**Rural, Remote and Indigenous Overdose Grant Opportunity**

**Request for Proposals – Application Guidelines**

**Timeline**

Application available online: December 4, 2020

Application deadline: January 22, 2021

Grants awarded: February 2021

All proposed project activities must be completed, and funding spent, by February 2022

**Project Overview: Rural, Remote and Indigenous Overdose Grant Opportunity**

**Background**

In April 2016, BC’s Provincial Health Officer declared a public health emergency in response to an alarming increase in overdose deaths. Since the emergency was declared – despite extensive action and collaboration from government, healthcare teams, community leaders, and people with lived and living experience – over 6,000 lives have been lost to preventable drug overdose.[[1]](#footnote-1) There is currently no part of BC untouched by overdose, with small and mid-sized communities experiencing the crisis differently than large urban centers. In addition, Indigenous people who use substances and First Nations communities are overrepresented in the numbers for both overdose deaths and overdose events.

**About the Grants**

The Community Action Initiative Society of BC (CAI) has partnered with the provincial Overdose Emergency Response Centre (OERC) to provide $1,112,900 in one-time-only funding to rural, remote, and Indigenous communities. CAI and the OERC share the goal of reducing inequitable health gaps, so that all communities have access to life saving services. The proposed grant opportunity seeks to address inequity by providing funding for rural, remote and Indigenous communities to increase their capacity to serve community members impacted by the overdose crisis.

Projects submitted for funding are required to align with at least one item from the OERC’s Comprehensive Package framework of Core Interventions (See Appendix A), and preference will be given to projects which address recommendations made during the October 2019 [Rural and Indigenous Overdose Action Exchange](https://www2.gov.bc.ca/assets/gov/overdose-awareness/rural-indigenous-overdose-action-exchange.pdf) as per the following four categories:

1. Tackling stigma and shame
2. Creative solutions in harm reduction and peer involvement
3. Generating creative and innovative solutions
4. Regional reflections

Please consult Appendix B for project examples and ideas from the Rural and Indigenous Overdose Action Exchange. Applicants are encouraged to submit innovative overdose prevention and response initiatives that are tailored to their local contexts.

**Timeline**

Beginning in September 2020, CAI convened an Advisory Committee comprised primarily of rural and Indigenous participants, including individuals with lived and living experience of substance use. The Committee is co-chaired by Marnie Scow, from the Kwakiutl Nation and Janine Stevenson, who were recently embedded in FNHA’s response to the overdose crisis, working at community, regional and provincial levels. The Advisory Committee met several times to co-create and design the granting program, including: the grant application, grant application guidelines and adjudication strategy. Grant funding is anticipated to flow to communities by late February 2021.

**CAI Granting Principles**

CAI works directly with communities to leverage local knowledge and build a strong and sustainable mental health and substance use sector. CAI strives to:

* build equity in communities by making grant processes accessible, especially for groups that experience exclusion;
* be transparent, and consistent with the granting processes;
* ensure sound stewardship of resources and accountability for impact;
* inform grant making by pursuing strategies using evidence, historical context, traditional knowledge and the voices of community;
* fund grants that promote diverse and culturally safe organizations, service providers, and volunteers; and
* engage individuals and families with lived and living experience across the lifespan.

**Equity-Orientation for Rural, Remote and Indigenous Communities**

As part of an equity-oriented process, this request for proposals encourages applicants to consider the following in project planning and implementation:

1. supporting the capacity for peers to network, to be engaged and to inform services for people who use drugs;
2. creating opportunities for Indigenous led dialogues and initiatives for Indigenous and First Nations communities / organizations (e.g., “For Indigenous, by Indigenous”); and
3. increasing the inclusion of peers and Indigenous people at existing decision-making tables.

**The Appendix** provided at the end of this document offers examples and project ideasas per the following frameworks: A) Rural and Indigenous Overdose Action Exchange Recommendations, and B) The OERC’s Comprehensive Package of Core Interventions.

**Application Process**

Applicants that meet the criteria detailed below are eligible to apply for the Rural, Remote and Indigenous Overdose Grant opportunity. Applicants can apply for up to $50,000 in one-time-only funding. CAI grants must be used solely to support the activities outlined in the applicant’s grant application. Grant recipients are strongly encouraged to seek additional financial and/or in-kind contributions from other sources to maintain programs or projects over time.

