

Request for Applications (RFA)

RFA No. RM0 DCOR 080219



**Government of the District of Columbia
Department of Behavioral Health (DBH)**

**RFA Title: District of Columbia Opioid Response (DCOR) Grant
Opportunities, Part 2**

REVISED (Pgs. 52, 53) COMPETITION #3 ONLY

Revised Date: Thursday August 8, 2019

RFA Release Date: Friday, August 2, 2019
Application Submission Deadline: Friday, August 30, 2019, 4:00 p.m. ET

Pre-Application Conferences: Friday, August 9, 2019
12:00 p.m. – 5:00 p.m. ET
64 New York Avenue, NE
DBH Training Room 242
Washington, DC 20002

Competition #1: Hospital OUD Crisis Beds: 12:00 p.m. – 1:00 p.m.
Competition #2: Hospital Inpatient Peer Support: 1:00 p.m. – 2:00 p.m.
Competition #3: Peer Follow Up for OUD Discharges: 2:00 p.m. – 3:00 p.m.
Competition #4: OUD Street Outreach: 3:00 p.m. – 4:00 p.m.
Competition #5: DCOR Prevention: 4:00 p.m. – 5:00 p.m.

Specific RFA Provisions

The following terms and conditions are applicable to this and all Requests for Applications (RFA) issued by the District of Columbia Department of Behavioral Health (DBH):

1. Funding for an award is contingent on continued funding from the DBH grantor or funding source.
2. The RFA does not commit DBH to make an award.
3. DBH reserves the right to accept or deny any or all applications, if DBH determines it is in the best interest of DBH to do so. DBH shall notify the applicant if it rejects that applicant's proposal.
4. DBH may suspend or terminate any RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
5. DBH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DBH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DBH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended. In addition, DBH may review the fiscal system and programmatic capabilities to ensure that the organization has adequate systems in place to implement the proposed program.
8. DBH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DBH shall provide the citations to the statute and implementing regulations that authorize the grant or sub grant; all applicable federal and District regulations, such as OMB 2 CFR Part 200, 2 CFR 180; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at www.opgs.dc.gov (City-Wide Grants Manual and Sourcebook).

✓	Checklist for RFA Application
	Application proposal format follows the "Proposal Format and Content" listed in Section IX.C.1. of each competition in the RFA.
	Application is printed on 8 1/2 by 11-inch paper, single-spaced, on one side, using 12-point font of Times Roman with a minimum of one inch margins, with all pages numbered.
	Intent to Apply Notification (Attachment A) submitted by August 12, 2019 . Submission of this document is optional.
	Applicant Profile (Attachment B) is attached as the Cover Sheet and contains all the information required (including RFA Abstract).
	Table of Contents follows the Applicant Profile (Attachment B).
	Narratives are specified by competition in Section IX.D. Please review the competition details to ensure you are within the page limitations. Note: Attachments and appendices do not count toward the page limit.
	Work Plan template (Attachment G) is complete utilizing Section IX.D.2.
	Budget and Budget Narrative Justification (Attachment H) is complete and complies with Section IX.E. The line item budget narrative justification describes the categories of items proposed.
	Letters of Commitment or memorandum of understanding (Competitions #2 and #3 ONLY) are included.
	Attachments A, B, C, D, E and F are signed.
	Articles of Incorporation are included.
	Bylaws are included.
	IRS letter of non-profit corporation status is included.
	List of current board of directors is included. Include their mailing and e-mail addresses and phone numbers. Also, include board titles of officers.
	Most recent annual audit is included. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
	Most recent Form 990, Return of Organization Exempt from Income Tax is included.
	The applicant shall also submit evidence of being a legally-authorized entity (e.g., 501(c)(3) determination letter) and a current business license, if relevant for the applicant's business status and any correspondence or other communication received from the IRS within the three (3) years before submission of the grant application that relates to the applicant's tax status. A current District of Columbia Business License or Application (business license application) must be submitted to the DC Department of Client and

	Regulatory Affairs (DCRA) by Friday, August 30, 2019 . Please include a copy of this receipt with your application.
	Current Certificate of Clean Hands from the Office of Tax and Revenue is included (Self-certification is NOT acceptable). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
	The grantee shall provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.
	Applicant submitted the required six (6) copies of the proposal in individually sealed envelopes. Of the six (6) copies, one (1) copy should be stamped "original." Two copies of the DBH Receipt Form (Attachment I) should be attached to the outside of the "original" sealed envelope. One copy of the DBH Receipt will stay with DBH and the other copy will be provided to the applicant upon receipt. <u>Unsealed and unidentified applications will not be accepted.</u>

Applications must be submitted no later than 4:00 p.m. Eastern Time (ET) by the deadline date **Friday, August 30, 2019**, to DBH c/o Daijon Wilburn or Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC, 20002; (202) 671-2792 or (202) 727-9479. **Applications received at or after 4:01 p.m. ET on Friday, August 30, 2019 may not be forwarded to the Review Panel for review and funding recommendation.**

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Required Documentation:

1. Complete, signed and/or submitted Attachments A, B, C, D, E, F, G, H, I and J.
2. Articles of Incorporation.
3. Bylaws.
4. IRS letter of non-profit corporation status.
5. List of current board of directors. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
6. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
7. Most recent Form 990, Return of Organization Exempt from Income Tax.
8. Credentials and responsibilities of the diverse team of subject matter experts specializing in organization administration, business law, social marketing, financial management, and leadership management.
9. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and Regulatory Affairs [DCRA] by Friday, August 30, 2019). Please include a copy of this receipt with your application.
10. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
11. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

**District of Columbia Department of Behavioral Health (DBH)
Request for Applications (RFA)**

RFA No. RM0 DCOR 080219

RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities, Round 2

Section I: AUTHORITY FOR THE GRANT

The Department of Behavioral Health (DBH) was established, effective October 1, 2013, by the Department of Behavioral Health Establishment Act, D.C. Law 20-0061, D.C. Official Code § 7-1141.01, *et seq.*, and is the successor-in-interest to the Department of Mental Health, established by the Mental Health Establishment Amendment Act of 2001, effective December 18, 2001 and the Department of Health Addiction Prevention and Recovery Administration, established in the Department of Health by Reorganization Plan No. 4 of 1996, effective July 17, 1996. DBH is responsible, *inter alia*, for developing and monitoring comprehensive and integrated behavioral health systems of care for adults and for children, youth and their families, and serves as the state mental health authority and as the single state agency for substance use disorder (SUD) services. The Director of DBH has the authority to make grants pursuant to D.C. Official Code § 7-1141.06(7) and has implemented this authority by rulemaking in Title 22A D.C. Municipal Regulation, Chapter 44.

Section II: SUMMARY AND PURPOSE OF GRANT

As a part of the District's opioid response strategy, LIVE. LONG. DC., which has an overarching goal to reduce opioid-related deaths 50% by 2020, DBH is seeking to use District of Columbia Opioid Response (DCOR) grant funds to build a comprehensive system of care for residents with opioid use disorder (OUD) throughout the District. This Request for Applications (RFA) will identify a range of opportunities across the continuum of care from prevention through treatment and recovery. Applicants may apply to one or several of the opportunities listed in this RFA.

This solicitation includes five (5) application opportunities, which are as follows:

1. **Competition #1:** Hospital Crisis Stabilization for Individuals with OUD (Hospital OUD Crisis Beds)
2. **Competition #2:** Hospital Inpatient Peer Services and Supports for Individuals with OUD (Hospital Inpatient Peer Support)
3. **Competition #3:** Peer Follow Up for Non-Overdose OUD Patients Discharged from Emergency Departments or Hospital Inpatient Units (Peer Follow Up for OUD Discharges)
4. **Competition #4:** Outreach and Care Management for Individuals with an OUD Who are Experiencing Homelessness (OUD Street Outreach)
5. **Competition #5:** DC Opioid Response Prevention Grant for Ward 3 (DCOR Prevention)

APPLYING TO MULTIPLE COMPETITIONS: An organization applying to multiple competitions must submit a separate application for each competition. Applications may not be combined.

Section III: BACKGROUND

The DCOR grant is focused on increasing access to medication-assisted treatment (MAT), reducing unmet treatment needs, and reducing opioid overdose related deaths in the District through the provision of prevention, treatment, and recovery support services (RSS) to individuals with OUD. The District is building a model with multiple access points to a coordinated network of treatment and RSS providers that will collaborate around the assessment, stabilization, and ongoing treatment of individuals with OUD.

LIVE. LONG. DC., the District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths, will continue to build the city-wide effort to ensure equitable and timely access to high-quality SUD treatment and RSS through a network of treatment services that are adequate to meet demand consistent with the criteria of the American Society of Addiction Medicine (ASAM); educate District residents and key stakeholders on the risk of OUD and effective prevention and treatment; engage health professionals and organizations in the prevention and early intervention of SUD among District residents; support the awareness and availability of, and access to, harm reduction services in the District consistent with evolving best and promising practices; develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system; and prepare for program sustainability through evaluation, planning, and performance monitoring and training.

The competitions included in this RFA are all tied to the following specific goals and strategies within the LIVE. LONG. DC. strategic plan:

Competitions #1, Hospital OUD Crisis Beds, and #3, Peer Follow Up for OUD Discharges, will support the District to address Goal 5, Strategy 5.4 "Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system."

Competition #2, Hospital Inpatient Peer Support, will support the District in addressing Goal 5, Strategy 5.5 "Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care."

Competition #4, OUD Street Outreach, will support the District in addressing Goal 4, Strategy 4.6 "Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care."

Competition #5, DCOR Prevention, will support the District in addressing Goal 2, Strategy 2.3 “Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder and engage/ support those impacted.”

Section IV: DEFINITIONS

For the purposes of this RFA, please use the following definitions as guidance:

1. **The Conceptual Framework** is a visual diagram based on the Theory of Change which describes the problem, the risk factor(s), the local conditions in the designated high need community, and also helps identify and select the evidence-based intervention and environmental strategies best suited to address those specific risk factors and local conditions.
2. **Connecticut Community for Addiction Recovery (CCAR)** is a centralized resource in Connecticut for all things recovery. CCAR helps to navigate the recovery community by connecting individuals in recovery and providing access to area support services.
3. **Department of Behavioral Health (DBH)** is a cabinet-level agency in the District of Columbia and serves as the single state behavioral health authority for the District of Columbia reporting directly to the Mayor.
4. **Environmental Strategies (ES)** are universal prevention approaches that include the use of environmental prevention strategies, which are tailored to local community characteristics and address the root causes of risky behaviors by creating environments that make it easier to act in healthy ways at the population level.
5. **Evidence-based practice (EBP)** is any prevention or treatment practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). These are interventions that, when consistently applied, produce improved client outcomes. EBP is also a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services.
6. **Intervention** is a combination of program elements or strategies designed to produce behavior changes or improve health status among individuals or populations.
7. **Medication-assisted treatment (MAT)** is the use of FDA-approved medications (i.e., buprenorphine, methadone, and naltrexone) in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of OUD.
8. **Motivational Interviewing (MI)** is a method of counseling and intervention used to help individuals resolve feelings and insecurities and to find the internal motivation they need to change their behavior.
9. **Opioid use disorder (OUD)** is a problematic pattern of opioid use leading to clinically significant impairment or distress.
10. **Peer** is an individual living in recovery with mental illness and/or SUD, or a family member of an individual living in recovery with mental illness and/or SUD.

11. **Recovery Support Services (RSS)** help individuals with mental and SUDs manage their conditions successfully. Examples of these services include: care coordination, recovery coaching and mentoring, life skills support, education support, environmental stability, supported employment, supported housing, and transportation.
12. **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
13. **Strategic Prevention Framework (SPF)** is a five-step planning process that includes: 1) assessment; 2) capacity building; 3) planning; 4) implementation; and 5) evaluation. Sustainability and cultural competence are key elements across all five steps. For more information on the SPF planning process, visit the SPF page (<http://www.samhsa.gov/spf>) on the SAMHSA website.
14. **Substance Abuse and Mental Health Services Administration (SAMHSA)** is a federal agency responsible for decreasing the impact of substance use and mental disorders on America's communities.
15. **Substance use disorders (SUDs)** occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Section V: REQUIREMENTS

A. Eligibility Requirements for all Competitions Associated with this RFA:

1. A not-for-profit organization located in the District of Columbia (DC) and licensed by the DC Department of Client and Regulatory Affairs (DCRA) to conduct business.
2. Ability to enter into an agreement with DBH requiring compliance with all governing federal and District of Columbia laws and regulations, including Substance Use Disorders and Mental Health Grants (22-A DCMR Chapter 44).

B. Eligibility Requirements by Competition:

1. **Eligibility Requirements for Competition #1 – Hospital OUD Crisis Beds:**
 - a. Not-for-profit hospitals in the District of Columbia.
2. **Eligibility Requirements for Competition #2 – Hospital Inpatient Peer Support:**
 - a. At least two (2) years demonstrated experience in implementing OUD treatment or recovery support services.
 - b. Provide proof (i.e., letter of commitment or memorandum of understanding) that the organization has a formal affiliation with seven (7) local acute care hospitals.
3. **Eligibility Requirements for Competition #3 – Peer Follow Up for OUD Discharges:**
 - a. At least two (2) years demonstrated experience in implementing OUD treatment or recovery support services;

- b. Provide proof (i.e., letter of commitment or memorandum of understanding) that the organization has a formal affiliation with seven (7) local acute care hospitals.
4. **Eligibility Requirements for Competition #4 – OUD Street Outreach:**
 - a. At least two (2) years of experience working with individuals experiencing homelessness in the District.
 - b. At least two (2) years of experience working with the Homeless Management Information System (HMIS) in the District.
 5. **Eligibility Requirements for Competition #5 – DCOR Prevention:**
 - a. Has two (2) years demonstrated experience implementing evidence-based prevention activities.
 - b. Has not received another DC Opioid Response Prevention Grant.

C. Implementation Requirements for all Competitions Associated with this RFA:

1. Applicants are required to report outcomes on a monthly basis to DBH.
1. **Implementation Requirements for Competition #1 – Hospital OUD Crisis Beds:**
 - a. Applicants must have the operational readiness and capabilities to:
 - i. Create a project management plan and timeline, including start-up, implementation, evaluation and sustainability activities;
 - ii. Provide a secure, locked crisis stabilization unit for medically stable patients transferring from the emergency department (ED) who require close observation and stabilization for psychiatric or substance-related disorders;
 - iii. Provide interdisciplinary and clinical behavioral health services to assess and treat patient’s individuals’ needs;
 - iv. Hire a peer as a staff member of the crisis stabilization team;
 - v. Provide a safe, secure, and therapeutic environment for patients waiting for inpatient psychiatric hospital beds;
 - vi. Build on and expand ED-initiated MAT services: provide continued observation of patients until they meet opioid withdrawal criteria for safe MAT induction and continue close observation and provision of additional treatment for patients who develop withdrawal symptoms following the first dose of MAT in the ED;
 - vii. Facilitate discharge planning and discharge to a safe environment and linkage with an appropriate level of ambulatory care for patients treated on the unit;
 - viii. Provide clinical crisis stabilization services such as counseling, de-escalation treatment and safety planning; and
 - ix. Provide clinician education in OUD, MAT, and crisis stabilization services.

