



RFA Number: RMO DCOR 080919

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

Pre-Application Conference Frequently Asked Questions (FAQ)

Held on: August 9, 2019 from 12:00 PM – 5:00 PM

**General Questions**

<b>Question</b>	Is the funding from the DC Opioid Response (DCOR) Grant coming from State Opioid Response (SOR); are they one in the same or different? Need to know as one of the RFAs states the provider cannot receive more than one award from the DC Opioid Response Grant.
<b>Response</b>	The DCOR grants offered by the Department of Behavior Health are funded through the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Competition #5 (DC Prevention Ward 3) in the RFA states that in order to be eligible for this competition, the applicant must have “not received another <b>DC Opioid Response Prevention Grant.</b> ” This refers to any of the Ward-specific DCOR prevention grants that have been awarded. These specific grants focused on conducting opioid use prevention activities among youth ages 12-25. Therefore if you have already received a DCOR Prevention Grant then you cannot apply for Competition #5. Having any other DCOR-funded grant, does not prevent you from applying to any of the competitions.
<b>Question</b>	Does this statement apply to all competitions: “Combined cost of <b>Personnel and Consultants may not exceed 20%</b> of the total budget?”
<b>Response</b>	No. The statement only applies to Competition #5 (DC Prevention Ward 3). During the Pre-application Conference this statement was found on a “Helpful Tips” slide displayed after each competition. This statement was



	erroneously applied to other competitions (i.e., Competitions #1-4) as a consequence and has been changed in the version posted on DBH’s website.
<b>Question</b>	Do you have to wait until August 30 to submit the application?
<b>Response</b>	No. You may submit application prior to the due date. Please call Jacqueline Murphy at 202-727-9479 to coordinate.

**Questions for Competition #1: Hospital Crisis Stabilization for Individuals with OUD (Hospital OUD Crisis Beds)**

<b>Question</b>	Will a list be provided of authorized agents to assist with reaching out to all hospitals to streamline/meet RFA submission requirements?
<b>Response</b>	Applicants can reach out to the DC Hospital Association (DCHA) to obtain a list of contacts for each hospital.
<b>Question</b>	Is the indirect cost 10%?
<b>Response</b>	Yes.
<b>Question</b>	Does the \$480,000 that will be awarded have to be split evenly (\$160,000)?
<b>Response</b>	DBH will issue up to three awards. The maximum amount of any award will be \$160,000.



## Questions for Competition #2: Hospital Inpatient Peer Support

<b>Question</b>	What are the seven (7) local acute care hospitals in DC?
<b>Response</b>	<p>George Washington University Hospital          Howard University Hospital          MedStar Georgetown University Hospital          MedStar Washington Hospital Center          Psychiatric Institute of Washington          Sibley Memorial Hospital          United Medical Center</p>
<b>Question</b>	What if the hospital is for profit?
<b>Response</b>	The applicant organization must be not for profit. This requirement does not apply to the hospital within which the program would operate.
<b>Question</b>	The RFA states that two peers should be hired per hospital. However, some hospitals may need more peers and others may need less than two. Is two peers per hospital mandatory?
<b>Response</b>	Yes. The RFA states that two peers should be placed at participating hospitals. If the applicant has data to support a need for a different number of peers at each hospital, they may propose a different staffing model. Importantly, applicants need to ensure they propose a staffing plan that meets the hours of operations required in the RFA: seven days a week.
<b>Question</b>	What role does the DC Public Health Laboratory (DC PHL) have in providing laboratory testing as a supporting capability under Competitions 2 and 4?



<b>Response</b>	For the purposes of these competitions, providing laboratory testing does not support any scoring criteria listed in the RFA.
<b>Question</b>	Will we be able to coordinate linkages to other types of programs not listed in the RFA (i.e., programs such as abstinence-based criminal justice programs)?
<b>Response</b>	Applicants may propose providing linkages to a variety of treatment and recovery programs. Individuals with substance use disorder (SUD), which includes opioid use disorder (OUD), living in the district have the freedom to choose to participate in any evidence-based treatment program that is available.
<b>Question</b>	Will you be providing a list of everyone who attended today's Pre-application Conference?
	No.
<b>Question</b>	When will the questions be emailed or posted?
<b>Response</b>	Every Friday after the pre-application conference until the deadline (August 30, 2019), the frequently asked questions (FAQs) will be posted to DBH's website at <a href="https://dbh.dc.gov/page/request-applications-07">https://dbh.dc.gov/page/request-applications-07</a> .

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

<b>Question</b>	All that you are presenting, can this be retrieved on the Internet?
<b>Response</b>	Yes. The PowerPoint presentation in addition to any other documents pertaining to this RFA, can be found on DBH's website here: <a href="https://dbh.dc.gov/page/request-applications-07">https://dbh.dc.gov/page/request-applications-07</a> .



<b>Question</b>	If you partner with a for-profit organization can you still use their history as background experience of the applicant?
<b>Response</b>	Yes. While the RFA states that the applicant must be a not-for-profit, 501 (c)(3) organization, applicants can partner with other organizations (for- profit or not) and include their experience in the application. Proof of a formal relationship must be included with the application (e.g., letter of commitment, memorandum of understanding) to show their proposed role in this project and evidence of their proposed participation.
<b>Question</b>	Why are we excluding those that have overdosed from receiving services?
<b>Response</b>	Currently, programs exist to address the follow-up consultation needs of opioid overdose survivors.
<b>Question</b>	Can you put out a workflow for peer support workers (peers) in the hospital?
<b>Response</b>	Yes. DBH will make a workflow available by August 23.
<b>Question</b>	What hospitals currently have an Emergency Department Medication-Assisted Treatment (ED MAT) Induction Program?
<b>Response</b>	George Washington University Hospital (in planning phase) Howard University Hospital MedStar Washington Hospital Center United Medical Center



