

District of Columbia Department of Behavioral Health (DBH)

Pre-Application Conference



RFA Number: RM0 DCEA082622

RFA Title: District of Columbia Opioid Response 3 (DCOR3) Grant Opportunity: Expanding Access and Retention in Care for Opioid and/or Stimulant Use Disorder Treatment

Friday, September 2nd, 10:00 AM ET



Send us your contact information!

Please email Anthony.crist@dc.gov with your name, preferred email address, and phone number.



Application Opportunity

Expanding Access and Retention in Care for Opioid and/or Stimulant Use Disorder Treatment

**Application Deadline:
Monday, September 26, 2022
3:00 P.M. ET**



Amount of Funding and Grant Awards (p. 10)

Application Opportunity: Expanding Access and Retention in Care for Opioid Use Disorder and/or Stimulant Use Disorder Treatment (also known as Expanded Treatment and Engagement):

This RFA will make available up to \$1,500,000 for up to 7 awards over 1 base year, with 4 option years. Each individual grant budget should not exceed \$250,000.



Background (p. 11)

- The State Opioid Response Grant is focused on increasing access to MOUD, reducing unmet treatment needs, and reducing opioid overdose-related deaths in the District of Columbia through the provision of prevention, treatment, and RSS to individuals with OUD and STUD. 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 and STUD.
- MOUD – buprenorphine, naltrexone, and methadone - are safe, effective, and can help improve patients' health and wellness. These medications have been proven to reduce cravings, returns to use, and overdose. Further, continued treatment enrollment in MOUD is associated with improved health, physical functioning, and quality of life, and reduced rates of mortality and utilization of high-intensity services. However, individuals may face barriers to accessing and continuing in MOUD treatment. A variety of factors may influence patient engagement, including transportation and childcare needs; housing stability; criminal justice involvement; employment status and quality of work environment; close/ongoing relationships with individuals with substance use disorders; sexual orientation, identity, and history; and safety of the home environment. Fragmented systems of care, stigma, and logistical challenges associated with MOUD prescribing may present additional barriers to patient engagement with MOUD.



Purpose (pg. 12)

- This competition will address LLDC 2.0 Treatment Strategy TR.2, "Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being" and Treatment Strategy TR.8, "Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OD.""
- The purpose of this initiative is to implement strategies that reduce barriers to accessing treatment for prospective patients with OUD or STUD, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. By addressing patients' connection to care, this grant effort will seek to further reduce behavioral health disparities within underserved communities and improve access to behavioral health care services.
- Grant funding is to support initiative start-up costs and other services that are not Medicaid-billable. This funding cannot be used to support any service provision that can be paid for by Medicaid.



Eligibility and Experience Requirements

All Applications:

1. Eligible applicants must have the ability to enter 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).

Application Opportunity – Expanding Access and Retention in Care for Opioid and/or Stimulant Use Disorder Treatment:

Eligibility Criteria (pg. 11)

Eligible entities that can apply for grant funds under this RFA are clinical office-based settings where primary care and OUD and/or STUD treatment is provided

Experience Criteria (pg. 12)

Applicants must meet the following criteria:

1. Demonstrated ability to submit timely programmatic, fiscal, and data reports as designated by grant agreements or other funding sources;
2. At least two (2) years' experience providing buprenorphine, naltrexone, or evidence based treatment for stimulant use disorder;
3. Demonstrated knowledge of the District's publicly-funded behavioral health system, including regulations and financing; and,
4. Demonstrated ability to start work within thirty (30) calendar days of award.



Target Population (p. 12)

- The target population is individuals in the District of Columbia with OUD/STUD. Specifically, this grant focuses on improving services for prospective OUD/STUD treatment patients and patients currently enrolled in an OUD/STUD treatment program.



Scope of Services (p. 13)

Services to be provided under Expanded Treatment include the following:

1. Develop eligibility criteria and assessment process for patient inclusion in programming.
2. Implement programming to promote MOUD and STUD treatment access, engagement, and/or retention. Strategies and interventions may include, but are not limited to:
 - a) Contingency management in a format that is compliant with current local and Federal regulations;
 - b) Coordination with other behavioral and physical health system partners;
 - c) Employment training or financial training;
 - d) Expanded clinic hours;
 - e) Facilitation of virtual communication or telehealth visits;
 - f) Family/social network engagement;
 - g) Health and wellness programming;
 - h) Mobile services (including screening, assessment, and induction onto medication);
 - i) Peer engagement;
 - j) Provision of bilingual/culturally responsive services;
 - k) Provision of child care;
 - l) Targeted or expanded outreach; and/or
 - m) Team-based/multi-disciplinary approaches.
3. Track recipients of services and record relevant outcomes.
4. Develop a sustainability plan that includes a description of how these grant funds will support start-up costs and facilitate the provision of Medicaid-billable services.