2. **Implementation Requirements for Competition #2 – Hospital Inpatient Peer**

Support:

- a. Applicants must have the operational readiness and capabilities to:
 - i. Create a project management plan and timeline, including start-up, implementation, evaluation and sustainability activities;
 - ii. Enter expeditiously into agreements with local hospitals to develop and implement the programs;
 - iii. Collect and report utilization, outcome, and satisfaction of survey data;
 - iv. Develop and implement inpatient peer services and supports to SUD treatment protocol that includes mapping administrative processes for intervention and referral to services including pathways and criteria for identification, referrals, and roles of hospital staff, peer staff, and collaborating service providers;
 - v. Develop and implement an SBIRT protocol for individuals in inpatient care (including providing training for inpatient care staff and peers);
 - vi. Develop and implement a consultation and handoff protocol that expedites appointments to community-based MAT providers and other support services upon discharge from the hospital;
 - vii. Develop and implement a protocol for data collection and evaluation and work directly with DBH and the DBH-contracted evaluators on data analysis and data request;
 - viii. In each hospital, recruit, screen, orientate, train and supervise two (2) Certified Peer Specialists, Peer Recovery Coaches or persons with lived experience and a minimum of two (2) years professional experience in a SUD setting (hereby known as “peers”) who are dedicated to providing culturally and linguistically competent services to individuals with an OUD;
 - ix. Hire peers to provide SUD recovery support or consultation;
 - x. Collaborate with hospital to ensure staffing patterns support implementation and referral to community SUD services and supports. This could include hiring bilingual staff as appropriate for the hospital;
 - xi. Provide peer job descriptions with this application (these should be an attachment and will not count towards page limitations);
 - xii. Orient, train and consult medical staff on the role of peers;
 - xiii. Support programming in the hospital environment that is welcoming, supportive, and values peers, their roles, and a plan for peer workflow including role, consultation and feedback loop;
 - xiv. Develop respectful, collaborative relationships with hospitals and identify inpatient care champion(s) among the hospital staff while engaging, gaining buy-in and fostering an environment that supports the positive outcomes for OUD consumers;
 - xv. Develop a communication protocol between the ED and inpatient care units in order to better communicate and coordinate services and efforts by peers and other hospital staff towards individuals with OUD and other substances who may be repeat patients;

- xvi. Establish relationships with community providers for treatment, recovery, and other community resources necessary to implement linkage for consumers (e.g., affiliation agreements); and
- xvii. Work with multiple agencies with competing priorities to gain buy-in.

3. **Implementation Requirements for Competition #3 – Peer Follow Up:**

- a. Applicants must have the operational readiness and capabilities to:
 - i. Enter expeditiously into agreements with local hospitals to develop and implement programs;
 - ii. In each hospital, recruit, screen, orientate, train and supervise one (1) Certified Peer Specialist, Peer Recovery Coach, or person with lived experience and a minimum of two (2) years professional experience in a SUD setting who are dedicated to providing culturally and linguistically, competent services to individuals with an OUD;
 - iii. Develop and implement protocol for the newly-established peers who are tasked with going out into the community to provide follow-up consultations (out-of-hospital peers) with non-overdose OUD patients and how they coordinate with hospital staff who performed the initial intakes and consultations with the patients;
 - iv. Develop and implement consultation and handoff protocol that expedites appointments to community-based MAT providers and other support services;
 - v. Provide peer job descriptions (these should be an attachment and will not count towards page limitations);
 - vi. Provide motivational interviewing training for out-of-hospital peers;
 - vii. Administer programming to hospital staff to help them understand the value and role of peers and develop a welcoming, supportive, environment;
 - viii. Develop and implement a communication protocol among the ED, inpatient care and out-of-hospital peers in order to better communicate and coordinate the need for follow-up consultation;
 - ix. Develop and implement a consultation protocol for the peers to follow up with patients face-to-face in and outside the hospital over a ninety (90) day period; and
 - x. Develop and implement protocol for de-identified data collection and work directly with DBH and the DBH-contracted evaluators.

4. **Implementation Requirements for Competition #4 – OUD Street Outreach:**

- a. Applicants must have the operational readiness and capabilities to:
 - i. Develop a comprehensive program to provide outreach, assessment and referral services to individuals with OUD who are experiencing homelessness; and

- ii. Identify at least one special population (returning citizens, individuals who identify as LGBTQ, and/or immigrant populations) with OUD to focus on as a part of this work. A comprehensive program should include:
 - Outreach and engagement;
 - OUD screening;
 - Referral, enrollment and engagement in OUD treatment, specifically MAT;
 - RSS;
 - Assistance with the District’s Coordinated Entry Process (coordinated assessment and housing placement);
 - Supported Employment Services;
 - Peer support services;
 - Housing services; and
 - Benefits, eligibility, and enrollment for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), health insurance and/or other benefits.
- iii. Identify how they will focus on outreach work with a special population (returning citizens, individuals who identify as LGBTQ, or immigrants) with OUD.
- iv. Describe how they will connect them with OUD treatment and other RSS.
- b. Applicants should have the awareness, availability, and access to harm reduction services in the District of Columbia consistent with evolving best practices.
- c. A collaborative relationship with DBH Community Response Team (CRT) and the Department of Human Services (DHS) outreach teams and a commitment to participating in periodic coordination meetings with these outreach teams.
- d. Applicants are required to report outcomes (i.e., de-identified data) on a monthly basis to DBH.

5. **Implementation Requirements for Competition #5 – DCOR Prevention:**

- a. Use the SPF planning process to develop and implement a combination of an evidence-based intervention and environmental strategies to achieve target outcomes, which will prevent and reduce opioid misuse among youth and young adults in Ward 3.

D. Administrative Requirements and Information

To be considered for review and funding, applications must meet *all* of the administrative requirements listed below for every competition (unless otherwise noted). ***Failure to meet any one of the following requirements will result in rejection of the application.***

- 1. The application proposal format conforms to the "Proposal Format and Content" listed in each competition, Section IX.C.1.
- 2. Documentation is provided as listed in Section IX.C.4.

3. The application is printed on 8 1/2 by 11-inch paper, single-spaced, on one side, using 12-point font of Times New Roman with a minimum of one inch margins, with all pages numbered.
4. Narrative for Section IX.D: Program Narrative **must not exceed the following page limits.** **Note: Attachments and appendices do not count toward the page limit.**
 - a. **Competition #1:** 7 pages, single-spaced, 12-point font of Times New Roman
 - b. **Competition #2:** 10 pages, single-spaced, 12-point font of Times New Roman
 - c. **Competition #3:** 10 pages, single-spaced, 12-point font of Times New Roman
 - d. **Competition #4:** 10 pages, single-spaced, 12-point font of Times New Roman
 - e. **Competition #5:** 7 pages, single-spaced, 12-point font of Times New Roman
5. The Work Plan template, Attachment G, is complete.
6. The Budget and Budget Narrative Justification (Attachment H) is complete and complies with Section IX.E. The line item budget narrative justification describes the categories of items proposed.
7. Attachments A, B, C, D, E and F (Applicant Profile, Certifications and Assurances) are signed.
8. The applicant **must submit** the required six (6) copies of the proposal in individually sealed envelopes. Of the six (6) copies, one (1) copy should be stamped “original”. Two copies of the DBH Receipt Form (Attachment I) should be attached to the outside of the “original” sealed envelope. One copy of the DBH Receipt will stay with DBH and the other copy will be provided to the applicant upon receipt. **Unsealed and unidentified applications will not be accepted.**
9. Intent to Apply:
 - a. **Applicants are strongly encouraged to complete and submit the Intent to Apply Notification form (Attachment A) by Monday, August 12, 2019.**
 - b. This form is not a requirement for submission to any of the grant competitions.
10. **Pre-Application Conference Date and Time: Friday, August 9, 2019, 12:00 p.m. – 5:00 p.m.**
 - Competition #1:** Hospital OUD Crisis Beds – 12:00 p.m. – 1:00 p.m.
 - Competition #2:** Hospital Inpatient Peer Support – 1:00 p.m. – 2:00 p.m.
 - Competition #3:** Peer Follow Up for OUD Discharges – 2:00 p.m. – 3:00 p.m.
 - Competition #4:** OUD Street Outreach – 3:00 p.m. – 4:00 p.m.
 - Competition #5:** DCOR Prevention – 4:00 p.m. – 5:00 p.m.

Location:

64 New York Avenue, NE
 DBH Training Room – Room 242
 Washington, DC 20002

Conference attendance is not mandatory but it is strongly recommended.

11. If you are interested in attending the meeting via conference call or WebEx, please email Orlando Barker at orlando.barker@dc.gov. To join the pre-application conference remotely:

Join by phone

1-650-479-3208 Call-in toll number (US/Canada)

Access code: 733 617 775

Join via Webex (webinar):

Link:

<https://dcnet.webex.com/dcnet/j.php?MTID=m70739fca430fac535df6fc2b89b8c072>

Meeting number: 733 617 775

Password: YCry3ZAm

12. Deadline for Applications

- a. All applications must be submitted no later than 4:00 p.m. Eastern Time (ET) by the deadline date of **Friday, August 30, 2019**, to DBH c/o Daijon Wilburn or Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC, 20002; (202) 671-2792 or (202) 727-9479.
- b. For inquiries, please contact:
 - Orlando Barker, Project Coordinator, State Opioid Response, at orlando.barker@dc.gov
 - Arielle Brock, Prevention Specialist, State Opioid Response, at arielle.brock@dc.gov

E. Insurance

During the term of the grant, all organizations will be required to obtain and keep in force insurance coverage as listed below and must provide in writing the name of all of its insurance carriers and the type of insurance provided:

1. The Organization shall carry employer's liability coverage of at least one hundred thousand dollars (\$100,000), if applicable.
2. The Organization shall carry bodily injury liability insurance coverage written on the comprehensive form of policy of at least five hundred thousand dollars (\$500,000) per occurrence.
3. The Organization shall carry automobile liability insurance written on the comprehensive form of policy, if applicable. The policy shall provide for bodily injury and property damage liability covering the operation of all automobiles used in connection with performing grant activities. Policies covering automobiles shall provide coverage of at least two hundred thousand dollars (\$200,000) per person and five hundred thousand dollars (\$500,000) per occurrence for bodily injury and one hundred thousand dollars (\$100,000) per occurrence for property damage.
4. The Organization shall comply at all times with the provisions of the workers' compensation laws of the District of Columbia or another State if the grant work is performed outside the District of Columbia. The Organization shall carry workers'

compensation insurance covering all of its employees on the premises and in connection with its other operations pertaining to this grant.

5. All insurance provided by the Organization shall set forth the Government of the District of Columbia as an additional insured. All insurance shall be written with responsible companies licensed by the Government of the District of Columbia (1350 Pennsylvania Avenue, NW, DC 20004). The policies of insurance shall provide for at least thirty (30) days written notice to DBH prior to their termination or material alteration.

F. Indemnification

The applicant/grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

G. Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with tax requirements as established in the District of Columbia and eligible jurisdiction and with Federal tax laws and regulations.

H. Board of Directors

Nonprofit organizations must have a functioning governing authority, which has legal and fiduciary authority over the general operation of an organization. Often referred to as “the board,” it should, among other duties, establish policies and provide grant oversight.

Section VI: AMOUNT OF TOTAL FUNDING AND GRANT AWARDS

A. Competition #1: Hospital OUD Crisis Beds

Approximately \$480,000 is available to fund three (3) grant awards. Grants will be awarded by DBH using funds provided by the Department of Health and Human Services (HHS), SAMHSA, State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and the availability of funding.

B. Competition #2: Hospital Inpatient Peer Support

Approximately \$872,625 is available to fund up to one (1) grant award. Grants will be awarded by DBH using funds provided by HHS, SAMHSA, State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

C. Competition #3: Peer Follow Up for OUD Discharges

Approximately \$436,315 is available to fund up to one (1) grant award. Grants will be awarded by DBH using funds provided by HHS, SAMHSA State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

D. Competition #4: OUD Street Outreach

Approximately \$1,455,000 is available to fund up to three (3) grant awards with the goal of covering all eight Wards in the District. Each grant award will be a minimum of \$485,000. Grants will be awarded by DBH using funds provided by HHS, SAMHSA State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

E. Competition #5: DCOR Prevention

Approximately \$100,000 is available to fund one (1) grant award in Ward 3. This grant will be awarded by DBH using funds provided by HHS, SAMHSA State Opioid Response Grant, CFDA #93.788. The grant award is contingent upon available funding.

The grant award will be from October 1, 2019 through September 29, 2020. The grant may be continued for one (1) additional year based on documented project success and availability of funding.

Section VII: PAYMENTS TO GRANTEE

Upon award, DBH shall provide funding to the sub-grantee according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and Terms. Payments to the sub-grantee will be based on a risk assessment conducted by DBH. Payments may be made as an advance, a cost-reimbursement basis or a combination of both. All payments will be contingent upon compliance with program and financial reporting. DBH reserves the right to withhold any payment if the sub-grantee is found in non-compliance with DBH Notice of Grant Award, the request for applications and/or the grant agreement.

Competition #1:

**Hospital Crisis Stabilization for
Individuals with OUD (Hospital OUD
Crisis Beds)**

Section VIII: SCOPE OF WORK

A. Background

One important component of LIVE. LONG. DC. and the DCOR initiative is building a robust treatment system, especially for individuals with co-occurring conditions. Specifically, LIVE. LONG. DC. Goal 5, Strategy 4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system” will help to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care. There are currently no hospitals in the District providing crisis beds for individuals with OUD.

Hospitals should develop a crisis stabilization unit for medically stable patients with an OUD who require close observation and stabilization for psychiatric or substance-related disorders.

B. Target Population

For the purposes of this RFA, the applicant should focus on providing services to adults (ages 18 and above) who have come through the ED and have an OUD and in need of crisis stabilization services.

C. Program Approach

Applicants should describe a program that:

1. Will begin to operate within 60 days of the grant award;
2. Provides crisis stabilization for medically stable patients transferring from the ED who require close observation and stabilization for psychiatric or substance-related disorders;
3. Provides interdisciplinary and clinical behavioral health services to assess and treat patients’ individual needs;
4. Provides a safe, secure, and therapeutic environment for patients waiting for inpatient psychiatric hospital beds;
5. Includes a peer as a member of the team;
6. Builds on and expands ED-initiated MAT services: provides continued observation of patients until they meet opioid withdrawal criteria for safe MAT induction and continues close observation and provision of additional treatment for patients who develop withdrawal symptoms following the first dose of MAT in the ED;
7. Provides clinical crisis stabilization services such as counseling, de-escalation treatment, and safety planning;
8. Provides clinician education in OUD, MAT, and crisis stabilization services; and
9. Facilitates discharge planning and linkage with an appropriate level of ambulatory care for patients.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers. Applicants should describe in detail their previous experience evaluating outcomes (both process and health focused) and developing reports.