## Questions for Competition #4 Street Outreach to Individuals with an Opioid Disorder (OUD Street Outreach)

<b>Question</b>	If we just target people with opioid use disorder, will we miss providing services to helping other individuals with SUD that overdose when mixing their drug of choice with fentanyl (e.g., synthetic cannabinoids)?
<b>Response</b>	Awardees should be providing outreach services to the entire cluster. If non-OUD individuals are identified they should be connected to other providers to can deliver services and supports.
<b>Question</b>	How should individuals experiencing homeless be screened for OUD? Does it require a licensed clinician?
<b>Response</b>	DBH will provide awardees with an OUD screening tool that does not require a licensed clinician.
<b>Question</b>	When doing a warm handoff, will the client be expected to be connected physically to other teams and outreach providers?
<b>Response</b>	Yes, warm handoff means that referrals and connections made to other service providers and outreach teams should be in person. The DHS teams and DBH CRT unit, are not fully established yet. However, once all teams and units are established, the DCOR outreach grantees will participate in meetings with the other citywide teams to formalize a strategy for how these handoffs will occur. For the purposes of this application, the applicant should include warm handoffs as a fundamental part of their outreach strategy.
<b>Question</b>	What do the numbers on the cluster chart represent?
<b>Response</b>	The numbers represent the specific census tract area in each geographic cluster. For review, please see pages 7 and 62 in the District of Columbia Department of Human Services Family Services Administration (FSA) RFA Fiscal Year 2020 Street Outreach Services Network (RFA #JA-FSA-SO-001-20). <sup>1</sup>

<sup>1</sup> <https://opgs.dc.gov/publication/fy-2020-comprehensive-street-outreach-network>



<b>Question</b>	Do I have to be able to provide a bed for individuals experiencing homelessness?
<b>Response</b>	No. It is not a requirement that applicants be able to provide these services. However, applicants may propose to do so.
<b>Question</b>	What is the process for working with someone who has an OUD and is experiencing homelessness?
<b>Response</b>	<p>The process can be found on page 61 of the RFA. After an individual screens positive for OUD the text states:</p> <ul style="list-style-type: none"> <li>• Provide referral, enrollment, and engagement in MAT;</li> <li>• Provide linkages to RSS;</li> <li>• Provide assistance with the District’s Coordinated Entry Process (coordinated assessment and housing placement);</li> <li>• Provide linkages to supported employment services;</li> <li>• Provide linkages to peer support services;</li> <li>• Provide housing services; and</li> <li>• Provide support for benefits, eligibility, and enrollment for SSI/SSDI, health insurance and other benefits.</li> </ul> <p>The applicant must describe HOW these steps will be implemented.</p>
<b>Question</b>	Will DBH provide a list of new services and supports available in the District for individuals with OUD?
<b>Response</b>	Once all grants are awarded all provider information will be shared publically.
<b>Question</b>	Do we cover returning citizens, individuals who identify as LGBTQ, and/or immigrant populations with OUD outside of our designated geographic cluster?
<b>Response</b>	No. However, DBH encourages applicants to describe how they will outreach to all the special populations in their cluster.



<b>Question</b>	For individuals that do not identify as experiencing homelessness, are we referring to an SUD provider?
<b>Response</b>	These individuals should be referred to DBH CRT or an Assessment and Referral site in the District.
<b>Question</b>	The RFA speaks to five different staff positions on the outreach team. Does it have to be 1.0 FTE?
<b>Response</b>	No. However, the applicant needs to have staff that can perform all of the functions of the five positions within the designated geographic cluster, seven days a week.
<b>Question</b>	Are we able to apply for an award below \$485,000?
<b>Response</b>	Yes. The applicant needs to speak to how they can implement a comprehensive program that provides, outreach, assessment and referral services to the target populations. The number of staff, what their duties are and how this will be budgeted is to be determined by the applicant. The amount of funds to be budgeted are \$485,000 or less. DBH is looking for a model that the applicant feels would be the most effective at meeting all deliverables in the designated cluster. Further, applicants are welcome to partner with other organizations to meet the deliverables.
<b>Question</b>	Do multiple grantees to work in one cluster? The RFA did not specify.
<b>Response</b>	Each grant application should describe the applicant's strategy for working in their designated geographic cluster. One grantee will be chosen per cluster.
<b>Question</b>	Do we have to have coverage 24 hours a day, seven days a week?
<b>Response</b>	The applicant is only required to describe coverage seven days a week. The applicant may designate their own hours of operation and justify how these hours will allow them to best meet the goals of this RFA.





<b>Question</b>	The RFA noted grantees must have two years of experience with the homeless management information system (HMIS). What if they do not?
<b>Response</b>	If providers cannot demonstrate direct experience with HMIS, they should partner with an entity that fulfills this requirement.

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

<b>Question</b>	Who will be evaluating the applications for this RFA?
<b>Response</b>	Review panels are organized internally by DBH staff. Subject matter experts from both the public and private sector participate on review panels.
<b>Question</b>	Will is grant be renewed for future years?
<b>Response</b>	For all competitions, funding continuation is contingent on documented project success and availability of funding. Currently, all SOR funding is scheduled to end in 2020.
<b>Question</b>	What is the process for choosing the evidence-based programs (EBP)?
<b>Response</b>	The EBPs that will be implemented in this competition are the applicant's choice of either LifeSkills or Too Good for Drugs. These programs were chosen due their stated outcomes, which are in line with opioid and substance use prevention outcomes that DBH seeks to achieve among youth ages 12-25.
<b>Question</b>	If people submit the application, and there are not any good applicants, is no one awarded?
<b>Response</b>	Yes. If no applicant has a qualifying score then no award will be made.