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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| On Michigan Department of Health and Human Services  Bureau of Grants and Purchasing  GRANT REQUEST FOR PROPOSAL (RFP) | | | | | | | | | | | | | | |
| Total Available | | $1,300,000 | | | | Estimated Number of Awards | | | | 6 | RFP Number: | | OPSSC-2021 | |
| Maximum Award: | | $200,000 | | | | Minimum Award | | | $100,000 | | Department Bureau: | | MDHHS Health and Wellness | |
| Application Due Date: | | | | | Tuesday, May 19, 2020, at 3:00 p.m. | | | | | | Funding Source | | | Federal Funds |
|  | | | | |  | | | | | | CFDA#: | 93.136 | | |
| Anticipated Begin and End Dates: | | | | | | | October 1, 2020 | | | | through | September 30, 2021 | | |
|  | | | | | | | | | | | | | | |
| Proposal Submission | | | | | | | | | | | | | | |
| To gain access to the application and complete entry and submission, a step-by-step instruction manual is available for your use. Visit the MI E-Grants website at <http://egrams-mi.com/mdhhs>, and click the link “About EGrAMS” on the left-side panel to access the manual. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Geographic Area: | | | | State of Michigan *(Always identify counties.)* | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Title: | Overdose Prevention Safer Systems of Care - 2021 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Disqualifying Criteria: | | | | | | | | | | | | | | |
| The applicant will be disqualified and the application will not be reviewed if there is failure to:   * Submit a complete application, and a completed 12-month budget if required in the RFP, to the EGrAMS website on or before the bid closing date and time specified. * Stay at or below the maximum award amount per agreement year, if provided.   Applications from applicants who are current state of Michigan employees are also disqualified and will not be reviewed. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Pre-Application Conference: | | | | | | | | | | | | | | |
| A pre-application conference call and webinar will be held to provide instruction on using the MI E-Grants system. The pre-application conference will be held on Tuesday, April 14, 2020, beginning at 10:00 a.m. It will last approximately 90 minutes. Please call 1-877-820-7831, passcode 536541 to join the call. A simultaneous webinar will be held. The webinar can be accessed at <https://bit.ly/39tITyg>. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Additional Information (e.g., applicant eligibility criteria): | | | | | | | | | | | | | | |
| Eligibility Criteria: This RFP is open to local public health departments, tribal agencies, local units of government, non-profit organizations, faith-based organizations, or other local entities that can enhance or develop a community based post overdose safer system of care to prevent drug overdoses.  Funding Period: Successful applicants may be awarded funding in a future award period that begins October 1, 2021 and ends August 31, 2022, subject to funding availability and acceptable performance. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Authority:**  **Completion:**  **Penalty:** | | | P.A. 2080 of 1939.  Mandatory.  Agreement Invalid | | | | | The Michigan Department of Health & Human Services (MDHHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a MDHHS office in your area. | | | | | | |

**Table of Contents**

This Request for Proposal (RFP) provides interested applicants with enough information to prepare and submit applications for consideration by the Michigan Department of Health and Human Services (MDHHS) and contains the following sections:

Section I Request for Proposal Policy

Section II Grant Program Specifications

Section III Evaluation Criteria

**Section I**

**REQUEST FOR PROPOSAL POLICY**

1. RFP Timeline and Deadlines

|  |  |
| --- | --- |
| Pre-application conference | April 14, 2020 |
| Deadline for submitting questions regarding the grant application | April 16, 2020 |
| Q & A Posted on MI E-Grants | April 21, 2020 |
| Agency EGrAMS registration, agency profile and project director request deadline to gain access to Application | May 12, 2020 |
| Last day to request EGrAMS technical assistance | May 18, 2020 |
| Grant application deadline | May 19, 2020, at 3:00 p.m. |
| Notification of Award/Denial | July 1, 2020 |
| Grants Awarded modification deadline | July 15, 2020 |

1. Application and Submission Information
2. Application Guide

Applicants are responsible for reading and complying with this RFP and Competitive Application Instructions**,** which can be found by visiting the MI E-Grants website at <http://egrams-mi.com/mdhhs> under ‘About EGrAMS’.

1. EGrAMS Registration

Applicants are responsible to visit the EGrAMS websites to create a user profile and submit a Project Director Request.

1. Registering an agency and creating a user profile through the EGrAMS PORTAL at <http://egrams-mi.com/portal>.
   * Applicants **NEW** to EGrAMS must register their agency on or before May 12, 2020, (enter the month, date, and year) by going to the EGrAMS portal website.
     1. Applicants must also have a DUNS number.
   * Applicants **NEW** to EGrAMS are required to create a user profile by going to the EGrAMS portal website.
2. Submitting a Project Director Request through the [MI E-Grants website](http://egrams-mi.com/mdhhs).
   * **ALL** applicants are required to submit a Project Director Request on or before May 12, 2020, (enter the month, date, and year).
   * Requests will be processed within two business days.
3. Application Submission

Only one application will be accepted from each applicant. The application and any related materials and attachments must be submitted by the applicant’s Authorized Official electronically using the [MI E-Grants website](http://egrams-mi.com/mdhhs). For technical assistance when entering the application, contact the MI E-Grants Helpdesk at 517-335-3359. Technical assistance related to the submittal of the proposal and all attachments will not be available on the day of the proposal deadline. Responsibility for a complete submission lies with the applicant.