Applicants must describe their capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program. Required key outcomes include, but are not limited to, the following:

- Total number of patients served;
- Number of patients referred and admitted with MAT induction;
- Average length of stay;
- Number of encounters with a peer recovery specialist;
- Number of major unusual incidents (MUI);
- Number of patients referred to inpatient treatment;
- Number of patients referred to community MAT provider;
- Number of patients referred to other providers and type of provider; and
- Number of individuals discharged with naloxone.

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.”

Applicants should also obtain continuous feedback (e.g., patient satisfaction) from the individuals, families and community they serve to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency (e.g., bi-monthly, paper-based surveys) that they will use to obtain feedback from the individuals, families and community that they intend to serve. Providers are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.

E. Program Sustainability

Applicants should describe in their proposals how the program will be sustained after the grant funding ends, including but not limited to the activation of Medicaid and private insurance codes from a financial perspective; ongoing training and the use of train-the-trainer learning approaches; securing new funding; adapting and making system changes,

including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 242 on Friday, August 9, 2019, from 12:00 p.m. – 1:00 p.m. For more information, please contact Jacqueline Murphy at Jacqueline.Murphy@dc.gov or (202) 727-9479 or Orlando Barker at orlando.barker@dc.gov or (202) 727-1595.

B. Application Delivery

Applications are due Friday, August 30, 2019, no later than 4:00 p.m. E.T., to DBH, c/o Daijon Wilburn and Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC 20002; (202) 671-2792 or (202) 727-9479. Applicants should allow at least 30 minutes before the deadline to clear security protocols. **Applications will not be accepted by email or fax.**

Applications received after 4:00 p.m. E.T. on Friday, August 30, 2019 will not be forwarded to the Review Panel for funding recommendation. Any additions or deletions to an application will not be accepted after the deadline of 4:00 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

- 1. Proposal Format and Content**
 - a. Applicant Profile (Attachment B)
 - b. Table of Contents
 - c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting
- 2. Work Plan Template (Attachment G)**
- 3. Budget and Budget Narrative (Attachment H)**
- 4. Required Documentation**
 - a. Certifications and Assurances (signed Attachments B, C, D, E and F).
 - b. Articles of Incorporation.
 - c. Bylaws.
 - d. IRS letter of non-profit corporation status.
 - e. List of current board of directors, include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.

- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and Regulatory Affairs [DCRA] by Friday, August 30, 2019). Please include a copy of this receipt with your application.
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
- j. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section must not exceed 7 pages, single-spaced, 12 pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

- 1. **Administrative**
 - a. Briefly describe unmet crisis stabilization needs in the hospital where this program will be housed and the unit where the services will occur;
 - b. Describe relevant experience, and duration of experience in delivering the services proposed under this RFA. Specify experience with patients with OUD, patients with high acuity, and crisis level services;

- c. Describe the team who will work on this initiative, including the peer, and who will be responsible for implementation and oversight of all elements of the program;
- d. Describe training that the program administrators, facility staff, and providers will undergo;
- e. Describe the location and description of the unit;
- f. Estimate the number of individuals that will be served by the program on a monthly basis;
- g. Describe the continuous feedback loop(s) the applicant will implement with the individuals who are served by this program;
- h. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise; and
- i. Describe the organization's plan to be fully operational within 60 days of the new grant agreement.

2. Proposed Work Plan

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing:

- a. Clearly defined measurable goals, objectives, key metrics and anticipated outcomes;
- b. A timeline for implementation that clearly defines milestones, inclusive of time for a planning phase, which may last no more than two (2) months;
- c. Description of activities and services that will be provided;
- d. A plan to refer individuals to community treatment and recovery support services; and
- e. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management, including the fiscal and financial management systems in place that will support the grant;
- b. Describe the sustainability plan of the program and the expected time and resources needed to implement changes; and
- c. Describe the extent to which your organization is willing to commit time and resources to implementing changes, and is likely to sustain and support these changes.

4. Program Reporting

The applicant organization must collect data and provide a monthly report to DBH program staff. DBH expects providers to be fully operational within 60 days of receiving the approved DBH grant agreement.

- a. Describe how the organization will track work plan progress to ensure deliverables are achieved. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4, “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system;”
- b. Describe the capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program; and
- c. Describe the ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress toward deliverables.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum 7 page limit.

1. Personnel – Employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project;
2. Fringe – Components of fringe benefits rate;
3. Consultants/Experts – A contractual arrangement to carry out a portion of the programmatic effort for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign;
4. Travel and Transportation – Costs associated with local travel expenditures for staff or patient/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance);
5. Supplies and Minor Equipment – Materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges);
6. Patient Cost – Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes (e.g., food costs, gift cards, giveaways, stipends);
7. Communication – Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying;
8. Other Direct Costs – Expenses not covered in any of the previous budget categories; and
9. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. The scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/she shall provide a written justification as required by District regulations. The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant described the need for crisis stabilization beds and their experience working with individuals with OUD. The applicant described the unit where the services will occur. **(10 points)**
2. The applicant described the team, including peers, who will work on this initiative, the training they will undergo, and who will be responsible for implementation and oversight of all elements of the program. **(5 points)**
3. The applicant estimated the number of individuals that will be served by the program. **(5 points)**
4. The applicant described continuous feedback loop(s) and any potential challenges related to this work. **(5 points)**
5. The applicant described the organization's plan to ensure start-up occurs within the first two (2) months of the new Grant Agreement; and fully operational within 60 days. **(5 points)**

Criterion B – Proposed Work Plan (Total of 40 Points)

1. The applicant clearly defined measurable goals, objectives, key metrics and anticipated outcomes and provided a timeline for implementation for a program that provides crisis stabilization for medically stable individuals coming through the ED. **(25 points)**
2. The applicant described a plan to refer individuals to community treatment and recovery support services. **(10 points)**
3. The applicant identified the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners. **(5 points)**

Criterion C – Fiscal and Financial Management (Total of 15 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(5 points)**
2. The applicant described their sustainability plan and willingness to commit time and resources to implementing changes. **(10 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described how the organization will track work plan progress to ensure deliverables are achieved. It included specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4, “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.” **(10 points)**

Criterion E – Budget and Budget Narrative (Total of 5 points)

1. The applicant provided a budget and budget narrative justification of the items included in their proposed budget. **(5 points)**

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring, and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Competition #2:
**Hospital Inpatient Peer Services and
Supports for Individuals with Opioid
Use Disorder (Hospital Inpatient Peer
Support)**

Section VIII: SCOPE OF WORK

A. Background

A fundamental component to LIVE. LONG. DC. and the DCOR initiative is incorporating individuals with lived OUD experience in addressing the opioid epidemic. These individuals, known as peers, have been shown to be instrumental in helping others with OUD engage in treatment, navigate the steps needed to attain help from public resources, and provide recovery support. This peer initiative in hospitals will support Goal 5, Strategy 5.5: “Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in SUD treatment and programming to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care.”

Under the current strategic plan, the District has recently implemented MAT induction programs in emergency departments (ED) at participating hospitals. Incoming patients are screened, and if found positive for OUD or at-risk for OUD, peers employed by the hospital are mobilized to further assess the patient through a friendly and supportive interview or “warm consultation.” Further steps can include physician consultation, access to MAT, access to community-based treatment providers and future peer follow ups if needed and accepted by the patient. While the ED MAT induction programs begin to grow and expand at participating hospitals on the District, there is a noticeable lack of similar services for individuals who might not have accessed the hospital through the ED and instead are matriculating through inpatient care. As a result, there is a need to station peers specifically in the hospital inpatient units since the ED-based peers are unable to move to another part of the hospital.

The purpose of this grant is to initiate a program that includes the use of peers to provide services and supports to individuals with OUD receiving hospital inpatient care. One organization will oversee the implementation of this initiative at seven (7) District hospitals.

B. Target Population

For the purposes of this RFA, the applicant should focus on individuals in the District who have an OUD and are on an inpatient unit at any of the seven (7) District hospitals. Applicants should clearly describe their experience working with this target population.

C. Program Approach

The program must operate seven days a week using the hospital’s medical staff and two (2) full-time peers. The program will use SBIRT to screen and support all persons receiving inpatient care with a special emphasis and prioritization of the target population, individuals with an OUD. The program will identify patients appropriate for MAT induction, provide induction, and expedite and facilitate referrals to community-based MAT and recovery services. Follow up should be creative, comprehensive, collaborative and as timely as possible. The program will also support and provide referrals to treatment

for those individuals screened and identified as positive for SUD using SBIRT regardless of opioid use and or induction.

It is expected that service delivery (screening and referrals) will begin within 60 days of the award date.

DBH recognizes that partnering with hospitals and creating programming in hospitals can be challenging. With this in mind, it is paramount that the applicant demonstrate its approach and ability to establish buy-in for, and endorsement of, the proposed program through both established affiliation agreements (such as a memorandum of agreement) with all seven (7) acute care hospitals in the District, and the identification of a champion for the program within the hospital staff. The applicant must also include affiliation agreements with community agencies that will provide follow-up treatment and recovery services.

It is expected that applications focus on how the applicant will implement and evaluate a peer engagement model for hospital patients who screen positive for OUD. Specifically, peers will conduct extensive engagement to provide services and supports to community treatment and recovery support services to individuals who screen positive for an OUD during their inpatient visit.

Applicants should describe a program that:

1. Delineates 7 days a week coverage with two full-time peers;
2. Systematically identifies patients in inpatient care who screen positive for OUD;
3. Enlists peers to conduct at least one in-person consultation with identified patients at the hospital if screened positive for OUD;
4. Provides referrals and linkages for treatment and recovery support services among identified patients who opt-in to receiving the services;
5. Documents additional follow-up telephone calls or hospital visits with identified patients who may have initially opted out of receiving treatment and recovery services; and
6. Provide linkages to treatment and recovery support services to individuals encountered during the additional follow-up telephone calls or hospital visits.

D. Data Collection and Tracking

It is imperative that the applicant build in processes to regularly obtain feedback. The applicant must define the formal process, methods, and frequency they will use to streamline and foster proactive communications between the hospital inpatient department staff, peers, referral sources, and other community stakeholders. In addition, the applicant must describe the process and frequency they plan to review, analyze and act upon the feedback they receive from the seven (7) inpatient hospitals (including feedback from staff, and peers), referral sources, and other community stakeholders. All proposals shall include detailed information regarding collaboration with community referral sources.

Applicants must also collect, at a minimum, the following:

- Number of SBIRT screenings;
- Number of SBIRT screenings that test positive for OUD or at-risk for OUD;
- Basic demographics on the OUD patient, including age, race, Hispanic origin, and gender;
- Number of patients engaged in the peer services and supports program;
- Number of referrals to community MAT upon discharge;
- Number of successful referrals to community MAT;
- Number of referrals to other recovery supports;
- Number of follow-up phone calls per patient; and
- Number of follow-up hospital visits.

Applicants must cooperate with the DBH staff and collect data as required by DBH or its designee. The metrics above should also include specific information on the applicant's special population of focus. As the grant progresses, counts for each of these measures will be reviewed in trend line format so that any change in services is detected. Additional metrics may be added through the term of the grant. Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.5 "Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care." All funded applicants are required to report de-identified patient-level data in accordance with DBH-specific policies and processes. The applicant must describe the formal process, methods, and frequency that they will use to obtain feedback from recipients of services.

E. Program Sustainability

Applicants should describe in their proposals how the program will be sustained after grant funding ends, including but not limited to ongoing training and the use of train-the-trainer learning approaches for hospital staff; securing new funding; maintaining SBIRT champions; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 242 on Friday, August 9, 2019, from 1:00 p.m. – 2:00 p.m. For more information, please contact

Jacqueline.Murphy@dc.gov or (202) 727-9479 or Orlando Barker at orlando.barker@dc.gov or (202) 727-1595.

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C. Application Requirements

1. Proposal Format and Content

- a. Applicant Profile (Attachment B)
- b. Table of Contents
- c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting

2. Work Plan Template (Attachment G)

3. Budget and Budget Narrative (Attachment H)

4. Required Documentation

- a. Certifications and Assurances (signed Attachments B, C, D, E and F)
- b. Articles of Incorporation.
- c. Bylaws.
- d. IRS letter of non-profit corporation status.
- e. List of current board of directors. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and

Regulatory Affairs (DCRA) by Friday, August 30, 2019. Please include a copy of this receipt with your application.).

- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable.**) Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
- j. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section is a minimum of 10 pages, single spaced with 12 pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Provide a clear statement of the problem that describes the unmet needs of individuals with OUD in inpatient care.
- b. Describe the needs that the proposal intends to address by implementing a peer services and supports program for individuals with OUD in inpatient care in the seven (7) District hospitals.
- c. Discuss how the applicant organization intends to recruit, screen, orientate, train and supervise two (2) peers in each hospital. Discuss issues of age, race, ethnicity, culture, language, sexual orientation, disability, transportation, literacy and gender in the target populations that will need to be addressed.
- d. Describe how your organization's plan to ensure start-up occurs within the first two (2) months of the new grant agreement and fully operational within 60 days.
- e. Provide a description of the applicant organization's relevant experience, and duration of that experience, in working with hospitals to deliver the services they propose to deliver under this RFA.

- f. Identify evidence-based trainings you will implement to train the peers.
- g. Describe the organization's capability to work with hospitals to implement and operate the proposed inpatient peer services and supports program. Information provided should clearly delineate the roles and responsibilities of both applicant organization and key partners and include:
 - i. An organizational chart of the program workflow. This includes a description of the organizational structure, lines of supervision and management oversight for the proposed program, as well as oversight and evaluation of consultants, contractors and training for staff;
 - ii. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of program, continuous feedback loops, data, and communication with other partners; and
 - iii. The roles, qualifications, expertise and relevant experience of key personnel (both paid and volunteer).

2. Proposed Work Plan

Provide a work plan (Attachment G), from October 1, 2019 through September 29, 2020 detailing the following components:

- a. Describe the goals, objectives and anticipated outcomes of the proposed project and align them with the Statement of Problem;
- b. Establish a projected number of individuals that will be served by the program on an annual basis with a projected utilization. Specifically, out of all the individuals screened through SBIRT in inpatient care, how many are projected to need access to the inpatient peer services and supports and referral to community SUD treatment and recovery support services;
- c. Provide a chart or graph depicting a timeline for the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in the *Implementation Requirements* section; and
- d. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management including the fiscal and financial management systems in place that will support the grant; and
- b. Describe the organization's sustainability plan of the early intervention and referral program for individuals with OUD in inpatient care.