Data Collection and Reporting (p. 13)

Grantees will be required to collect, track, and report information on all grant activities, services provided, and individuals served.

- A. Monthly Reporting:** Grantee shall report on grant activities on a monthly basis in a form/format prescribed by DBH. Grantees must provide a monthly narrative report that includes the following:
- 1) Implementation progress to date;
 - 2) Discussion of any challenges to service delivery, including plans for addressing them;
 - 3) Any change in personnel supported by the grant in this service program;
 - 4) A thorough description of any waitlist for the service program, including the number of clients on the waitlist, the average length of time for clients on the waitlist and the longest period for any client currently on the waitlist;
 - 5) A discussion of the reasons for any significant under- or over-expenditure of funds budgeted relative to expected expenditure to date for any line item in the budget, along with a plan to address the under- or over-expenditure;
 - 6) Progress towards implementation of any corrective action plan that is open;
 - 7) A summary of quality assurance measures conducted on the delivery of services;
 - 8) Current contact information for each staff person supported by this agreement, including name, title, mailing address, email address and telephone number; and
 - 9) Request for technical assistance, if any.



Data Collection and Reporting, Cont. (p. 13)

Grantees will be required to collect, track, and report information monthly on services provided and individuals served, including, but not limited to the following data points:

- 1) Number of individuals actively enrolled in MOUD treatment services;
- 2) Number of newly enrolled individuals in MOUD treatment services in the month;
- 3) Number of individuals discharged from MOUD treatment services in the month;
- 4) Number of individuals who have stopped receiving MOUD treatment services;
- 5) before formal discharge ("lost-to-care") in the month;
- 6) Number of individuals newly lost to care in the month;
- 7) Number of lost-to-care individuals targeted for re-engagement in the month;
- 8) The number of attempted contacts with lost-to-care clients;
- 9) The number of successful contacts with lost-to-care clients;
- 10) The number of lost-to-care clients re-engaged in MOUD treatment.



Data Collection and Reporting, Cont. (p. 14)

B. Government Performance Results Act Data (GPRA) Collection: Grantee will collect GPRA data for all clients enrolled in SOR-funded services. GPRA will be collected at three stages of program involvement: Baseline/intake, follow up, and discharge.

- 1) **Baseline:** A baseline GPRA will be collected as soon as possible, after the client is officially enrolled in the program. The baseline GPRA interview should be conducted no later than three days after enrollment in residential programs and four days after enrollment in outpatient programs. Clients who participate in drop-in or outreach services do not need to participate in GPRA interviews and will not count toward an organization's GPRA goals.
- 2) **Follow Up:** A follow-up GPRA interview should be conducted within the follow-up window (see below). Efforts should be made to complete all follow-up interviews; however, the minimum expectation is 80% of program enrollment.
- 3) **Discharge:** A discharge GPRA should be completed for clients no longer participating in services; however, it is not required for clients discharged less than or equal to seven calendar days from the GPRA intake/baseline interview. A face-to-face GPRA discharge interview is not required.



Data Collection and Reporting, Cont.(p. 15)

GPRA Submission Deadline: All GPRA interviews must be submitted within five days of the interview date.

GPRA Communication: The SOR Data Coordinator will provide monthly notifications to providers regarding GPRA submissions (including intakes, follow-up, and discharge data). Providers must review this information monthly and notify the Data Coordinator of discrepancies within five business days of each notification.

C. Annual Reporting: On an annual basis, the grantee will be expected to provide summary data on the metrics listed above under programmatic reporting.

D. Evaluation: The grantee will also complete an evaluation plan. The evaluation plan may be developed in collaboration with DBH upon award.



Data Collection and Tracking (p. 15)

- A. Grantee will identify a point of contact for all data matters pertaining to the project, including GPRA collection.
 - 1) Grantee will designate a staff member responsible for GPRA data collection (obtaining GPRA intake goals and compliance with follow-up expectations).
- B. Grantees must be able to track the cost of clinical services billed and reimbursed.