Applicants are encouraged to complete the grant application in advance of the grant application deadline to allow enough time to complete the application process and to receive technical assistance if necessary. The MI E-Grants system will not permit applicants to submit applications that contain validation errors. Applicants must correct all errors before the system will allow submission of the application. Failure to correct all errors is not justification for a deadline extension.

To gain access to the application and complete entry and submission, a step-by-step instruction manual is available for your use. Visit the [MI E-Grants website](http://egrams-mi.com/mdhhs) and click the link “About EGrAMS” on the left-side panel to access Grantee Competitive Application Instructions.

1. Pre-Application Conference – Optional

A pre-application conference call and webinar will be held to provide instruction on using the MI E-Grants system. The pre-application conference will be held on Tuesday, April 14, 2020, beginning at 10:00 a.m. It will last approximately 90 minutes. Please call 1-248-509-0316, passcode 65359857# to join the call. A simultaneous webinar will be held. The webinar can be accessed at <https://bit.ly/39tITyg>.

1. Questions/Inquiries

This solicitation is competitive; therefore, staff cannot have individual conversations with prospective applicants. Any questions concerning the content of this RFP must be sent via email to Rayla Brown at [BrownR32@michgan.gov](mailto:BrownR32@michgan.gov) by Thursday, April 16, 2020. Questions may be discussed verbally at the pre-application conference.

MDHHS will compile all relevant questions and answers and post these as well as any other clarifications or revisions to the initial RFP by Tuesday, April 21, 2020, on the [MI E-Grants website](http://egrams-mi.com/mdhhs).

Prevention Network of Michigan will be available to provide technical assistance with the Strategic Prevention Framework (SPF) tool. Any applicant interested in receiving technical assistance on the SPF tool, must contact Prevention Network of Michigan, Ken Dail at 517-393-6890 or toll free at 1-800-968-4968, [Kend@preventionnetwork.org](mailto:Kend@preventionnetwork.org), until May 12, 2020 at 3:00 p.m.

1. Incurring Costs

The State of Michigan is not liable for any cost incurred by the applicants prior to issuance of an agreement.

1. News Releases

News releases pertaining to this RFP on the service, study, or project to which it relates may not be made without prior MDHHS approval.

1. Disclosure of Proposal Contents

Proposals are subject to disclosure under the Michigan Freedom of Information Act (PA No. 442 of 1976).

1. Subcontracting

Subcontractors shall be subject to all conditions and provisions of any resulting agreement.

If subcontracting, the Grantee must obligate the subcontractors to maintain the confidentiality of MDHHS’ client information in conformance with state and federal requirements.

If portions of the services are being subcontracted, the applicant must identify the services the subcontractor will perform and provide all information requested, as it applies to both the applicant and the subcontractor(s). A subcontractor budget and statement of work must be provided for subcontractor services for $50,000 or more. If the subcontractor’s price is based on a fee schedule, the fee schedule must be included.

MDHHS may, at its discretion, require information on the process of an awarded subcontractor application.

A Grantee is responsible for the performance of any subcontractors. Subcontractors shall be held to the same standard of quality and performance as the Grantee. Evaluators of applications will consider the qualifications of both the Applicant and subcontractor when making agreement award recommendations.

1. Evaluation Process

Only applications receiving a minimum of 80 points are eligible to receive funding through the grant program. An application will be evaluated based on the evaluation criteria identified in the RFP.

* A committee will review, evaluate and score the applications against the RFP requirements.
* The applications are ranked by score.
* MDHHS reserves the right to establish the criteria by which it will evaluate each applicant’s response, and by which it will determine the most responsive, capable, and qualified applicants. In addition to cost, other principal factors may be considered in evaluating applications relative to:

1. Reliability
2. Applicant’s past performance
3. Applicant’s ability to respond to all requirements outlined in the RFP
4. Applicant’s ability to maintain a presence in providing services
5. Financial stability
6. Continuity and stability in provision of service
7. Knowledge transfer activities

If MDHHS determines in its sole discretion that contracting with or awarding a grant to an applicant presents an unacceptable financial risk to MDHHS, MDHHS reserves the right to not award an agreement to that applicant.

Clarifications

MDHHS may request clarifications from one or more applicants. MDHHS will document, in writing, clarifications being requested and forward to the applicants affected. This request may include any changes to the original application and will provide an opportunity to clarify the application submitted.