4. Program Reporting

- a. Describe how the organization will track work plan progress to ensure deliverables are achieved. Include specific information about how the

program will advance LIVE. LONG. DC. Goal 5, Strategy 5.5
“Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming to reduce opioid use, misuse and related deaths by expanding the capacity of the current DBH system of care;”

- b. Describe your capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program; and
- c. Describe your ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress toward deliverables.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum 10 page limit.

1. Personnel – employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
2. Fringe – components of fringe benefits rate.
3. Consultants/Experts – a contractual arrangement to carry out a portion of the programmatic effort for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign.
4. Travel and Transportation – Costs associated with local travel expenditures for staff or patient/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance).
5. Supplies and Minor Equipment – materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges).
6. Patient Cost – Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes (e.g., food costs, gift cards, giveaways, stipends).
7. Communication – Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
8. Other Direct Costs – expenses not covered in any of the previous budget categories.
9. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/she shall provide a written justification as required by District regulations. The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant provided a clear statement of the problem, detailing the unmet needs of individuals with OUD in inpatient care. The applicant described the needs that the proposal intends to address by implementing a peer services and supports program for individuals with OUD in inpatient care. **(5 points)**
2. The applicant discussed how the applicant organization intends to recruit, screen, orientate, train and supervise peers. The applicant also identified evidence-based trainings for peers. **(5 points)**
3. The applicant described how the organization's plan to ensure start-up occurs within the first two (2) months of the new grant agreement and fully operational within 60 days. **(10 points)**
4. The applicant described the organization's capability to work with seven (7) acute care hospitals to implement and operate the proposed peer services and supports program for individuals with OUD. Information provided should clearly delineate the roles and responsibilities of both applicant organizations and key partners to include description of staffing structure, roles, qualifications, expertise and relevant experience of key personnel and management oversight for the proposed program. **(10 points)**

Criterion B – Proposed Work Plan (Total of 35 Points)

1. The applicant described the goals, objectives and anticipated outcomes of the proposed project and aligned them with the statement of problem. **(10 points)**
2. The applicant established a projected number of individuals that will be served by the program on an annual basis with a projected utilization within each distinct population that will be screened. Specifically, out of all the individuals screened with the SBIRT in inpatient care, how many are projected to need access to the inpatient peer services and supports to SUD treatment program, how many will need access to the program due to an opioid withdrawal. **(10 points)**
3. The applicant provided a chart or graph depicting a timeline for the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in *Implementation Requirements* section.
[NOTE: Be sure to show that the project can be implemented and service delivery

start within 60 days after grant award. The timeline must be part of the *Project Narrative*. It must not be placed in an attachment.] **(10 points)**

4. The applicant described any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(5 points)**

Criterion C – Fiscal and Financial Management (Total of 5 Points)

1. The applicant described how the organization will deliver sound fiscal management including the fiscal and financial management systems in place that will support the grant. The applicant’s description must include financial sustainability of the program beyond the grant period. **(5 points)**

Criterion D – Program Reporting (Total of 15 Points)

1. Describe how the organization will track work plan progress to ensure deliverables are achieved. Include specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.” **(10 points)**
2. The applicant described capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program. **(5 points)**

Criterion E – Budget and Budget Narrative (Total of 15 points)

1. The applicant provided a budget and budget narrative justification of the items included in their proposed budget. **(15 points)**

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the

criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Competition #3:
**Peer Follow Up for Non-overdose
Opioid Use Disorder Patients
Discharged from Emergency
Departments or Hospital Inpatient
Units (Peer Follow Up for OUD
Discharges)**

Section VIII: SCOPE OF WORK

A. Background

The following competition seeks to further strengthen LIVE. LONG. DC. Goal 5, Strategy 5.4. This goal states: “Develop and implement a model for initiating medication-assisted treatment (MAT) in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.”

Currently, emergency department medication assisted treatment (ED MAT) induction is being implemented at four hospitals in the District. ED MAT induction programs treat patients most likely admitted to the hospital for opioid overdoses. Non-fatal overdose patients are identified as persons with an OUD and then tracked through a system where they have access to in-hospital services (e.g., consultation with MAT) and linked to outside services such as community treatment providers. In addition to the ED MAT induction program, hospitals will be implementing the Overdose Survivor’s Outreach Program (OSOP). OSOP provides a peer who continues to consult with the patient for ninety (90) days, inside and outside of the hospital. In the original ED MAT induction program, the peers were not allowed to leave the hospital. OSOP affords the opportunity to provide increased engagement with persons with OUD who are vulnerable to another overdose which may end up fatal.

As currently implemented, the OSOP peer recovery coach only works with patients that are opioid overdose survivors. The current peer recovery support protocol for non-overdose patients (in the ED only) who have OUD is to follow up with them by telephone. This includes patients that matriculate through either the ED and inpatient care. The purpose of this RFA is to establish a system that supports the individuals who fall into this gap and do not receive follow-up peer recovery support services. Under current circumstances, these individuals would most likely end up back in the community without addressing their OUD. Under this peer support services program, peers would be able to connect with individuals outside of the hospital, in the community, during a ninety (90)-day time period. It is expected that the awardee for this competition will coordinate with the awardee for Competition #2, who will provide in-hospital peer support to individuals with OUD who are located in the inpatient unit. One of the benefits of peers is that their lived experience helps them to build positive relationships with individuals with OUD so that they can support them until they are ready to reduce or eliminate their substance use. Thus, having peers who can follow-up with individuals in the community and over longer periods of time can further support individuals who may initially be more reluctant and recalcitrant to receiving treatment and recovery support services.

B. Target Population

For the purposes of this RFA, the applicant should focus on individuals in the District who have an OUD and have been in the ED or on an inpatient unit, but did not experience an

overdose. Applicants should clearly describe their experience working with this target population.

C. Program Approach

The work proposed for each competition should be grounded in best practices. It is expected that applications focus on how the applicant will implement and evaluate a peer follow-up model that describes how peers provide consultation with individuals in the ED and in the inpatient unit who did not have an overdose, but screened positive for OUD. Specifically, out-of-hospital peers will conduct extensive outreach to link individuals to treatment and recovery support in the community.

Applicants should describe a program that:

1. Hires one (1) full-time peer to perform out-of-hospital duties at each of the seven (7) District hospitals;
2. Establishes contact through a warm handoff between the out-of-hospital peer and the non-overdose OUD patients before their discharge from the hospital;
3. Provides continued out-of-hospital peer outreach with non-overdose OUD patients for a 90-day time period;
4. Provides motivational interviewing by out-of-hospital peers during follow-up visits with non-overdose OUD patients;
5. Provides out-of-hospital peer referrals and linkages for recovery and treatment services among non-overdose OUD patients who may opt-in to receiving the services during follow-up visits;
6. Establishes protocols for out-of-hospital peers to escort non-overdose OUD patients to recovery and treatment providers in order to help patients navigate the initial intake process; and
7. Documents additional follow-up attempts with patients who may have initially opted out of receiving treatment and recovery services.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers.

Applicants must describe their capacity to accurately capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program in a timely manner.

Applicants must also collect, at a minimum, the following:

- Number of non-overdose OUD patients screened positive for OUD;
- Number of non-overdose OUD patients who opt-in for an initial face-to-face (or telephone) consultation with a peer;

- Number of non-overdose OUD patients linked to MAT and recovery support services from initial consultation;
- Number of non-overdose OUD patients linked to MAT and recovery support services from additional follow-up contacts;
- Average number of outreach attempts made per patient in the 90-day follow up period.
- Demographics (including age, race, insurance status) of non-overdose OUD patients.

As the grant progresses, counts for each of these measures will be reviewed in trend line format so that any change in services is detected. Additional metrics may be added through the term of the grant.

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.” All funded applicants are required to report de-identified patient-level data in accordance with DBH-specific policies and processes.

Applicants should also obtain continuous feedback from the individuals, families and community they serve to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency that they will use to obtain feedback (e.g. bi-monthly, paper-based surveys) from the individuals, families and community that they intend to serve. In addition, the applicant must describe the process and frequency they plan to analyze and act upon the feedback they receive from the individuals, families, and community. Applicants are encouraged to be creative and innovative. Engagement of recipients of services in the feedback analysis and action process is encouraged.

E. Program Sustainability

Applicants should describe in their proposals how the program(s) will be sustained after grant funding ends, including but not limited to ongoing training and the use of train-the-trainer learning approaches for community peers; securing new funding; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

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- c. Bylaws.
- d. IRS letter of non-profit corporation status.
- e. List of current board of directors. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and

any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.

- g. Most recent Form 990, Return of Organization Exempt from Income Tax.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and Regulatory Affairs (DCRA) by Friday, August 30, 2019). Please include a copy of this receipt with your application.
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
- j. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section is a minimum of 10 pages, single spaced with 12 pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Statement of problem that clearly describes the unmet needs of individuals with OUD.
- b. Provide appropriate demographic and epidemiological information for the geographical area(s) to be served.
- c. Discuss how the applicant organization intends to recruit, screen, orientate, train and supervise one (1) peer for each hospital. Identify evidence-based trainings for peers.
- d. Provide a description of the applicant organization's relevant experience, and duration of that experience, in delivering the services they propose to deliver in this application.
- e. Describe the organization's capability to develop and operate within 60 days of the proposed out-of-hospital peer program. Information provided

should clearly delineate the roles and responsibilities of both applicant organizations and key partners and include:

- i. An organizational chart and description of organizational structure, lines of supervision and management oversight for the proposed out-of-hospital peer program.
- ii. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of program, continuous feedback loops, data, and communication with other partners.
- iii. The roles, qualifications, expertise and relevant experience of key personnel (both paid and volunteer).

2. Proposed Work Plan

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing the steps to be taken:

- a. Describe the goals, objectives and anticipated outcomes of the proposed project.
- b. Provide a chart or graph depicting a timeline for the project period showing dates, key activities, and responsible staff. These key activities must include the requirements outlined in the *Implementation Requirements* section.
- c. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management, including the fiscal and financial management systems in place that will support the grant.
- b. Describe the sustainability plan of the organization, key partnerships and your willingness to commit time and resources to implementing changes. Describe the sustainability plan of the organization and the expected time and resources needed to implement changes.
- c. Describe the extent to which your organization is motivated to make changes, is willing to commit time and resources to implementing changes, and is likely to sustain and support these changes.

4. Program Reporting

- a. Describe how the organization will track work plan progress to ensure deliverables are achieved. Include specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.”

- b. Describe the organization’s capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program.
- c. Describe the organization’s ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress toward deliverables.

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum (*must not exceed*) 10 page limit.

1. Personnel – employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
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4. Occupancy – Costs associated with the rental or lease of space for the peer organized activity (if applicable).
5. Travel and Transportation – Costs associated with local travel expenditures for staff or patient/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance).
6. Supplies and Minor Equipment – materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges).
7. Patient Cost – Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measurable outcomes (e.g., food costs, gift cards, giveaways, stipends).
8. Communication – Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
9. Other Direct Costs – expenses not covered in any of the previous budget categories.
10. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel's recommendations, he/she shall provide a written justification as required by District regulations. The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 30 Points)

1. The applicant detailed the statement of the problem that clearly describes the unmet needs of individuals with OUD. **(5 points)**
2. The applicant provided appropriate demographic and epidemiological information for the geographical area(s) to be served. **(5 points)**
3. The applicant discussed issues of age, race, ethnicity, culture, language, sexual orientation, disability, transportation, literacy and gender in the target populations that will need to be addressed. **(5 points)**
4. The applicant discussed how the applicant organization intends to recruit, screen, orientate, train and supervise peers. The applicant also identified evidence-based trainings for peers. **(5 points)**
5. The applicant provided a description of their relevant experience, and duration of that experience, in delivering the services they propose to deliver under this RFA. **(5 points)**
6. The applicant described the organization's capability to develop and operate the proposed out-of-hospital peer program within 60 days of grant award. Information provided should clearly delineate the roles and responsibilities of both applicant organizations and key partners to include description of staffing structure, roles, qualifications, expertise and relevant experience of key personnel and management oversight for the proposed program. **(5 points)**

Criterion B – Proposed Work Plan (Total of 30 Points)

1. The applicant provided a work plan (Attachment G) detailing the steps to be taken to implement the required activities as stated in *Implementation Requirements* section and *Scope of Work*. **(10 points)**
2. The applicant described the goals, objectives and anticipated outcomes of the proposed project. **(10 points)**
3. The applicant described any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise **(10 points)**

Criterion C – Fiscal and Financial Management (Total of 20 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(10 points)**

2. The applicant described their sustainability plan and willingness to commit time and resources to implementing changes. **(10 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described how the organization will track work plan progress to ensure deliverables are achieved. It included specific information about how the program will advance LIVE. LONG. DC. Goal 5, Strategy 5.4 “Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.” **(10 points)**

Criterion E – Budget and Budget Narrative (Total of 10 points)

1. The applicant provided a budget and budget narrative justification of the items included in their proposed budget. **(10 points)**

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance

determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Competition #4:
**OD Street Outreach to Individuals
with an Opioid Use Disorder (OD
Street Outreach)**

Section VIII: SCOPE OF WORK

A. Background

The District of Columbia Opioid Response (DCOR) initiative is focusing on increasing access to medication-assisted treatment (MAT), reducing unmet treatment needs, and reducing opioid overdose related deaths in DC through the provision of prevention, treatment, and recovery support services (RSS) to individuals with OUD. The District is building a model with multiple access points to a coordinated network of treatment and RSS providers that will collaborate around the assessment, stabilization, and ongoing treatment of individuals with OUD.

LIVE. LONG. DC., The District's plan to combat the opioid epidemic, will continue to build the city-wide effort to ensure equitable and timely access to high-quality SUD treatment and RSS through a network of services.

One important component of this city-wide effort is a robust street outreach system that has an overarching goal of identifying consumers experiencing homelessness and connecting them to OUD treatment and RSS. The initial engagements allow the outreach teams to connect with the consumers through light touches, gain their confidence, and then assess their needs. The outreach teams will then screen consumers for OUD and connect them with the coordinated network of treatment providers (with a focus on MAT) and RSS including housing, peer recovery supports, supported employment and other services. Additionally, outreach teams will make connections to other services and supports as needed (e.g., shelters, day services, medical, mental health, SUD).

Applicants must focus outreach work on a special population (returning citizens, individuals who identify as LGBTQ, or immigrants) residing within the District with OUD in addition to general outreach.