**Eligibility and Essential Requirements**

CAI will consider awarding funds to existing community organizations as well as peer-led organizations. Peer organizations are required to have a lead financial agency that meets the eligibility criteria below.

Applicants must be one of:

* A non-government, not-for-profit, community-based organization
* A First Nations, Métis or Indigenous-led agency or organization

**Please note:** Government agencies, for-profit businesses, research institutions, school boards, and/or health authorities/health organizations that provide a direct primary care service cannot apply for funding through this call for proposals.

* Applicants must have the appropriate experience, member capacity, and resources to successfully implement the project within the stated timelines. For this funding opportunity, project extensions are not possible.
* Project activities must be related to overdose prevention and response and align with at least one item from the Overdose Emergency Response Centre’s Comprehensive Package of Interventions.
* Proposed project activities must demonstrate an awareness of the importance of diversity, inclusion and cultural factors.
* Proposals must include a clear and feasible strategy for reaching the intended population.
* Successful applicants are responsible for keeping a record of project activities and impact.
* Applications must include organizational financial statements.
* Applications must provide contact information for one reference from outside of the applicant organization (ensure the individual specified as a reference is aware that they may be called upon).

**How to Apply**

**Submission Guidelines**

To avoid potential technical difficulties, applicants are strongly urged to complete their application at least *three days* prior to deadline. The January 22, 2021 deadline for applications is **FIRM**. Irrespective of technical difficulties, completed applications must be received by CAI by the deadline.

Receipt of your full application will be acknowledged by an automatic e-mail.

*It is the responsibility of the applicant to consult the CAI website and/or Grant Manager for clarification and updates concerning submission requirements.*

Applications must be completed through the CAI Online Grant System and

are due by **5:00 pm (Pacific Time) January 22, 2021**

**This deadline is FIRM. Applications submitted after 5:00 pm on January 22 will not be accepted.**

**Technical Difficulties**: If you are unable to complete the application form for any reason, please contact Dakota Fayant at [dfayant@caibc.ca](mailto:dfayant@caibc.ca).

**Notification and Final Decision**

Successful applicants will be notified of Rural, Remote and Indigenous Grant funding decisions in February 2021.

**For further information please contact:**

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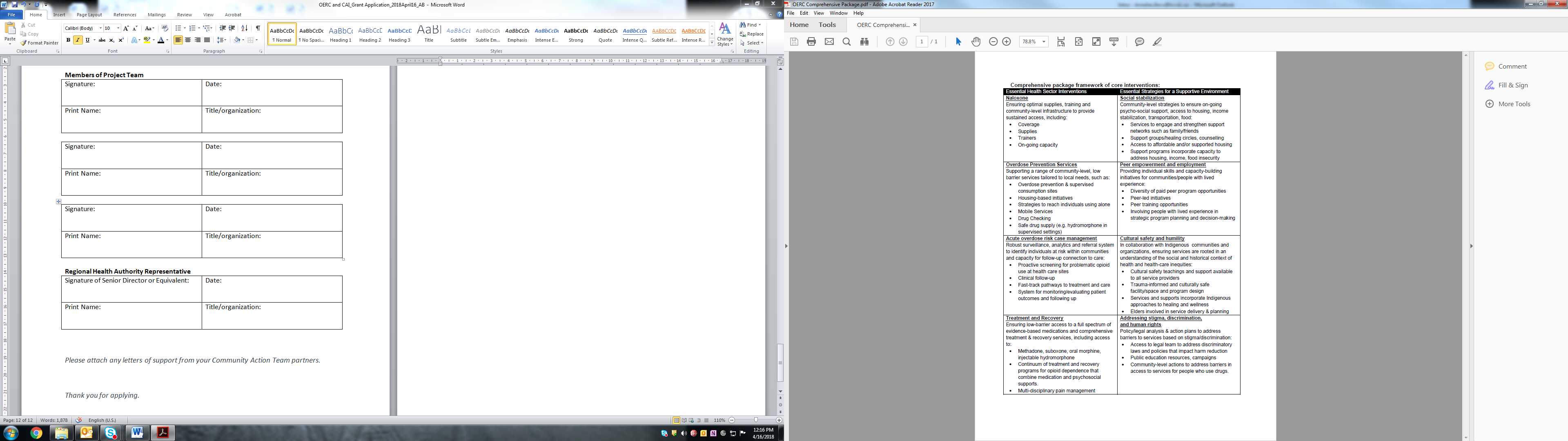
Rural, Remote and Indigenous Overdose Grants