Application Requirements



Project Narrative – Organizational Capacity (p. 15)

A. Organizational Capacity

Applicants should include the following information to highlight their experience and capacity:

1. Describe the mission and structure of the organization, and scope of current activities;
2. Describe relevant experience in providing primary care and OUD and/or STUD treatment for individuals;
3. Describe the staff who will work on this initiative, including staff responsible for GPRA compliance, and anyone who will be hired to run or provide oversight of the initiative;
4. Describe the record management systems in place to track patients and their outcomes;
5. Describe any past involvement in District-funded efforts or initiatives to provide care for the target population.



Project Narrative – Project Need (p. 15)

B. Project Need

Applicants should describe the need to implement strategies that reduce barriers to accessing treatment for prospective patients with OUD and/or STUD, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. Applicants should describe needs specific to the District of Columbia and cite data accordingly.



Project Narrative – Project Description (p. 15)

C. Project Description

Applicants should describe:

- 1) Clearly defined measurable goals, objectives, and anticipated outcomes, and tracking systems to manage them;
 - i. If pursuing contingency management (CM), the type of CM model and incentives offered, an explanation of the health outcome or target behavior, and a plan for monitoring its implementation.
- 2) Existing or planned relationships with any partners that will help deliver the services outlined in this RFA (*NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations*);
- 3) A timeline for implementation that clearly defines milestones, inclusive of startup.
- 4) A plan to reduce barriers to treatment entry for prospective patients;
- 5) A plan to identify and provide services to patients who have unexpectedly or prematurely discontinued treatment, or are at risk of doing so.
- 6) Clearly explain how proposed interventions expand resources, capacity, or practice beyond current clinic procedures and operations.
- 7) Describe any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and,
- 8) Describe the organization's plan to be fully operational within thirty (30) calendar days of the new grant agreement.



Project Narrative – Project Evaluation(p. 16)

D. Project Evaluation

The applicant must include clear, quantitative goals and objectives for the grant period and present a sound and feasible evaluation plan to assess those goals. The section should describe the applicant’s plan to evaluate the initiative. The description should include the proposed targets for the following key grant outcomes, at minimum:

- 1) Rates of retention in treatment;
- 2) Rates of re-engagement in treatment;
- 3) Rates of utilization of program services;

The grantee may propose additional outcome measures specific to their project, subject to DBH approval.



Project Narrative – Project Evaluation, Cont. (p. 16)

GPRA Collection/Project Evaluation

The applicant should outline the process measures and targets it will use to track services delivered under the grant. The section should describe the infrastructure that will support evaluation activities and GPRA data collection. The applicant should:

1. Document the number of GPRA intakes the grantee expects to complete, based on consumer enrollment.
2. Document the number of follow-up GPRAs the grantee projects to complete, based on consumer enrollment. The minimum expectation is 80% of enrollment.
3. Document the program activities that support collection of follow-up GPRAs.
4. Explain specific steps that will be taken to ensure compliance with the GPRA interview submission deadline.
5. Demonstrate the ability to ensure data submission is consistent for all reports (including GPRA, monthly reporting, and narratives).

Note: Data submission must be consistent across all forms of submission.



Project Attachments – Project Abstract (p. 16)

Project Abstract (up to 1 page)

A one-page project abstract is required (see Attachment B). Please provide a one-page abstract that is clear, accurate, concise, and without reference to other parts of the Project Narrative. The project abstract must be written on 8 ½ by 11 inch paper, 1.0 spaced, Arial or Times New Roman font using 12-point type (10 point font for tables and figures) with a minimum of one inch margins, limited to one page in length, and include the following sections (no template provided):

- I. **Project Description:** Briefly outline how the organization will implement the project in service of the goal and objectives.
- II. **Performance Metrics:** Outline the key outcome and process metrics and associated targets that will be used to assess grantee performance.



Project Attachments – Work Plan and Staffing Plan (p. 17)

Work Plan

The work plan template (**see Attachment C**) provided by DBH is required. The work plan describes key activities and tasks to successfully deliver the POC scope of services and aligns with the Project Description narrative under Application Requirements. The activities and tasks should be organized chronologically, and each should have an identified responsible staff, target completion date, and associated output.