B. Target Population

For the purposes of this RFA, the applicant should focus on individuals in the District who have OUD and are experiencing homelessness. Applicants must identify at least one additional special population (returning citizens, individuals who identify as LGBTQ, and/or immigrant populations) with OUD residing within the District, to target for outreach services. Applicants must describe the specific geographic cluster census tracts (based on the DHS areas specified in RFA # JA-FSA-SO-001-20: see Figure 1 below) that they plan to serve.

Figure 1: Geographic Cluster Census Tracts

Geographic Cluster 1 Census Tracts:

1	2.01	2.02	3	4	5.01	5.02	6	7.01	7.02	8.01	8.02	9.01
9.02	10.01	10.02	11	12	13.01	13.02	14.01	14.02	15	16	17.02	18.03
18.04	19.01	19.02	20.01	20.02	21.01	21.02	22.01	22.02	23.01	23.02	24	25.01
25.02	26	27.01	27.02	28.01	28.02	29	30	31	32	33.01	34	35
36	37	38	39	40.01	40.02	41	42.01	42.02	43	44	49.01	49.02
50.01	50.02	52.01	53.01	55	56	62.02	92.01	92.03	92.04	93.01	93.02	94
95.01	95.03	95.04	95.05	95.07	95.08	95.09	103	108				

Geographic Cluster 2 Census Tracts:

33.02	46	47.01	47.02	48.01	48.02	58	59	87.01	87.02	101	106	107
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Geographic Cluster 3 Census Tracts:

64	65	66	67	68.01	68.02	68.04	69	70	71	72	73.01	73.04
74.01	74.03	74.04	74.06	74.07	74.08	74.09	75.02	75.03	75.04	76.01	76.03	76.04
76.05	77.03	77.07	77.08	77.09	78.03	78.04	78.06	78.07	78.08	78.09	79.01	79.03
80.01	80.02	81	82	83.01	83.02	84.02	84.1	88.02	88.03	88.04	89.03	89.04
90	91.02	96.01	96.02	96.03	96.04	97	98.01	98.02	98.03	98.04	98.07	98.1
98.11	99.01	99.02	99.03	99.04	99.05	99.06	99.07	102	104	105	109	110
111												

C. Program Approach

Applicants should describe a program that:

1. Focuses on a specific geographic cluster census tract (as identified by the DHS clusters in RFA # JA-FSA-SO-001-20) within the District.
2. Conducts outreach and engagement;
3. Conducts OUD screening;
4. Provides referral, and assistance in enrollment and engagement in medication-assisted treatment (MAT);

5. Provides linkages to RSS;
6. Provides individuals with OUD assistance with the District's Coordinated Entry Process (coordinated assessment and housing placement);
7. Provides individuals with OUD linkages to supported employment services;
8. Provides linkages to peer support services;
9. Provides individuals with OUD housing services;
10. Provides support for benefits, eligibility, and enrollment for SSI/SSDI, health insurance and other benefits: and
11. Collaborates with other District outreach teams: DBH Community Response Team (CRT) and DHS street outreach teams, which includes participating in periodic coordination meetings and identifying a coordination lead on the team.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers.

Applicants must describe their capacity to accurately capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program in a timely manner. Required key outcomes include, but are not limited to, the following:

- Number of face-to-face outreach engagements;
- Number of completed OUD screenings;
- Number of new consumers enrolled in care management services;
- Number of consumers participating in care management services;
- Average length of time consumers participate in the program;
- Demographics (including age, race, insurance status) of consumers;
- Number of consumers referred to MAT;
- Number of consumers linked to benefits and housing after being enrolled;
- Number of Government Performance Results Act (GPRAs) surveys completed (as necessary);
- Number of referrals made to DBH Community Response Team (CRT) for acute response; and
- Number of referrals made to DHS outreach teams for non-OUD clients.

The metrics above would need to be broken out for the applicant's special population of focus.

As the grant progresses, counts for each of these measures will be reviewed in trend line format so that any change in services is detected. Additional metrics may be added through the term of the grant.

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 4, Strategy 4.6 “Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.” All funded applicants are required to report de-identified client-level data in accordance with DBH-specific policies and processes.

Applicants should also obtain continuous feedback from the individuals, families and community they serve to ensure that the services offered are aligned with the needs and wants of the community. The applicant must describe the formal process, methods, and frequency that they will use to obtain feedback from the individuals, families and community that they intend to serve (e.g., bi-monthly surveys). In addition, the applicant must describe the process and frequency they plan to analyze and act upon the feedback they receive from the individuals, families, and community. Providers are encouraged to be creative and innovative.

E. Program Sustainability

Applicants should describe in their proposals how the program will be sustained after grant funding ends, including but not limited to the activation of Medicaid and private insurance codes from a financial perspective; ongoing training and the use of train-the-trainer learning approaches; securing new funding; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Training Room 242 on Friday, August 9, 2019, from 3:00 p.m. – 4:00 p.m. For more information, please contact Jacqueline.Murphy@dc.gov or (202) 727-9479 or Orlando Barker at orlando.barker@dc.gov or (202) 727-1595.

B. Application Delivery

Applications are due Friday, August 30, 2019, no later than 4:00 p.m. E.T., to DBH, c/o Dajon Wilburn and Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC 20002; (202) 671-2792 or (202) 727-9479. Applicants should allow at least 30 minutes before the deadline to clear security protocols. **Applications will not be accepted by email or fax.**

Applications received after 4:01 p.m. E.T. on Friday, August 30, 2019, will not be forwarded to the Review Panel for funding recommendation. Any additions or deletions to

an application will not be accepted after the deadline of 4:00 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

1. Proposal Format and Content

- a. Applicant Profile (Attachment B)
- b. Table of Contents
- c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting

2. Work Plan Template (Attachment G)

3. Budget and Budget Narrative (Attachment H)

4. Required Documentation

- a. Certifications and Assurances (signed Attachments B, C, D, E and F)
- b. Articles of Incorporation.
- c. Bylaws.
- d. IRS letter of non-profit corporation status.
- e. List of current board of directors. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and Regulatory Affairs (DCRA) by Friday, August 30, 2019). Please include a copy of this receipt with your application.
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
- j. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities

that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section **must not exceed** 10 pages, single-spaced, 12 pt. font, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

- a. Briefly describe the Geographic Cluster Census Tract (based on the DHS areas outlined in RFA # JA-FSA-SO-001-20) that you propose to serve and the unmet need for outreach service to individuals experiencing homelessness with OUD within that area. Organizations may only serve one of the clusters.
- b. Identify the special population with OUD (returning citizens, individuals who identify as LGBTQ, and/or immigrants) on which you intend to focus.
- c. Describe how your program will address the following elements:
 - i. Conduct outreach and engagement including hours of operation (7 days a week required) and approaches for visiting hotspots;
 - ii. Conduct OUD screening;
 - iii. Once an individual screens positive for an OUD, then the following would need to be implemented. If a client is screened and does not have an OUD, the organization would make a warm handoff to another outreach provider (such as DHS's outreach teams):
 - Provide referral, enrollment, and engagement in MAT;
 - Provide linkages to RSS;
 - Provide assistance with the District's Coordinated Entry Process (coordinated assessment and housing placement);
 - Provide linkages to supported employment services;
 - Provide linkages to peer support services;
 - Provide housing services;
 - Provide support for benefits, eligibility, and enrollment for SSI/SSDI, health insurance and other benefits; and
 - Collaboration with other District outreach teams: DBH Community Response Team (CRT) and DHS street outreach teams. Awardees will be required to coordinate with each other, with DHS outreach teams, and with other efforts in the District per DBH's guidance. Applicants must describe a commitment to

and plan for participating in these coordination efforts. This includes identifying a coordination lead.

- d. Describe relevant experience, and duration of that experience, in delivering the services proposed under this RFA. Specify experience with clients experiencing homelessness and individuals with OUD.
- e. Describe the team who will work on this initiative, and who will be responsible for implementation and oversight of all elements of the program. At a minimum, program staff should include a Peer Specialist, Outreach Specialist, SUD Specialist, Permanent Supported Housing Specialist and a Supplemental Security Income (SSI)/Social Security Disability Income (SSDI) Outreach, Access and Recovery (SOAR) Specialist.
- f. Estimate the number of individuals who will be served by the program on a monthly basis with a projected utilization within each distinct service or activity offered.
- g. Describe the process, methods, and frequency that will be used to obtain feedback from the individuals, families and community that they intend to serve.
- h. Identify other resources that can be leveraged to support the project along with a rationale for their inclusion.
- i. Describe any potential challenges, if known, and contingency plans for addressing concerns related to circumstances that may arise.
- j. Describe your organization's plan to ensure start-up occurs within the first two (2) months of the new Grant Agreement, and is fully operational within 60 days.

2. **Proposed Work Plan**

Provide a work plan (Attachment G) from October 1, 2019 through September 29, 2020 detailing the following components:

- a. Clearly defined measurable goals, objectives, key metrics and anticipated outcomes for a program that provides outreach to individuals experiencing homelessness and case management to the District's residents with OUD.
- b. A description of how the applicant plans to outreach to members in the community including specific strategies for working with the special population of focus to engage them in this work.
- c. A timeline for implementation that clearly defines milestones, inclusive of time for a planning phase, which may last no more than two (2) months.
- d. Description of activities and services that will be provided once an individual screens positive for an OUD, including case management and a plan for referrals to other services (MAT and RSS).
- e. Description of involvement of key partners and the roles they will assume in the implementation of this program.
- f. Detail a plan for referral to other services including other outreach providers if the individual does not have an OUD.
- g. Identification of the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports,

analysis of participant, staff and referral feedback loops and data, and communicating with other partners.

3. Fiscal and Financial Management

- a. Describe how the organization will deliver sound fiscal management including the fiscal and financial management systems in place that will support the grant.
- b. Describe the sustainability plan of the initiative.
- c. Describe the extent to which your organization is motivated to make changes, is willing to commit time and resources to implementing changes, and is likely to sustain and support these changes.

4. Program Reporting

The applicant organization must collect data and provide a monthly report to DBH Program Staff. DBH expects that providers will be fully operational within 60 days of receiving the approved DBH Grant Agreement.

- a. Describe previous experience evaluating outcomes (both process and health focused) and developing reports on a monthly, quarterly and annual basis, and how the organization will track work plan progress to ensure deliverables are achieved. Include specific information about how the program will advance LIVE. LONG. DC. Goal 4, Strategy 4.6 “Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.”

E. Budget Narrative (Attachment H)

Applicants must provide a budget and budget narrative justification of the items included in their proposed budget. Attachment H contains the budget and budget narrative justification form. This form does not count towards the maximum (*must not exceed*) 10 page limit.

1. Personnel – Employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project.
2. Fringe – Components of fringe benefits rate.
3. Consultants/Experts – A contractual arrangement to carry out a portion of the programmatic effort for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign.
4. Travel and Transportation – Costs associated with local travel expenditures for staff or client/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance.)
5. Supplies and Minor Equipment – Materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink cartridges, etc.).

6. Client Cost - Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes (e.g., food costs, gift cards, giveaways, stipends).
7. Communication - Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
8. Other Direct Costs – Expenses not covered in any of the previous budget categories.
9. Indirect Costs- – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section V will be reviewed and scored by an independent review panel. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel’s recommendations, he/she shall provide a written justification as required by District regulations. The final decision to fund rests solely with the DBH Director. DBH anticipates announcing all awards in September 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A – Administrative (Total of 40 Points)

1. The applicant described the unmet need for outreach services to individuals experiencing homelessness with OUD in a specific cluster (as described by DHS in RFA # JA-FSA-SO-001-20) they proposed to serve, and their experience working with individuals with OUD. They also selected at least one special population (returning citizens, individuals who identify as LGBTQ, and/or immigrant populations) with OUD on which to focus. **(5 points)**
2. The applicant described how their model would accomplish the following elements **(15 points)**:
 - a. Conduct outreach and engagement;
 - b. Conduct OUD screening;
 - c. Once an individual screens positive for an OUD, then the following would need to be implemented. If a client is screened and does not have an OUD, the organization would make a warm handoff to another outreach provider (such as DHS’s outreach teams):
 - i. Provide referral, enrollment and engagement in OUD treatment, specifically medication assisted treatment (MAT);
 - ii. Provide linkages to recovery support services (RSS);
 - iii. Provide assistance with the District’s Coordinated Entry Process (coordinated assessment and housing placement);

- iv. Provide linkages to supported employment services;
 - v. Provide linkages to peer support services;
 - vi. Provide housing services;
 - vii. Provide support for benefits, eligibility, and enrollment for SSI/SSDI, health insurance and other benefits; and
 - viii. Collaborate with DBH CRT and DHS outreach teams.
- Applicants must describe a commitment to and plan for participating in these coordination efforts. This includes identifying a coordination lead.
3. The applicant described their relevant experience in doing this type of work, the team who will work on this initiative, and who will be responsible for implementation and oversight of all elements of the program. **(5 points)**
 4. The applicant projected the number of individuals that will be served by the program on a monthly basis with a projected utilization within each distinct service or activity offered. **(5 points)**
 5. The applicant described the process they will use to obtain feedback from the individuals, families and community that they intend to serve, and identified both additional resources that can be leveraged and any potential challenges related to this work. **(5 points)**
 6. The applicant described the plan to ensure start-up occurs within the first couple of weeks of the new Grant Agreement, and is fully operational within 60 days. **(5 points)**

Criterion B – Proposed Work Plan (Total of 35 Points)

1. The applicant clearly defined measurable goals, objectives, key metrics, and anticipated outcomes and provided a timeline for implementation for a program that provides homeless outreach and case management to the District's residents with OUD who are experiencing homelessness. **(10 points)**
2. The applicant provided a detailed description of activities and services that will be provided once an individual screens positive for an OUD, including case management and a plan for referrals to other services (MAT and RSS), or to other outreach providers if the individual does not have an OUD **(10 points)**
3. The applicant described a concrete outreach plan for how they will engage participants in the program, including specifics around their population of focus and key partners they plan to engage. **(5 points)**
4. The applicant identified the person(s) that will have responsibility for daily and key tasks such as leadership, monitoring ongoing progress, preparing reports, analysis of participant, staff and referral feedback loops and data, and communicating with other partners. **(5 points)**
5. The applicant described a commitment to participating in coordination efforts with DHS outreach teams, and other efforts in the District per DBH's guidance, which included identifying a coordination lead. **(5 points)**

Criterion C – Fiscal and Financial Management (Total of 10 Points)

1. The applicant described sound fiscal management including the fiscal and financial management systems in place that will support the grant. **(5 points)**
2. The applicant described their sustainability plan and willingness to commit time and resources to implementing changes. **(5 points)**

Criterion D – Program Reporting (Total of 10 Points)

1. The applicant described previous experience evaluating outcomes (both process and health focused) and developing reports and how the organization will track work plan progress to ensure deliverables are achieved. It included specific information about how the program will advance LIVE. LONG. DC. Goal 4, Strategy 4.6 “Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.” **(10 points)**

Criterion E – Budget and Budget Narrative (Total of 5 points)

1. The applicant provided a budget and budget narrative justification of the items included in their proposed budget. **(5 points)**

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one of four categories below:

Ranking Classification	Point Range
Most Qualified	95-100
Very Qualified	80-94
Qualified	70-79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

DBH may conduct fiscal and/or program audits of the sub-grantee either directly or by an independent auditor. The sub-grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The sub-grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring and evaluation purposes.