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**Appendix A: OERC’s Comprehensive Package framework of Core Interventions**



**Appendix B: Rural and Indigenous Overdose Action Exchange Recommendations and Examples**

The following four categories are offered as guidelines for your project application. If proposing a project that falls outside of these guidelines, choose “Other” during the application process.

|  |  |
| --- | --- |
| **1 – Tackling Stigma and Shame** | **2 – Harm Reduction & Peer Involvement** |
| **Find ways to capture the diverse experience of people who use drugs. For example:**   * Consolidate a list of community events, dialogues, videos, projects, etc., to support learning and sharing of information * Develop communication materials & encourage conversations around safer dosing and active using   **Language shift towards “compassionate care”. For example:**   * Re-examine the language used to convey services and supports * Create more spaces and gatherings for Indigenous communities and local health authorities to work together   **Acknowledge and compensate peers for their time and expertise. For example:**   * Connect with peer and harm reduction coordinators to create a contact list of peer leaders and organizations and identify pathways to dissemination (e.g., OPS, emergency departments, support groups, etc.) * Pay peers in accordance with CDC best practice guidelines[[2]](#footnote-2) | **Implement Indigenous, culturally based recovery initiatives and Indigenous forms of healing in communities and / or as part of non-Indigenous services. For example:**   * Elder-in-residence programs, hire local Indigenous people to do harm reduction work * Support Indigenous people and organizations to host a series of webinars to increase knowledge about land-based healing practices * Hire an Indigenous person to lead land-based healing practices   **Invest in a mentorship model to support the growth and empowerment of peer voice. For example:**   * Connect with peer leaders to identify where they need support * Develop partnerships with local organizations to support mentorship and capacity building |
| **3 – Generating Creative and Innovative Solutions** | **4 – Regional Reflections / Service Delivery Models** |
| **Identify and create Indigenous programming and bring Indigenous knowledge to communities to promote the role of traditional forms of healing. For example:**   * Create a gathering space to focus on supporting health and wellbeing across the lifespan * Support initiatives that are for Indigenous by Indigenous. * Provide outreach services * Hold dialogues on harm reduction and OD with diverse stakeholders | **Convene local groups to exchange knowledge. For example:**   * Webinars, online discussion forums, meet ups, etc. * Develop & support implementation of trauma-sensitive and sensitivity training within social service organizations and health authorities (including hospitals) * Create and offer peer-led sensitivity training (peer practices and approaches) for organizations working with peers. |

**Glossary**

**Cultural Humility:** Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. Source: <http://www.fnha.ca/Documents/FNHA-Cultural-Safety-and-Humility-Definitions.pdf>

**Cultural Safety:** Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. Source: <http://www.fnha.ca/wellness/cultural-humility>

**Health Equity:** Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status, sexual orientation or other socially determined circumstance. Health inequities are health differences between population groups that are systematic, avoidable, and unfair.Source: [www.bccdc.ca/health-info/prevention-public-health/health-equity](http://www.bccdc.ca/health-info/prevention-public-health/health-equity)

**Lived or Living Experience:** this grant uses the phrase to describe individuals or family members who have lived/living experience of mental health and/or substance use challenges.

**Wise Practices:** This phrase is widely used in Indigenous contexts to describe locally appropriate Indigenous actions that contribute to sustainable and equitable conditions. Wise practices are interventions and protocols that are reflective of Indigenous peoples’ worldview and ways of creating knowledge. Rather than only implementing practices that draw on a narrow range of research methodologies or only relying on practices that are exported from elsewhere, it is essential to learn from what is already working well in communities, based on their own Indigenous knowledge systems and experience. The notion of wise practices acknowledges that a ‘one size fits all’ best practices model is not always appropriate or effective. Source: [wisepractices.ca/](https://wisepractices.ca/)

1. BC Coroners Service, BC Ministry of Public Safety and Solicitor General. *Illicit Drug Overdose Deaths in BC: January 1, 2008 – April 30, 2020*. Victoria: BC Coroner’s Service; 2020. <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf> [↑](#footnote-ref-1)
2. [www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer\_payment-guide\_2018.pdf](http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf) [↑](#footnote-ref-2)