Staffing Plan

The applicant's staff plan template (**see Attachment D**) provided by DBH is required. The staffing plan should describe staff duties, qualifications, and the percent of time to be spent on project activities, and whether the time will be charged to the grant. The plan should clearly indicate which staff positions will need to be hired. Staff CVs, resumes, and position descriptions shall be submitted and will not count towards the page limit. Staffing should include, at a minimum, the program director responsible for the oversight and day-to-day management of the proposed program; staff responsible for service delivery; staff responsible for monitoring programmatic activities and use of funds; and staff responsible for data collection, quality and reporting.



Project Attachments – Project Budget and Justification (p. 17)

The application should include a project budget (**see Attachment E**) with justification using the provided template. The project budget and budget justification should be directly aligned with the work plan and project description. All expenses should relate directly to achieving the key grant outcomes. All expenses should relate directly to achieving the key grant outcomes of expanding access to and improving retention and re-engagement in care for OUD/STUD treatment patients. The budget should reflect a 12-month budget prorated for 11 months-month period. Personnel charges must be based on actual, not budgeted labor. Salaries and other expenditures budgeted for in the grant must be for services that will occur during the 12-month budget prorated for 11-month grant period.

The following categories and descriptions should be covered in the Budget/Justification:

- i. Personnel:** Include the title of the position, name (or indicate vacancy), annual salary and level of effort (percentage of time) dedicated to this project.
- ii. Fringe:** Provide the position, name (or indicate vacancy), total fringe benefit rate used.
- iii. Travel:** Only local travel related to the (insert name of project/effort) and for the project staff will be approved in the grant budget. Provide purpose, destination, and type of travel.
- iv. Equipment:** Provide the item, quantity, amount, and percent charged to the grant.
- v. Supplies:** Include the items being requested and rate. Description should also include how the supplies directly support the project.
- vi. Contractual:** Provide the name of entity and identify whether it's a sub-recipient, contractor, consultant, or service. Also provide the entity's rate.
- vii. Other Direct Costs:** List any costs not included in any of the other cost categories.
- viii. Indirect Costs:** Indirect costs should not exceed 10% of direct costs, unless the organization has a negotiated indirect cost rate agreement. Please reference 45 CFR §75.414.
- ix. Program Income:** If the possibility of generating program income as a result of DBH funding exists, list source and amount as budget line items.



Project Attachments – Project Budget and Justification, Cont. (p. 17)

Restrictions

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

- 1) SOR 3 funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.
- 2) SOR 3 funds shall not be utilized for services that can be supported through other accessible sources of funding such as other federal discretionary and formula grant funds, e.g., HHS (CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale selfpay among others.
- 3) SOR 3 funds for treatment and recovery support services shall only be utilized to provide services to individuals with a diagnosis of an OUD and/or STUD or to individuals with a demonstrated history of opioid and/or stimulant overdose problems.
- 4) Sub-grantees are expected to report data as required in the Funding Opportunity Announcement and to fully participate in any SAMHSA-sponsored evaluation of this program. All required Government and Performance Results Act (GPRA) data for each client served must be provided to DBH within SAMHSA-specified timelines. The submission of these data is a requirement of funding and continued funding.
- 5) Sub-grantees are required to make use of the SAMHSA-funded Opioid Technical Assistance/Training (TA/T) resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers in your state who will render services to treat OUD in individuals seeking treatment and recovery services. Although workforce development is an allowable use of grant funds, SAMHSA expects that priority will be given to service provision and prevention activities. Recipients will be expected to utilize the training and education resources which SAMHSA provides at no cost to the grant.
- 6) Sub-grantees are required to track funding of activities by providers and be prepared to submit these data to DBH upon request.
- 7) Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.



Project Attachments – Project Budget and Justification, Cont. (p. 17)

Restrictions, Cont.

Per the terms of the grant award, receipt of funds is contingent upon the following terms:

- 8) Grant funds may not be used to pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- 9) Grant funds may not be used to pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- 10) Grant funds may not be used to provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- 11) Grant funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- 12) Pantry items are allowable for communal style, recovery house settings. Items must be within house and proportionately charged by residents in the house setting. Grant funds may not be used for externally prepared meals (i.e. take-out orders, in-restaurant dining.)