Monthly Programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The sub-grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Competition #5:
DC Opioid Response (DCOR)
Prevention Grant for Ward 3 (DCOR
Prevention)

Section VIII: SCOPE OF WORK

A. Background

Prevention research suggests that youth do not engage in substance use solely because of personal characteristics, but rather because of a complex set of risk and protective factors in their environment. These factors include the rules and regulations of the social institutions to which individuals belong (e.g., trust, social ties, relationships and exchanges among people); the norms of the communities in which they live; the messages to which they are exposed; and the availability to minors of alcohol and other drugs

The District of Columbia's Opioid Response (DCOR) initiative is focused on addressing the unmet needs and reducing opioid overdose related deaths in DC through the provision of prevention, treatment, and recovery support services. Specifically with regard to prevention efforts, the District is seeking qualified applicants to identify, select, and implement appropriate evidence-based interventions and environmental strategies for addressing opioid misuse.

This Request for Application (RFA) invites eligible applicants located in Ward Three (3) to apply for a DC Opioid Response (DCOR) Prevention Grant. Eligible applicants are identified as Community Prevention Networks (CPNs) community-based organizations, and non-profit organizations focused on substance use prevention who are not currently recipients of the DCOR Prevention Grant. Applicants may enlist the services of a fiscal agent to apply for the grant on their behalf if they are not currently a 501(c) (3) organization.

The DCOR Prevention grant premise is that changes at the community level will, over time, lead to measurable changes at the District level. One important component of LIVE. LONG. DC. and the DCOR work is building a strong continuum of care, including prevention. Specifically DCOR Prevention will support the District in addressing Goal 2, Strategy 2.3 "Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder and engage/ support those impacted."

By working together to foster changes, the District and their funded communities of high need can more effectively begin to overcome the challenges underlying their substance use prevention priorities and achieve the goal of the DCOR program. Grantees are expected to implement a combination of an evidence-based intervention and environmental strategies that achieve the target outcomes of the DCOR grant.

B. Target Population

For the purposes of this grant funding, prevention efforts shall target youth and young adults between the ages of 12 to 25 living in Ward Three (3).

C. Program Approach

Applicants should describe a program that:

1. Ensures compliance with the administrative, fiscal and programmatic requirements of the RFA;
2. Completes any DCOR related training as required by DBH;
3. Finalizes the conceptual framework and work plans (based on the logic model provided by DBH) which shall address the prevention of opioid misuse among youth and young adults between the ages of 12 to 25 within 15 days of the grant being awarded. The evidence-based intervention and environmental strategies identified in the conceptual framework should result in target outcomes which will prevent opioid misuse among youth and young adults aged 12 to 25. Applicant shall implement their intervention no later than 30 days after the DBH Prevention Branch review and approval;
4. Utilizes pre-populated problem data and root causes (risk factor) information when developing their conceptual framework (Diagram A);
5. Selects and implements an Evidence-Based Intervention (Attachment J) a minimum of three (3) times with fidelity which shall result in target program and behavioral outcomes;
6. Selects and implements a minimum of one (1) required comprehensive Environmental Strategy and may also select from the optional strategies on provided list (Attachment J) which shall result in target community change outcomes;
7. Works with the DBH SUD Prevention team to make needed adaptations to the evidence-based preventive interventions in their logic model and work plan in order to maintain fidelity to the intervention; and
8. Supports DBH with collecting, submitting and analyzing any additional DBH and federal evaluation requirements.

D. Data Collection and Tracking

DBH recognizes that responsiveness to unmet community needs is not a stagnant concept, rather it is fluid and dynamic. It is imperative that the applicant build in processes to regularly evaluate the success of the program and adjust the model as needed to overcome challenges and barriers. Applicants should describe in detail their previous experience evaluating outcomes (process, program and behavioral) and developing reports.

Applicants must describe their capacity to accurately and timely capture, report, and review key outcomes (both process-related metrics, and health-related metrics) for the program.

Target Outcomes that grantees are expected to achieve through their evidence-based intervention and environmental strategies are as follows:

1. Program Outcomes
 - a. Intentions to misuse opioids
 - b. Personal disapproval of opioid misuse
 - c. Perceived risk of harm regarding opioid misuse
 - d. Parental expectations around opioid misuse
 - e. Perceived peer misuse of opioids
 - f. Knowledge of family values around opioid misuse

- g. Perceived availability in accessing opioid
2. Behavioral Outcomes
 - a. Reduction in past-30 day misuse of opioids, or other illegal drugs
 - b. Increase in talking to parents about opioid misuse
 - c. Influence of opioid misuse on goal attainment
 3. Community Change Outcomes
 - a. Changes in local policy regarding opioid misuse
 - b. Changes in local practices regarding opioid misuse
 - c. Perception of community disapproval of opioid misuse
 - d. Perception of peer disapproval of opioid misuse
 - e. Community norms regarding opioid misuse

Additional performance measures should align with work plan activities and should include specific numeric targets associated with each activity. Applicants must describe their ability to submit quantitative and qualitative data on a monthly, quarterly and annual basis describing program activities and progress towards deliverables. This includes specific information about how the program will advance LIVE. LONG. DC. Goal 2, Strategy 2.3 “Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder and engage/ support those impacted.”

E. Program Sustainability

Applicants should describe how the program will be sustained after the grant funding ends, including but not limited to the provision of group-level and community level prevention interventions around opioid misuse in Ward Three (3).

Section IX: APPLICATION INFORMATION AND REQUIREMENTS

A. Pre-Application Conference

A pre-application conference will be held at DBH, 64 New York Avenue, NE, Washington, DC, 20002, 2nd Floor, DBH Room 242 on Friday, August 9, 2019, from 4:00 p.m. - 5:00 p.m. For more information, please contact Jacqueline.Murphy@dc.gov or (202) 727-9479 or Orlando Barker at orlando.barker@dc.gov or (202) 727-1595.

B. Application Delivery

Applications are due Friday, August 30, 2019, no later than 4:00 p.m. E.T., to DBH, c/o Daijon Wilburn and Jacqueline Murphy, 64 New York Avenue, NE, 3rd Floor, Washington, DC 20002; (202) 671-2792 or (202) 727-9479. Applicants should allow at least 30 minutes before the deadline to clear security protocols. **Applications will not be accepted by email or fax.**

Applications received at or after Friday, August 30, 2019, 4:01 p.m. E.T. will not be forwarded to the Review Panel for funding recommendation. Any additions or deletions to an application will not be accepted after the deadline of 4:00 p.m. Applicants will not be allowed to assemble application material on the premises of DBH. Applications must be ready for receipt by DBH.

C. Application Requirements

1. **Proposal Format and Content**

- a. Applicant Profile (Attachment B)
- b. Table of Contents
- c. Narrative
 - i. Administrative
 - ii. Proposed Work Plan
 - iii. Fiscal and Financial Management
 - iv. Program Reporting

2. **Work Plan Template** (Attachment G)

3. **Budget and Budget Narrative** (Attachment H)

4. **Required Documentation**

- a. Certifications and Assurances (signed Attachments B, C, D, E and F)
- b. Articles of Incorporation.
- c. Bylaws.
- d. IRS letter of non-profit corporation status.
- e. List of current board of directors. Include their mailing and e-mail addresses and phone numbers. Also include board titles of officers.
- f. Most recent annual audit. If audited financial statements have never been prepared due to the size or newness of the organization, applicant must submit an organizational budget, an income statement (or profit and loss statement), and a balance sheet certified by an authorized representative of the organization and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.
- g. Most recent Form 990, Return of Organization Exempt from Income Tax.
- h. Current District of Columbia Business License or Application (business license application must be submitted to the DC Department of Client and Regulatory Affairs (DCRA) by Friday, August 30, 2019). Please include a copy of this receipt with your application.
- i. Current Certificate of Clean Hands from the Office of Tax and Revenue (**Self-certification is NOT acceptable**). Clean Hands Certificates submitted with the application should be obtained within the last 30 days.
- j. Provide in writing the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier), fidelity bond holder (if applicable), and, before execution of the award, a copy of the binder or cover sheet of their current policy for any policy that covers activities that might be undertaken in connection with performance of the grant, showing the limits of coverage and endorsements. All policies, except the Workers' Compensation, Errors and Omissions, and Professional Liability policies, that cover activities that might be undertaken in connection with the performance of the grant, shall contain additional endorsements naming the Government of the District of Columbia, and its officers, employees, agents and volunteers as additional named insured with respect to liability abilities arising out of the performance of services under the award. The grantee shall require their insurance carrier of the required coverage to waive all rights of subrogation against the District, its officers, employees, agents, volunteers, contractors and subcontractors.

D. Program Narrative

The narrative section must not exceed 7 pages, single-spaced, 12 pt. font of Times New Roman, and should discuss the process the applicant shall use to meet all requirements and scope of work. The following areas and information shall be included:

1. Administrative

a. Identify the risks, local conditions and readiness of the high need community (ward) that the applicant organization is targeting through the Request for Application (RFA).

- i. Discuss the local conditions that contribute to opioid misuse among youth and young adults (target population between the ages of 12 to 25) in Ward Three (3).
- ii. Assess the readiness of the high need community in Ward Three (3) for Strategic Prevention Framework (<http://www.samhsa.gov/spf>) planning. This includes developing a data-driven conceptual framework with identified evidence-based intervention and environmental strategy/strategies. Describe how ready your organization is to implement the aforementioned strategies.
- iii. State the rationale for how the organization is targeting opioid misuse through this RFA.

b. Describe the organization's history within the high need community in Ward Three (3).

- i. Provide a list of the members, their affiliation with an organization, neighborhood or association, and why they are representative of the high need community in Ward Three (3).
- ii. Discuss the organization's history of supporting prevention in the high need community in Ward Three (3).
- iii. Discuss potential challenges (e.g., readiness and capacity) in implementing the RFA scope of work in the high need community in Ward Three (3).

c. Discuss the partnership(s) to prevent opioid misuse in the high need community in Ward Three (3).

- i. Discuss the experience(s) the organization has had using the Strategic Prevention Framework planning process.
- ii. Discuss the experience(s) the organization has had in data-driven planning and the implementation of an evidence-based intervention and environmental strategies for substance use prevention

2. Proposed Work Plan

Provide a proposed Year 1 Work Plan (Attachment G) that includes the RFA goals, process objectives and outcomes (e.g., Administrative [meeting attendance, site visit participation], Assessment, Capacity Building [SPF training, etc.], Planning [work plan development], Implementation [evidence-based intervention, environmental strategy/strategies], Evaluation [Monthly reporting, etc.]).

3. Fiscal and Financial Management

- a. Describe how the applicant will provide sound fiscal management for the development and implementation of the SPF planning process in Ward Three (3). Include a summary of the fiscal and financial management systems currently in place that will support implementation of the SPF planning process.

- i. Describe the financial management system that is in place to support the grant.
- ii. Describe the approach to funding the evidence-based intervention and environmental strategy/strategies in the approved SPF planning process.
- iii. Discuss any experience in preparing and submitting federal or District program and financial reports.

4. **Program Reporting**

Discuss the applicant’s approach to tracking implementation of the program deliverables within the proposed work plan. Include the specific measures to ensure the effectiveness of programmatic reporting on a monthly, quarterly and semi-annual basis. Also include specific information about how the program will advance LIVE. LONG. DC. Goal 2, Strategy 2.3 “Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder and engage/support those impacted.”

5. **Applicant Qualifications**

- a. Discuss in detail your organization’s specific involvement and roles in prevention activities in the proposed high need community in the designated ward, involvement with community stakeholders and other leaders, and any measurable results achieved.
- b. Discuss the mission of the organization and why it is “best” qualified to lead the effort to facilitate the SPF planning process in the selected high need community in the designated ward.

E. Budget Narrative (Attachment H)

1. The applicant must provide a line-item budget and budget narrative justification. The budget narrative justification should clearly state how the applicant arrived at budget figures.
2. Attachment H is a budget and budget narrative justification form. The following are components of a budget:
 - a. Personnel – employee(s) of the applicant/recipient organization for those positions whose work tied to the grant project. (Combined cost of Personnel and Consultant Budget Categories may not exceed 20% of total budget.)
 - b. Fringe – components of fringe benefits rate.
 - c. Consultants/Experts – a contractual arrangement to carry out a portion of the programmatic effort for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and grantee must sign. (Combined cost of Personnel and Consultant Budget Categories may not exceed 20% of total budget.).
 - d. Occupancy – (not applicable for this grant).
 - e. Travel and Transportation – Costs associated with local travel expenditures for staff or client/participants (e.g., SmarTrip Cards; Uber; Mileage and Parking for DBH meeting attendance.).
 - f. Supplies & Minor Equipment – materials costing less than \$5,000 per unit and often having a one-time use (e.g., general office supplies; laptop; printer; ink

- cartridges, etc.).
- g. Client Cost – Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measurable outcomes (e.g., food costs, gift cards, giveaways, stipends, etc.).
- h. Communication – Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.
- i. Other Direct Costs – expenses not covered in any of the previous budget categories.
- j. Indirect Costs – Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement (NICRA). A non-federal entity that has never received a NICRA may elect to charge a de minimis rate of 10% of modified total direct costs, which may be used indefinitely.

Section X: EVALUATION PROCESS

All applications that are complete and meet the eligibility and administrative criteria listed in Section IX will be reviewed and scored by an independent review panel. Scoring and the recommendations of the review panel are advisory. If the DBH Director does not follow the panel’s recommendations, he/she shall provide written justification as required by District regulations. The final decision to fund a DCOR application rests solely with the DBH Director. The anticipated award date is October 1, 2019.

