicity	2017	2018	2019	2020	2021	2022
Statewide (all)	16.1	14.5	15.8	21.2	24.6	24.8
Native American	34.6	30.4	35.8	39.6	63.8	97.8
Black	23.4	22.5	27.8	41.1	59.7	78.4
White	15.8	14.1	14.9	19.8	21.7	20.8
Hispanic	14.5	9.2	12.5	18.9	23.4	27.7

Source: Wisconsin Vital Records Death Data, 2017-2022

Additionally, data shows that the overall state rate for emergency room hospitalizations for opioid-related overdoses was 43.7 per 100,000 people in 2023. Hospitalizations for opioid-related overdoses are also disproportionately higher for some populations, including the Native American population. The following table shows the rate of opioid-related emergency hospitalizations for racial and ethnic populations in Wisconsin between 2017 and 2023.

Emergency Room Hospitalizations for Opioid Overdoses
 (Rate per 100,000 people)

Race/Ethnicity	2017	2018	2019	2020	2021	2022	2023
Statewide (all)	52.8	42.0	43.6	51.9	53.7	42.9	43.7
Native American	115.1	96.8	98.5	127.8	216.4	171.9	202.6
Black	75.5	63.8	88.0	101.5	108.1	97.3	136.3
White	48.9	38.6	38.7	45.8	46.4	36.8	33.8
Hispanic	65.3	47.0	40.3	44.6	51.6	47.3	52.9

Source: Wisconsin Hospital Discharge Data, 2017-2023

DHS is using \$6 million of Wisconsin’s share of the National Prescription Opiate Litigation settlement funds received for state fiscal year 2025 to support opioid abatement efforts in federally recognized Tribal nations.

The National Prescription Opiate Litigation involved drug distributors AmerisourceBergen, Cardinal Health, and McKesson as well as opioid manufacturer Johnson & Johnson.

The funds available through this request for applications must be used on opioid-related efforts and activities that align with the categories listed in [“Exhibit E: List of Opioid Remediation Uses”](#) to the Distributor Master Settlement Agreement and the Johnson & Johnson Master Settlement Agreement.

The use of varying levels of interventions and adoption of multiple strategies across the continuum of care—prevention, harm reduction, treatment, and recovery—ensures a comprehensive approach when addressing the opioid epidemic. The intention of this funding opportunity is to:

- Support federally recognized Tribal nations in providing a spectrum of strategies across the continuum of care to address their unique conditions.
- Provide programs and activities with minimal demands or barriers for participants, while building upon the strengths of local Tribal culture, tradition, and practices.
- Provide high quality, effective, equitable, understandable, and respectful prevention, harm reduction, treatment, and recovery efforts and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Prevention addresses the root causes of substance use to reduce the risk of developing a substance use disorder. Comprehensive prevention efforts require a multidisciplinary approach with strategies across different levels. These efforts range from population-level strategies to targeted interventions focused on high-risk individuals. Prevention can also include promotion strategies, which are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. For more information, see the [U.S. Department of Health & Human Services Overdose Prevention Strategy: Primary Prevention](#).

Harm reduction reduces risk and negative consequences associated with substance use by engaging directly with people who use drugs to prevent overdose and infectious disease transmission; improve the physical, mental, and social well-being of those served; and offer low-threshold options for accessing substance use disorder treatment and other health care services. Individuals inherently deserve services that promote health, regardless of whether they use drugs. Harm reduction is imperative to keeping people who use drugs alive and as healthy as possible. For more information, see the [U.S. Department of Health & Human Services Overdose Prevention Strategy: Harm Reduction](#).

Treatment uses evidence-based protocols and promising practices across different types of settings to reduce substance use, other health harms, and overdose deaths. High-quality treatment provided to people diagnosed with a substance use disorder can also increase social functioning, family relationships, and general well-being of the person. Tailoring care, programs, and services to the cultural, social, gender, and other socio-demographic contexts of people served yields positive outcomes for the individuals, their families, and their communities. Communities and people benefit when they receive services that are clinically proven effective, equitable, and culturally appropriate. For more information, see the [U.S. Department of Health & Human Services Overdose Prevention Strategy: Evidence-Based Treatment](#).

Recovery is characterized by continual growth and improvement in one's health and wellness and managing setbacks. Recovery services support people's ability to live self-directed, productive lives in their communities. They incorporate a full range of social, legal, and other services provided in various settings. This may include linkage to and coordination among service providers and other supports shown to improve quality of life for people, their families, and their communities. The four major dimensions of recovery, as defined by the [Substance Abuse and Mental Health Services Administration](#) include:

- Health: Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being.
- Home: Having a stable and safe place to live.
- Purpose: Conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
- Community: Having relationships and social networks that provide support, friendship, love, and hope.