Project Attachments – Project Budget and Justification, Cont. (p. 19)

Applicant's indirect costs calculation

An Applicant may include its indirect costs in its budget calculation. (See the Nonprofit Fair Compensation Act of 2020, DC Act 23-565 [effective March 2021]) This may be done through use of a cost rate. In budget backup materials the Applicant should identify the basis for the calculation, addressing one of the following bases that District law permits it to choose:

- 1) Its current, unexpired, federal Negotiated Indirect Cost Rate Agreement (NICRA) rate, a negotiated rate with the federal government; OR
- 2) One of the following methods:
 - a. 10% of the grant's direct costs;
 - b. A new negotiated rate with DBH;
 - c. The same indirect rate that it has used with any District agency in the past 2 years; or
 - d. An independent Certified Public Account's (CPA) calculated rate using Federal Office of Management and Budget (OMB) guidelines

(The cited statute required DBH to provide for at least one of these listed methods. However, the statute excludes the following from the requirement: foundation; hospital; university; college.) If the Applicant proposes to use the services of a nonprofit subgrantee or contractor, it must propose to apply the same indirect cost rate to that entity's services. (See Attachment-1. General Terms & Conditions, Establishing and Managing Subgrant, #8). Federal rules always control for federal funding. For federal funding that passes through the District to the grantee, the indirect cost rate must be consistent with federal regulation 2 CFR 200.331 or its successor.



Project Attachments – Advances (pg. 19)

An applicant seeking an advance, must submit a completed Advance Payment Request form signed by the organization’s Chair of the Board of Directors and Executive Director, or equivalent positions. Applicants must detail the amount requested per budget category in the budget and justification (**see Attachment F**). No advance payment will be considered without prior official request and DBH approval.



Project Attachments - Letters of Agreement (pg. 20)

- Applicant should submit all letters of agreement, from other agencies and organizations that will be actively engaged in the proposed project (no template provided).



Project Attachments – Business License (pg. 20)

- The applicant must submit a current business license with Active Charitable Solicitation and Certificate of Occupancy issued by the District of Columbia Department of Consumer and Regulatory Affairs. If the applicant does not have a current license, a copy of the business license application and receipt filed before the due date of the grant application must be submitted.



Project Attachments – Certificate of Clean Hands (pg. 20)

- 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. Each applicant must submit a current Certificate of Clean Hands from the District of Columbia Office of Tax and Revenue (OTR). A Certificate of Clean Hands can be requested via OTR's online portal, <https://mytax.dc.gov/>. DBH requires that the submitted Certificate of Clean Hands reflect a date within a 60-day period immediately preceding the application's submission. Self-Certification and Certificates of Good Standing will not be accepted.



Project Attachments - IRS Tax-Exempt Determination Letter (for nonprofits only) (pg. 20)

- The applicant must submit the organization's determination or affirmation letter approving and/or confirming the tax-exempt status. Please see <https://www.irs.gov/charities-nonprofits/eo-operational-requirements-obtaining-copies-of-exemption-determination-letterfrom-irs> for more information. If the group has a supporting organization with an IRS tax exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.
- If there is no IRS tax exemption letter because the organization is a religious organization, then the applicant may submit the best evidence it can of its status. Examples of potential best evidence for this purpose include, but are not limited to (i) a letter from the leader of the organization verifying that the organization is a religious group; (ii) a letter from the group's board chair or similar official, verifying that the organization is a religious group; (iii) the applicant's most recently submitted state sales or other tax exemption form, if it exists (Form 164 in the District of Columbia); or (iv) the state's issued tax exemption certificate or card, if it exists. (See IRS publication no. 1828, Tax Guide for Churches and Religious Organizations).



Project Attachments - IRS 990 Form from most recent tax year (for nonprofits only) (pg. 20)

- The applicant should provide its most recent IRS Form 990 tax return from the most recent tax year. Please see <https://www.irs.gov/forms-pubs/about-form-990> for more information. If no return has yet been filed, the organization can submit its application for tax-exempt status.



Project Attachments - IRS W-9 Tax Form (pg. 20)

- If the applicant is not a current vendor (receiving funding) from the Department of Behavioral Health, the applicant must submit a completed W-9 form prepared for the U.S. Internal Revenue Service (IRS). The form can found at <https://www.irs.gov/pub/irspdf/fw9.pdf>



Project Attachments - Audited Financial Statements (pg. 21)

- If the applicant has undergone an audit or financial review, it must provide the most recent audited financial statements or reviews. If audited financial statements or reviews are not available, the applicant must provide the Organizational Budget, Income Statement (Profit and Loss Statement) and Certified 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 date of grant application.