Section XI: SCORING OF APPLICATIONS

Criterion A: Selected High Need Community (Total of 20 points)

1. The applicant demonstrates an understanding of the local conditions that contribute to opioid misuse among youth and young adults ages 12 to 25 in the high need community in the Ward Three (3). **(8 points)**
2. The applicant demonstrates an understanding of the readiness of the high need community in Ward Three (3) and describes how to implement the SPF planning process to prevent opioid misuse among youth and young adults between the ages of 12 to 25. **(8 points)**
3. The applicant submits a completed conceptual framework (Attachment J). **(4 points)**

Criterion B: Organization’s History in High Need Community in Ward Three (3) (Total 20 points)

1. The applicant provides a list of the organization representatives and a rationale of why they are representative of the high need community in Ward Three (3). **(7 points)**
2. The applicant demonstrates a history of supporting prevention initiatives in the high need community in Ward Three (3). **(7 points)**
3. The applicant provides an understanding of potential challenges in developing and implementing SPF planning process in the high need community in Ward Three (3). **(6 points)**

Criterion C: Partnership to Prevent Opioid Misuse Among Youth in the High Need Community in Ward Three (3) (Total of 20 Points)

1. The applicant provides evidence of experience in using the SPF planning process.

(10 points)

2. The applicant describes experience(s) in data-driven planning and implementation of an evidence-based intervention and environmental strategy/strategies for substance use prevention. **(10 points)**

Criterion D: Proposed Work Plan (Total of 10 points)

1. The applicant submits a proposed work plan that includes RFA goals, process objectives and target outcomes (e.g., Administrative [meeting attendance, site visit participation], Assessment, Capacity Building, Planning [work plan and logic model development], Implementation [evidence-based intervention, environmental strategy/strategies, Evaluation [Monthly reporting, etc.]). **(10 points)**

Criterion E: Fiscal and Financial Management (Total of 15 points)

1. The applicant describes their current financial management system that will be used to support the scope of work (as detailed in the RFA) and describes relevant experience in submitting federal and/or district financial reports. **(5 points)**
2. The applicant discusses an approach to funding the evidence-based intervention and environmental strategy/strategies in the approved SPF planning process. **(5 points)**
3. The applicant completed the line-item budget totaling \$100,000 to include all applicable budget categories (including indirect cost/overhead) and provided adequate justification (budget narrative) for proposed costs. **(5 points)**

Criterion F: Reporting (Total of 5 points)

1. The applicant outlines the monthly process of tracking implementation of the program deliverables within the proposed work plan and includes the specific measures to ensure the effectiveness of programmatic reporting on a monthly, quarterly and semi-annual basis. It also included specific information about how the program will advance LIVE. LONG. DC. Goal 2, Strategy 2.3 “Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder and engage/ support those impacted.” **(5 points)**

Criterion G: Applicant Qualifications (Total of 10 points)

1. The applicant describes specific involvement and roles in prevention activities in the proposed high need community in Ward Three (3), involvement with community stakeholders and other leaders, and any measurable results achieved. (Points: 5)
2. The applicant discusses the CPN’s mission and why it is “best” qualified to lead the effort to facilitate the SPF planning process in the selected high need community in Ward Three (3). **(5 points)**

Section XII: SELECTION PROCESS

RFAs will be scored according to the evaluation criteria listed above. The results of the evaluation for each RFA submitted will be classified into one (1) of four (4) categories below:

Ranking Classification	Point Range
Most Qualified	95 - 100
Very Qualified	80 - 94
Qualified	70 - 79
Minimally Qualified	69 and below

When the applications are received, a panel of independent reviewers identified by DBH will review the applications and rank the responses based on the information submitted using the criteria in this RFA. The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee(s) will be selected from among the applicants that score in the “Most Qualified” point range category. If no applications are ranked in the “Most Qualified” category, DBH may select from the “Very Qualified” and “Qualified” categories.

Section XIII: AUDITS AND DISALLOWANCES

DBH may conduct fiscal and/or program audits of the grantee either directly or by an independent auditor. The grantee may request informal dispute resolution of any disallowance determination in accordance with the City-Wide Grants Manual and Sourcebook. The grantee shall cooperate fully and promptly with any audit.

To fulfill its monitoring responsibilities, DBH will require the funded applicant to submit appropriate fiscal and programmatic documentation. In addition, representatives of DBH may conduct site visits to funded applicants. The purpose of these visits is to validate information submitted by applicants and gather additional information from interviews and observations for technical assistance, monitoring, and evaluation purposes.

Monthly programmatic benchmark reports must be submitted to DBH along with monthly expenditure reports. The grantee is responsible for ensuring that reports are accurate, complete, and submitted on time.

If the grantee receives federal grant awards in the total sum of \$750,000 or greater in a year, an annual audit, in accordance with the standards set forth in OMB 2 CFR 200, of the financial condition and accounts of the program performed by an independent certified public accountant (CPA) who is not a member of the governing body or an employee of the program is required and must be submitted to the DBH Agency Fiscal Officer.

Section XIV: ATTACHMENTS TO THE RFA

Attachment A	Intent to Apply Notification
Attachment B	Application Profile
Attachment C	DBH Statement of Certification
Attachment D	Federal Assurances
Attachment E	Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug Free Workplace
Attachment F	Certification of Applicant
Attachment G	Work Plan Template
Attachment H	Budget and Budget Narrative Justification Form
Attachment I	DBH Receipt
Attachment J	Conceptual Framework
Attachment K	Preventive Interventions and Environmental Strategies
Attachment L	Diagram A

ATTACHMENT A

**District of Columbia Opioid Response (DCOR) Grant Opportunities
RFA# RM0 DCOR 080219**

**Intent to Apply Notification
Due Date: Monday, August 12, 2019**

TO: Department of Behavioral Health, Grants Management Office
www.dbh.grants@dc.gov

FROM: _____
Name of Organization

RE: Intent to Apply for District of Columbia Opioid Response (DCOR) Grant Opportunities

I intend to apply for the following competition(s):

- | | |
|---|--|
| Competition #1: Hospital OUD Crisis Beds | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition #2: Hospital Inpatient Peer Support | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition #3: Peer Follow Up for OUD Discharges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition #4: OUD Street Outreach | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition #5: DCOR Prevention | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Organization Address: _____

Contact Person/Title: _____

Contact Person Telephone Number: _____

Contact Person Email: _____

This notification serves as intent to apply for the abovementioned request for application. The notification is due Monday, August 12, 2019 to dbh.grants@dc.gov. Notifications are to be sent to this email address only and will not be received via telephone, fax, email (other than address noted) or in-person.

I am also confirming attendance at the pre-application conference being held Friday, August 9, 2019.

In-Person: Yes No **#Attendees:** _____
Conference Call/Webinar: Yes No

Print Name

Date

Signature

ATTACHMENT B

**Government of the District of Columbia
Department of Behavioral Health (DBH)**

**RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities
RFA# RM0 DCOR 080219**

Applicant Profile

APPLICANT NAME: _____

TYPE OF ORGANIZATION: Public Non-Profit Org. Private Non-Profit Org.

EIN/Federal Tax ID No.: _____

DUNS No.: _____

Primary Contact Person/Title: _____

Second Contact Person/Title: _____

Street Address: _____

City, State ZIP: _____

Telephone: _____

Fax: _____

Email: _____

Ward: _____

Organization Website: _____

Name of Authorized Representative
(Official Signatory): _____

Title:

Email Address:

Phone Number:

Signature of Authorized Representative

Please complete RFA Abstract on next page.

RFA Abstract (Required, Limit 200 words)

ATTACHMENT C

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Department of Behavioral Health Statement of Certification

- A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. Applicant/ Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. Applicant/ Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the Applicant/ Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant/ Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant/ Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;
- I. That the Applicant/ Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant/ Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/ Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/ Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website;
- K. That the Applicant/ Grantee has a satisfactory record of integrity and business ethics;

L. That the Applicant/ Grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

M. That the Applicant/ Grantee is in compliance with the applicable District licensing and tax laws and regulations;

N. That the applicant complies with applicable Drug and Alcohol Testing provisions of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004 (CYSHA);

O. That the Applicant/ Grantee complies with provisions of the Drug-Free Workplace Act; and

P. That the Applicant/ Grantee meet all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.

Q. That the Applicant/ Grantee ensures that all required staff have the criminal background checks required for working with children pursuant to D.C. Code 4-1501.01 et. seq., "Criminal Background Checks for Government Services to Children."

R. That the Applicant/ Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/ Grantee Name

City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities
Project Name

Applicant/ Grantee IRS/Vendor Number

Signature: _____
Name and Title of Authorized Representative

Date

ATTACHMENT D

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Federal Assurances

Applicant/ Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/ Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
3. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, if applicable.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
6. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
8. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
9. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
10. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

11. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

- a. The Hatch Act, 53 Stat. 1147, 5 U.S.C. § 7221 *et seq.*
- b. The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060, 29 U.S.C. § 201 *et seq.*
- c. The Clean Air Act (Sub-grants over \$100,000) 42 USC § 7401 *et seq.*
- d. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590, 29 U.S.C. § 651 *et seq.*
- e. The Hobbs Act (Anti-Corruption) 18 U.S.C. §§ 371, 1951.
- f. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat. 56, 29 U.S.C. § 201,
- g. Age Discrimination in Employment Act, 29 U.S.C. § 621 *et seq.*
- h. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, 8 U.S.C. § 1101.
- i. Executive Order 12459 (Debarment, Suspension and Exclusion).
- j. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6, 5 U.S.C. 6381 *et seq.*
- k. Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693, 31 U.S.C. 1352.
- l. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (21 U.S.C. 20 *et seq.*
- m. Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20.
- n. District of Columbia Human Rights Act of 1977, D.C. Code § 2-1401.01 *et seq.*
- o. District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Code § 2-1931 *et seq.*

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/ Grantee Name

City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities
Project Name

Applicant/ Grantee IRS/Vendor Number

Signature:

Name and Title of Authorized Representative

Date

ATTACHMENT E

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Certifications Regarding Lobbying, Debarment and Suspension, Exclusions, Other Responsibility Matters, and Requirements for a Drug-Free Workplace

Applicant/ Grantee should refer to the regulations cited below to determine the certification to which they are required to attest. Grantees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

1. Lobbying

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the Grantee certifies that:

- A. No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant cooperative agreement;
- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- C. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including sub grants, contracts under grants and cooperative agreements, and subcontracts and that all sub recipients shall certify and disclose accordingly.

2. Debarment and Suspension, Exclusions, and Other Responsibility Matters (Direct Recipient)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510.

The Grantee certifies that it and its, principals, has:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (2)(B) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and
- E. Where the Grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.
- F. Ensure on an ongoing basis that no individual is excluded from participation in a federal health care program as found on the Department of Health and Human Services *List of Excluded Individuals/Entities* (<http://exclusions.oig.hhs.gov/>). The entity further should not be included on the D.C. Excluded Parties List (<https://ocp.dc.gov/page/excluded-parties-list>).
- G. Further, the applicant shall disclose in a written statement, the truth of which is sworn or attested to by the applicant, whether the applicant, any of its officers, partners, principals, members, or key employees within the last three (3) years prior to the date of the application has been:
 - 1. indicted or had charges brought against them (if still pending) and/or been convicted of (a) any crime or offense arising directly or indirectly from the conduct of the applicant's organization or (b) any crime or offense involving financial misconduct or fraud, or
 - 2. been the subject of legal proceedings arising directly from the provision of services by the organization. If the response is in the affirmative, the applicant shall fully describe any such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

3. Drug-Free Workplace (Awardees Other Than Individuals)

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620, the Grantee certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employees about:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The Grantee's policy of maintaining a drug-free workplace;
 - 3. Any available drug counseling, rehabilitation, and employee assistance programs;
 - 4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 5. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (A);
 Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee would---Abide by the terms of the statement;

6. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
7. Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph 3 (B) (8) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: the **Grant Administrator** identified in the grant agreement, and the **Director – Department of Behavioral Health at 64 New York Avenue, NE, Washington DC 20002**. Notice shall include the identification number(s) of each affected grant;
8. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (3)(B)(8),(9), with respect to any employee who is so convicted ---
 - a. Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
 - c. Making a good faith effort to continue to maintain a drug-free workplace.
9. The Grantee may insert in the space provided below the sites for the performance of work done in connection with the specific grant:
 - a. Place of Performance (Street address, city, county, state, zip code)
 - b. Drug-Free Workplace Requirements (Awardees who are Individuals)
10. As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67.615 and 67.620-
 - a. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
 - b. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:
 - i. The Grant Administrator identified in the Grant Agreement; and;
 - ii. D.C. Department of Behavioral Health, 64 New York Avenue, NE. Washington, DC 20002. (Attn: Director-Department of Behavioral Health).

As the duly authorized representative of the Applicant/ Grantee, I hereby certify that the Applicant/ Grantee will comply with the above certifications.

Applicant/Grantee Name

_____ City _____ State _____ Zip Code _____
Street Address

District of Columbia Opioid Response (DCOR) Grant Opportunities

Project Name

Applicant/ Grantee IRS/Vendor Number

Signature:

Name and Title of Authorized Representative

Date

ATTACHMENT F

GOVERNMENT OF THE DISTRICT OF COLUMBIA



DEPARTMENT OF BEHAVIORAL HEALTH (DBH)

Certification of Applicant

I hereby certify the following:

I understand and agree that if I am awarded grant funds that I am required to use the grant funds for the sole purpose of funding personnel, fringe, occupancy, travel and transportation, minor equipment, supplies, consultants/experts, communications, client costs, other direct costs, and indirect costs for the **District of Columbia Opioid Response (DCOR) Grant Opportunities under RFA# RM0 DCOR 080219.**

I am in compliance with the eligibility requirements and have the ability to meet and satisfy the implementation requirements.

I understand that I am required to be in compliance with D.C. Municipal Code, Title 22A, Chapter 44, and D.C. tax laws to receive grant funds.

I also understand that I am required to submit receipts to DBH within thirty (30) days of receiving grant funds to verify that I have used grant funds as agreed to and authorized.

I further understand that DBH reserves the right to rescind this grant notice as necessary, that the RFA does not commit DBH to make awards and that DBH is not liable for any costs incurred by applicants in applying for grants.

I also understand that I must sign a grant agreement at the time of the award and comply with any additional legal requirements including submission of required documents.

Authorized Agency Representative. Print name and title.

Signature

Date

ATTACHMENT G

**District of Columbia Opioid Response (DCOR) Grant Opportunities
RFA # RM0 DCOR 080219**

	Competition #1: Hospital OUD Crisis Beds
	Competition#2: Hospital Inpatient Peer Support
	Competition #3: Peer Follow Up for OUD Discharges
	Competition #4: OUD Street Outreach
	Competition #5: DCOR Prevention

Applicant Organization: _____

GOAL 1: INSERT IN THIS SPACE ONE PROPOSED PROGRAM GOAL. Proceed to outline program objectives, activities, and targeted dates in the spaces below.

Measurable Objectives/Activities:			
Process Objective #1:			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	
Process Objective #2:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	
Process Objective #3:			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	<ul style="list-style-type: none"> • • • • 	

Duplicate this page as needed for additional proposed program goals. Ensure that heading information clearly identifies the applicant’s submission, the RFA and Competition number, and page (e.g. page 2 of 4) of the proposed work plan.

ATTACHMENT H

BUDGET JUSTIFICATION AND NARRATIVE

Competition (check one per application)

	Competition #1: Hospital OUD Crisis Beds
	Competition#2: Hospital Inpatient Peer Support
	Competition #3: Peer Follow Up for OUD Discharges
	Competition #4: OUD Street Outreach
	Competition #5: DCOR Prevention

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization for those positions whose work is tied to the grant project.