Eligibility for funding

All federally recognized Tribal nations with members in Wisconsin are eligible to apply for this funding.

Only one application will be accepted per Tribal nation. If more than one application is received

from a Tribal nation, DHS will consult with Tribal leadership to determine which application to consider for funding.

Tribal nations may collaborate on an application. One Tribal nation must serve as the lead applicant. The lead applicant will be responsible for administering all funds awarded through this funding opportunity.

Award and contract terms

Applications should not exceed a budget of \$550,000. DHS intends to provide funds to each eligible tribal nation that applies for funding.

It is the intent of DHS to award all \$6 million allocated to this effort. DHS will work with grantees to amend work plans and budget amounts if the total amount of funding requests is less than or more than \$6 million.

Applicants should plan and budget for one year of funding. Carryover of funds into a second year may be possible based on the availability of funds and grantee performance. If additional funding becomes available, grantees may receive additional funding for implementation of their plan.

The contract period will be July 1, 2024, through June 30, 2025. This will be a standalone contract.

DHS may negotiate the terms of the contract, including the award amount, with selected applicants prior to entering into a contract. If contract negotiations cannot be concluded successfully with a selected applicant, DHS may terminate contract negotiations with the agency.

The contracts resulting from this request for applications will be between DHS and the awarded applicants. Grantees using subcontractors will be responsible for ensuring subcontractors abide by all terms and conditions of the grant.

There is no match requirement for this grant. Tribal nations may combine funds provided through this funding opportunity with other funding sources received by Tribal nations to achieve projects unobtainable without a braided funding approach.

Reporting requirements

Grantees must submit four performance reports over the grant period:

- The first report will cover July 1 through October 31. It is due December 16, 2024.
- The second report will cover November 1 through January 31. It is due February 28, 2025.
- The third report will cover February 1 through April 30. It is due May 31, 2025.
- The final report will cover May 1 through June 30. It is due July 31, 2024

The reports must include:

- Overall progress on this project during the reporting period.
- Any problems or delays the project is experiencing and plans or efforts undertaken to resolve them.
- Any identified project or technical assistance needs that DHS may be able to assist with.
- A list of services provided by this project and the number of people served by each.
- Any successes or positive outcomes that occurred as a result of receiving these funds.

Grantees also must comply with any additional reporting requirements specified by DHS. Failure to report this data on the schedule listed in this memo may result in the loss of funds and repayment of the funds provided to the Tribal nation.

Application design

All narrative content created for the application must be typed in single-space format using 12-point font in a Microsoft Word document. All pages should have one-inch margins.

- **Cover page:** One page that lists the name of the Tribal nation applying for funding with relevant contact information including subcontract contact information, if applicable.
- **Abstract:** No more than one page that includes a summary of the project details.
- **Project narrative:** No more than three pages organized according to the following headings:
 - **Experience and capacity:**
 - Describe the Tribal nation’s experience in providing prevention, harm reduction, treatment, and/or recovery services to tribal nation members.
 - Describe the Tribal nation’s capacity to fully execute this contract.
 - **Population(s) of focus:** Describe the population(s) to be served with this funding.
 - **Statement of need:** Describe the specific prevention, harm reduction, treatment, and/or recovery needs in the Tribal community and how these needs are not being fully met by current efforts.
 - **Program design:** Describe the goals of your efforts and how this funding will be used to reach those goals. Outline how your efforts will contribute to opioid abatement within the Tribal nation.
 - **Evaluation:** Describe the evaluation strategies that will be used to determine if the program design and delivery are effective.
 - **Diversity, equity, and inclusion:** Describe how diversity, equity, and inclusion are being considered in each element of the population of focus, statement of need, program design, and evaluation.
- **Contract application:** Complete the [DCTS Annual Grant/Contract Application: Condensed, F- 21276C](#).
- **Budget worksheet:** Complete the [DCTS Summary Line-Item Budget: F-01601](#)

Application submission

To apply for this funding, send an email with the following attachments to the [Bureau of Prevention Treatment and Recovery](#) by 11:59 p.m. November 1, 2024.

- Narrative covering the items listed in the application design section of this memo as a Microsoft Word document.
- Completed and unprotected [DCTS Annual Grant/Contract Application: Condensed, F-21276C](#).
- Completed and unprotected [DCTS Summary Line-Item Budget: F-01601](#)

Applicants will receive an email confirming receipt of their application within three business days. If you do not receive an email confirmation within three business days, contact the [Bureau of Prevention Treatment and Recovery](#).

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If you have a question or concern about this memo, contact the [Bureau of Prevention Treatment and Recovery](#) no later than 11:59 p.m. October 9, 2024. Answers to the questions submitted will be posted on the [DHS website](#). Questions submitted by phone will not be answered.