Project Attachments - Separation of Duties Policy (pg. 21)

The applicant must state how the organization separates financial transactions and duties among people within the organization in order to prevent fraud or waste. This may be a statement that already exists as a formal policy of the organization, or the applicant may create the statement for purposes of the application. The applicant should state which of these situations apply.

This statement should:

- i. Describe how financial transactions are handled and recorded;
- ii. Provide the names and titles of personnel involved in handling money;
- iii. Identify how many signatures the financial institution(s) require on the organization's checks and withdrawal slips; and,
- iv. Address other limits on staff and board members' handling of the organization's money.



Project Attachments - Board of Directors (pg. 21)

- The applicant must submit a separate official list of the current board of directors. This document must be on applicant's letterhead, signed and dated by the certified official from the Board (not the Executive Director).



Project Attachments - Unique Entity Identifier (UEI) and Active SAM Registration (pg. 21)

Applicants must have a UEI and an active registration in the System of Award Management (www.sam.gov). To provide evidence of this registration as part of the application package, a copy of the applicant's SAM Entity Overview shall be submitted. If awarded funding, documentation of an active UEI is required.



Project Attachments – Partner Documents (pg. 21)

- If applicable, the applicant must submit the partnering organization’s Certificate of Clean Hands from the DC Office of Tax and Revenue (OTR) and documentation of the partner’s tax exempt status.



Project Attachments - Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation (pg. 21)

- The applicant must provide in writing the name of all its insurance carriers and type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, worker's compensation insurance carrier), fidelity bond holder (if applicable), and before execution of the grant award, a copy of the binder or cover sheet of the current policy for any policy that covers activities that might be undertaken in connection with performance of the grant award, showing the limits of coverage and endorsements.
- All policies, except the Worker's Compensation, Errors and Omissions, and Professional Liability policies that cover activities that might be undertaken in connection with the performance of the grant award 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 grant award. The applicant 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.



Evaluation Criteria



Application Scoring (pg. 22)

Indicators have been developed for each review criterion to assist the applicant in presenting pertinent information and to provide the reviewer with a standard for evaluation. The five review criteria are outlined below with specific detail and scoring points. These criteria are the basis upon which the reviewers will evaluate the application. The entire proposal will be considered during objective review.

- Criterion 1 – Capacity (Total of 20 Points)
- Criterion 2 – Need (Total of 10 Points)
- Criterion 3 – Strategic Approach (Total of 40 Points)
- Criterion 4 – Evaluation (Total of 20 Points)
- Criterion 5 – Project Budget and Justification (Total of 10 Points)



Criterion 1: Capacity (Corresponds to Organizational Capacity Section) – 20 points

1. Describes the mission and structure of the organization, and scope of current activities; (4)
2. Describes relevant experience in providing primary care and OUD and/or STUD treatment for individuals; (4)
3. Describes the staff who will work on this initiative, including GPRA compliance, and anyone who will be hired to run or provide oversight of the initiative; (4)
4. Describes the record management systems in place to track patients and their outcomes; (4)
5. Describes any past involvement in District-funded efforts or initiatives to provide care for the target population. (4)

Criterion 2: Need (Corresponds to Project Need Section) – 10 points

1. Describes the need to implement strategies that reduce barriers to accessing treatment for prospective patients with OUD and/or STUD, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. (5)
2. Describe needs specific to the District of Columbia and cites data accordingly. (5)



Evaluation Criteria Cont.(pg. 22)

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 40 points

1. Defines measurable goals, objectives, and anticipated outcomes, and tracking systems to manage them; (5)
 - a. If pursuing contingency management (CM), the type of CM model and incentives offered, an explanation of the health outcome or target behavior, and a plan for monitoring its implementation.
2. Describes existing or planned relationships with any partners that will help deliver the services outlined in this RFA (NOTE: letters of commitment are required from all key partners and these commitment letters will not count towards page limitations); (5)
3. Includes a timeline for implementation that clearly defines milestones, inclusive of startup; (5)
4. Includes a plan to reduce barriers to treatment entry for prospective patients; (5)
5. Includes a plan to identify and provide services to patients who have unexpectedly or prematurely discontinued treatment, or are at risk of doing so; (5)



Evaluation Criteria Cont.(pg. 22)

Criterion 3: Strategic Approach (Corresponds to Project Description Section) – 40 points

6. Explains how proposed interventions expand resources, capacity, or practice beyond current clinic procedures and operations; (5)
7. Describes any potential challenges and contingency plans for addressing concerns related to circumstances that may arise; and, (5)
8. Describes the organization’s plan to be fully operational within thirty (30) calendar days of the new grant agreement. (5)