Position	Name	Annual Salary/Rate	Level of Effort	Cost
1.		\$	%	\$
2.		\$	%	\$
3.		\$	%	\$
4.		\$	%	\$
5.		\$	%	\$
			TOTAL	\$

Justification: Describe the role and responsibilities of each position.

- 1.
- 2.
- 3.
- 4.
- 5.

B. Fringe: List all components of fringe benefits rate.

Component	Rate	Wage	Cost
FICA	%	\$	\$
Workers Compensation	%	\$	\$
Insurance	%	\$	\$
		TOTAL	\$

Justification: Fringe reflects current rate for the agency.

C. Consultant/Experts: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in a form of consortium agreements or contracts.

A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition. Consultants may not be officers or employees of the grantee's organization.

Costs for contracts must be broken down in detail and a narrative justification provided. If applicable, numbers of clients should be included in the costs.

Suggested: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Contractual arrangements with consultants must include the work to be performed, title, rate of pay, hours, and the term(s) of the agreement. Both the consultant and sub-grantee must sign the agreement.

Name	Service	Rate	Other	Cost
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
			TOTAL	\$

Justification: Explain the need for each contractual agreement and how they relate to the overall project.

D. Occupancy: Rent expenses

Item	Rate	Cost
1.		\$
2.		\$
3.		\$
	TOTAL	\$

Justification: Break down costs into cost/unit (e.g. cost/square foot, etc.) Explain the use of each requested item requested.

E. Travel & Transportation: Local travel expenses

Item	Rate	Cost
1.		\$
2.		\$
3.		\$
	TOTAL	\$

Justification: Break down travel costs into cost/unit (reimbursement rate per mile, Metro cards, etc.) Explain the use of each requested item requested.

F. Supplies & Minor Equipment: Materials costing less than \$5,000 per unit and often having one-time use.

Budget Request

Item(s)	Rate	Cost
1.		\$
2.		\$
3.		\$
4.		\$
	TOTAL	\$

Justification: Describe the need and include an adequate justification of each cost that was estimated.

G. Client Costs: Includes costs which benefit participants. Includes tangible items provided to participants in connection with grant objectives and measureable outcomes. (e.g., food costs, gift cards, giveaways, stipends.)

Budget Request

Item(s)	Rate	Cost
1.		\$
2.		\$
3.		\$
4.		\$
	TOTAL	\$

Justification: Describe the need and include an adequate justification of each cost that was estimated.

H. Communications: Includes telephone, mobile phone, internet, data usage, postage, printing, and photocopying.

Budget Request

Item(s)	Rate	Cost
1.		\$
2.		\$
3.		\$
4.		\$
	TOTAL	\$

Justification: Describe the need and include an adequate justification of each cost that was estimated.

G. Other Direct Costs: Expenses not covered in any of the previous budget categories.

Item	Rate	Cost
1.		\$
2.		\$
3.		\$
	TOTAL	\$

Justification: Break down costs into cost/unit. Explain the use of each item requested.

H. Indirect Cost Rate: Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of your organization and the conduct of activities it performs. Typical indirect costs include accounting and insurance. Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Percentage	Budget Category	Amount	Total
%		\$	\$

Justification: Explain the need for each of your indirect costs.

Budget Summary

CATEGORY	BUDGET REQUEST
Personnel	\$
Fringe	\$
Consultant/Experts	\$
Occupancy	\$
Travel & Transportation	\$
Supplies & Minor Equipment	\$
Client Costs	\$
Communications	\$
Other Direct Costs	\$
SUBTOTAL DIRECT COSTS	\$
Indirect Costs	\$
TOTAL PROJECT COSTS	\$

ATTACHMENT I

DBH RECEIPT

RFA Title: District of Columbia Opioid Response (DCOR) Grant Opportunities

RFA No. RM0 DCOR 080219

Competition # (check one per application)

	Competition #1: Hospital OUD Crisis Beds
	Competition#2: Hospital Inpatient Peer Support
	Competition #3: Peer Follow Up for OUD Discharges
	Competition #4: OUD Street Outreach
	Competition #5: DCOR Prevention

ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE OF THE ORIGINAL APPLICATION

THE DC DEPARTMENT OF BEHAVIORAL HEALTH IS IN RECEIPT OF:

CONTACT NAME

ORGANIZATION NAME

ADDRESS, CITY, STATE, ZIP CODE

PROJECT NAME

BUDGET AMOUNT

DBH USE ONLY:

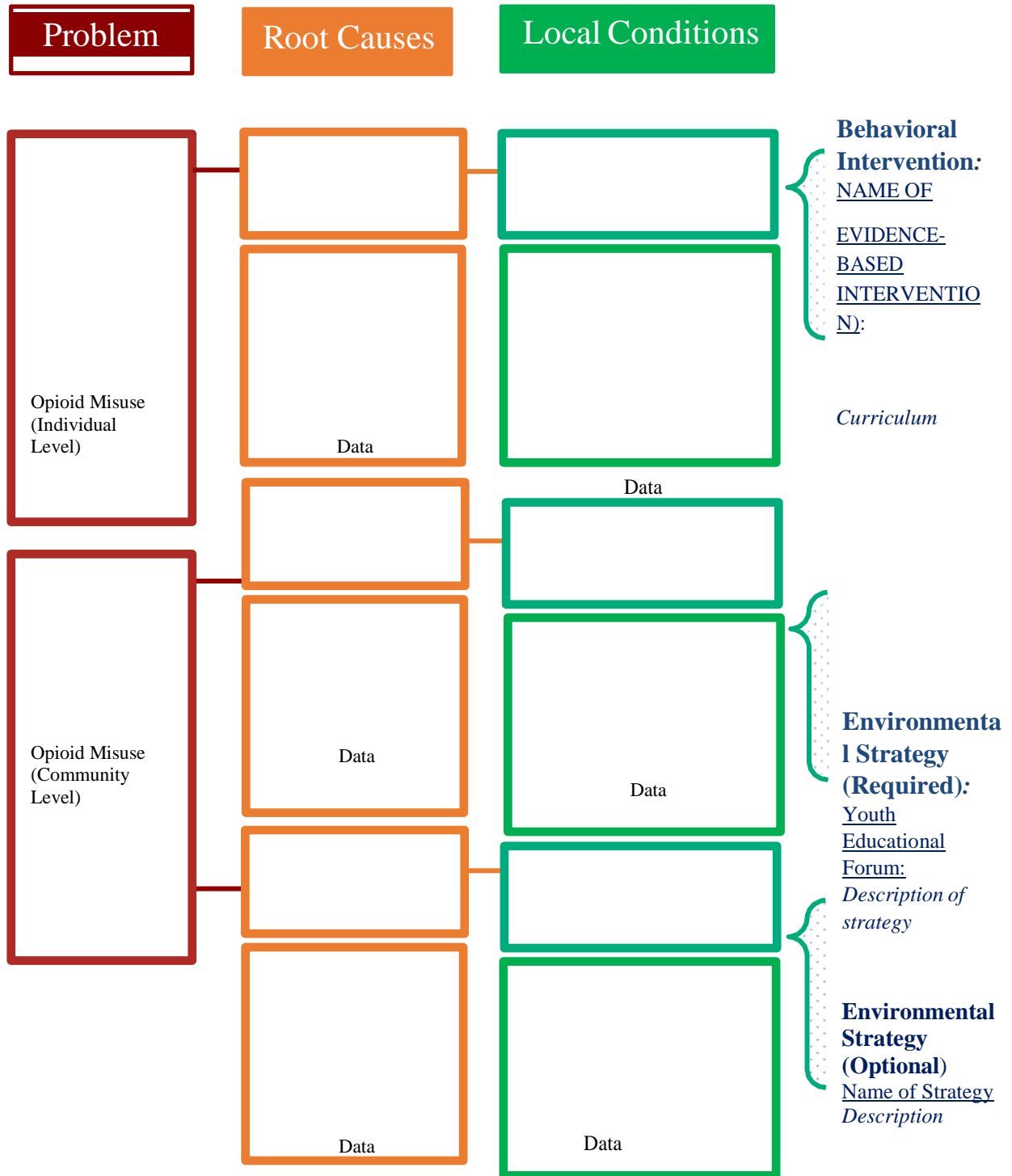
Please Indicate Time: _____

ORIGINAL and _____ COPIES

RECEIVED ON THIS DATE _____ / _____ /2019

Received By: _____

CONCEPTUAL FRAMEWORK, *ORGANIZATION NAME*



ATTACHMENT K

PREVENTIVE INTERVENTIONS AND ENVIRONMENTAL STRATEGIES Evidence-based Practices, Policies, and Programs (EBPPP) for DC State Opioid Response (DCOR) Grant			
Selections need to address youth and young adults ages 12 to 25, targets opioid misuse, and be adapted in a community setting as part of a comprehensive work plan.			
Name	IOM Category	Brief Description	
Community-Based EBPPPs for Youth and Families			
LIFESKILLS + required module for Prescription Drug Prevention	Universal - Direct	Students gain skills to meet personal challenges such as overcoming shyness, communicating clearly, building relationships, and avoiding violence in social competency. Finally, students build effective defenses against pressures to use tobacco, alcohol, and other drugs. The booster session on prescription drugs addresses the opioid epidemic in our country. Prescription Drug Prevention module is required by DBH with this curriculum. LIFESKILLS curriculum developers can assist with adaptations for age of participants, if applicable.	Website: www.lifeskillstraining.com
Too Good for Drugs	Universal - Direct	Skill development is at the core of Too Good for Drugs, a universal prevention program designed to mitigate the risk factors and enhance protective factors related to alcohol, tobacco, and other drug (ATOD) use. The program introduces and develops social and emotional skills for making healthy choices, building positive friendships, communicating effectively, and resisting peer pressure. Too Good for Drugs teaches five essential social and emotional learning skills, which research has linked with healthy development and academic success.	Website: www.toogoodprograms.org
Name	IOM Category	Brief Description	
DBH Required Community-Level Environmental Strategy			
Youth Educational Forum – Ward level	Universal - Indirect	Community-organizing educational youth forum program designed to reduce youth and young adults' (12 to 25 years of age) access to opioids by talking about changing community policies and practices. Youth Educational Forum – Ward level may be one day or occur across multiple days. This event/series of events is <i>strongly suggested</i> to take place during the week of 'National Prevention Week' between Sunday, May 12, 2019 and Saturday, May 18, 2019, but may occur any time during the grant period, once approved in the work plan.	

DBH <i>Optional</i> Community-Level Environmental Strategies			
Public Education	Universal - Indirect	Strategy designed to increase the public’s knowledge and awareness of opioid misuse and specific local conditions which characterize why youth are engaging in this risky health behavior. Public education campaigns may combine public service announcements (PSAs) on television, radio, or online with billboards and posters. Familiar public education slogans include “Friends don’t let friends drive drunk” and “A mind is a terrible thing to waste.” (source: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches)	
Social Marketing Campaign	Universal - Indirect	Strategy which uses” advertising principles to change social norms and promote healthy behaviors. Like public education, social marketing uses multiple media channels to message targeted groups of individuals. However, social marketing campaigns do more than provide information. They try to persuade people to adopt a new behavior by showing them the benefit they’ll gain by doing so.” (source: https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-approaches)	
Photovoice Implementation and Exhibition	Universal - Indirect	Program trained by national organization CADCA and their certified trainers; Photovoice course teaches photography and caption writing as a means for advocacy and data collection for promising outcomes regarding opioid misuse prevention. Photovoice projects completed regarding alcohol, tobacco and other drugs (ATOD) have successes in creating community changes, both nationwide and in DC when implemented and exhibited to key populations of youth and adults. Both the photography and captioning in conjunction with exhibiting in key locations is a two-part approach to an effective environmental strategy.	
<i>Supplementary Additional Materials from Federal Drug Enforcement Administration (DEA) Operation Prevention</i>	Universal - Direct	The Drug Enforcement Administration (DEA) has joined forces with Discovery Education to create a comprehensive, free program to combat opioid misuse. This resource contains Virtual Field Trips, Parent Resources, English & Spanish language standards aligned K-12 tools, and a national peer- to-peer video challenge. Any supplemental materials may be used to support environmental strategy efforts to address local conditions for why/how opioid misuse is occurring in a DC specific ward.	Website: www.operationprevention.com

ATTACHMENT L

DIAGRAM A:

Opioid Misuse - Root Causes	
Problem	Root Causes (Risk Factors) – Prescription Drug Misuse
Opioid Misuse among youth and young adults between the ages of 12 to 25	Past Prescription Drug Misuse <ul style="list-style-type: none"> 15.4% of high school students took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it and among those high school youth: <ul style="list-style-type: none"> 16.7% – male students 12.9% – female students
	Prescription opioids can be used medically when prescribed following an injury, or for certain health conditions or procedures. Opioids as prescription medication carry serious risks of substance use misuse, substance use addiction and overdose, especially with prolonged use.
	Root Causes (Risk Factors) – Heroin
	Lifetime Past Heroin Use <ul style="list-style-type: none"> 5.3% of high school students report ever using heroin (also called “smack”, “junk,” or “China White”) and among those high school youth: <ul style="list-style-type: none"> 6.4% – male students 3.2% – female students
	Perceived Risk of Taking Heroin <ul style="list-style-type: none"> 65.6% of District youth ages 12 to 17 perceived a great risk of trying heroin once or twice 77.5% of District young adults ages 18 to 25 perceived a great risk of trying heroin once or twice
Opioid Misuse – Consequences	
Age-Specific Consequences	
Poisonings, specifically poisoning due to opioids <ul style="list-style-type: none"> 24 count – opiate poisonings among people between the ages of 12 to 25 	
Pain Reliever Use Disorder <ul style="list-style-type: none"> 0.45% of District youth ages 12 to 17 received a diagnosis for pain reliever disorder in the past year 0.68% of District youth ages 18 to 25 received a diagnosis for pain reliever disorder in the past year 	
Non-Age Specific Consequences	
DC Metropolitan Police Department (DC MPD) arrests in the District <ul style="list-style-type: none"> 605 drug related arrests relating to heroin, according to most recent year available. 	
The DC Office of the Chief Medical Examiner (OCME) investigated a total of 7,452 deaths due to the use of opioids from January 1, 2014 through March 31, 2018 in the District. Specifically, there were 83 deaths due to opioids in 2014, 114 in 2015, 231 deaths in 2016, and 279 deaths in 2017, respectively. This report examines the presence of opioids (heroin, fentanyl, fentanyl analogs, morphine, prescription opioids and the general category of opiates) in deaths observed at OCME. <ul style="list-style-type: none"> 279 overdose deaths that involved the use of opioids, the most recent year available. 	