Evaluation Criteria Cont.(pg. 23)

Criterion 4: Evaluation (Corresponds to Project Evaluation Section) – 20 points

1. Describe the plan to obtain 80% compliance rate for follow-up GPRAs. The plan should include (10):
 - a) The steps that will be taken to conduct follow-up interviews (including a timeline).
 - b) Projected difficulties in meeting GPRA-related expectations.
 - c) A plan to address the difficulties outlined above, with a focus on follow-up interviews.
2. Demonstrate the ability to ensure consistency across all data submission requirements. Specify the plan to ensure GPRA data aligns in monthly reporting requirements and narratives. (5)
3. Includes clear, quantitative goals and objectives for the grant period. (2)
4. Presents a sound and feasible evaluation plan to assess those goals and includes proposed targets for the following key grant outcomes, at minimum: (3)
 - a) Rates of retention in treatment;
 - b) Rates of re-engagement in treatment;
 - c) Rates of utilization of program services;



Criterion 5: Project Budget and Justification (p. 23)

Criterion 5: Project Budget and Justification – 10 points

1. Provides a budget and budget narrative justification of the items included in their proposed budget (2)
2. Budget costs are reasonable and allocable to proposed activities (8)



Application Package (pg. 24)

The following attachments are not included in the 11 pages limit:

- A. Notice of Eligibility and Experience Requirements (Attachment A)
- B. BDBH Application Profile (Attachment B)
- C. Table of Contents – Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- D. Work Plan (Attachment C)
- E. Staffing Plan (Attachment D)
- F. Project Budget and Justification (Attachment E)
- G. Advance Payment Request Form (Attachment F)
- H. Letters of Agreement
- I. Business License
- J. Certificate of Clean Hands
- K. IRS Tax-Exempt Determination Letter (for nonprofits only)
- L. IRS 990 Form from most recent tax year (for nonprofits only)
- M. IRS W-9 Form, if applicable
- N. Audited Financial Statements
- O. Separation of Duties Policy
- P. Board of Directors
- Q. Active UEI Number (Unique Entity ID via System for Award Management (SAM))
- R. Partner Document(s) (if applicable)
- S. Proof of Insurance for Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation.



Application Package, Cont. (pg. 24)

The following attachments are not included in the 11 pages limit:

- T. General Terms and Conditions (Attachment 1)
- U. Assurances, Certifications & Disclosure (Attachment 2)
- V. Program Income and Financial Disclosure (Attachment 3)
- W. DC Contribution and Solicitation Certification (Attachment 4)
- X. Federal Assurances and Certifications (Attachment 5)
- Y. Special Terms of Award Funding (Attachment 6)
- Z. DC Tax Certification (Attachment 7)
- AA. Sub-Grantee Single Audit Certification (Attachment 8)
- BB. DBH Grant Terms and Conditions (Attachment 9)

The following attachments are included in the Eleven (11) pages limit:

- A. Project Abstract – 1 page (found in Attachment B)
- B. Project Narrative – 10 pages



Application Submission and Deadline (p. 25)

Applications Due: Monday, September 26, 2022, and must be submitted no later than 3:00 P.M. ET

- Applications must only be emailed to the DBH Grants Inbox, (DBH.Grants@dc.gov). Each email must be clearly labeled in the “Subject” line with the organization’s name, DBH RFA number, and competition name where applicable. Next, as the 1st line of the email, the project’s name, selected geographic designation, and File number attached shall be listed. No other information or questions should be included in the application submission emails.



Helpful Tips

- Please use the **RFA Checklist** (pg. 8).
- Make sure to follow all the instructions in the RFA.
- Adhere to Application Requirements
 - Include Required Documentation, pg. 8
 - Attachments 1-9
(Completed and/or Signed)
 - Include Current Business License
 - Number all pages in your application



Helpful Tips

Use the **RFA Budget & Budget Narrative** (Attachment E) to prepare a line-item budget with your proposed costs.

- Budget Period: **DATE**
- Total Budget: **AMOUNT**
- **Include breakdown in detail for Other Direct Cost.**
- **10% is the maximum allowable Indirect Cost/Overhead.**
- If you have a **Negotiated Indirect Cost Rate Agreement (NICRA)** with the Federal Government, include a copy with your budget.



Questions



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