After reviewing the clarification responses, MDHHS will re-evaluate the applications using the original evaluation method.

1. Reservations

MDHHS reserves the right to:

a. Discontinue the RFP process at any time for any or no reason. The issuance of an RFP, preparation and submission of an application, and MDHHS’s subsequent receipt and evaluation of an application does not commit MDHHS to award an agreement, even if all the requirements in the RFP are met.

b. Consider late applications if: (i) no other applications are received or (ii) no complete applications are received.

c. Consider an otherwise disqualified application, if no other qualified applications are received.

d. Disqualify an application if it is determined that an applicant purposely or willfully submitted false information in response to the RFP. The applicant will not be considered for award, the State may pursue debarment of the applicant, and any resulting agreement that may have been established may be terminated.

e. Consider prior performance with the State in making its award decision.

f. Consider overall economic impact to the State when evaluating the application pricing and in the final award recommendation. This includes but is not limited to: considering principal place of performance, number of Michigan citizens employed or potentially employed, dollars paid to Michigan residents, Michigan capital investments, job creation, tax revenue implications, economically disadvantaged businesses.

g. Consider total cost of ownership factors (e.g., transition and training costs) in the final award recommendation.

h. Refuse to award an agreement to any applicant that has failed to pay State taxes or has outstanding debt with the State of Michigan.

i. Enter into negotiations with one or more applicants on price, terms, technical requirements, or other deliverables.

j. Award multiple agreements, or award by agreement activity.

k. Evaluate the application outside the scope identified in Section I.8, Evaluation Process, if MDHHS receives only one application.

l. Evaluate applications using a method that establishes the relative importance of each deliverable.

1. Award Procedure

MDHHS will notify applicants recommended for funding via the MI E-Grants system. Applications selected for funding will either be approved as submitted or approved with revisions required.

For any applications approved as submitted, the applicant will be notified that the agreement document is available for signature in the MI E-Grants system.

For any applications approved with revisions required, the applicant will be notified that the application is ready for revisions in the MI E-Grants system. After successful completion of required revisions and subsequent review, the applicant will be notified that the agreement document is available for signature in the MI E-Grants system.

The Authorized Official for the applicant must electronically sign the agreement in MI E-Grants.

1. Protests

Award decisions are discretionary and are not subject to protest or appeal.

1. Acceptance of Proposal Content

The contents of the application of the successful applicant may become contractual obligations if an agreement ensues. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

1. Standard Terms

Awards made as a result of this RFP will require execution of an agreement with MDHHS. A copy of the boilerplate agreement language for this program is available on the [MI E-Grants website](http://egrams-mi.com/mdhhs) for reference. All rights and responsibilities noted in the boilerplate agreement language will become the rights and responsibilities of the indicated parties if the application is approved for funding. Applicants should review this agreement in advance of submitting an application.

1. Options to Renew

At the discretion of MDHHS, an awarded agreement may be renewed in writing by an award notification not less than 30 days before its expiration.

1. Registering on the SIGMA Vendor Self Service Website

To receive payment from the State of Michigan, a Grantee must be registered on the [SIGMA Vendor Self Service website](https://www.michigan.gov/budget/0,9357,7-379-88641---,00.html), which links to the Statewide Integrated Governmental Management Application system (SIGMA).

1. State of Michigan Employees

State of Michigan employees may not act as applicants. Proposals from applicants who are current State of Michigan employees will be disqualified and will not be reviewed.

Policy in Civil Service Rule 2-8, Ethical Standards and Conduct, states an employee cannot represent or act as an agent for any private interests, whether for compensation or otherwise, in any transaction in which the State has a direct and substantial interest and which could reasonably be expected to result in a conflict between the employee’s private interests and official State responsibilities.

**Section II**

**GRANT PROGRAM SPECIFICATIONS**

Introduction

This Request for Proposal (RFP) provides the information necessary to submit an application to the Overdose Prevention Safer Systems of Care grant program as described in this RFP. The specifications described in this RFP document and Attachment E provide helpful information for developing the application. The documents required for the completion of this application are available on the [MI E-Grants website](http://egrams-mi.com/mdhhs) and at the links identified in the Reference Documents part of this section.

1. Match Requirements

There are no match requirements for this program.

2. Purpose of the Overdose Prevention Safer Systems of Care

The purpose of this grant program is to prevent overdose and increase engagement and community support to individuals with substance abuse by creating a post-overdose, safer system of care. The focus is on individuals with an opioid use disorder. This system includes a Quick Response Team model (QRT) incorporating both community outreach and a community-based referral system to address post overdose needs.

MDHHS expects to award up to 6 grants for up to $200,000 annually beginning October 1, 2020 through August 31, 2022. Initial awards will be based on application evaluation through this competitive RFP process. Subsequent awards will be based on, but not limited to, grantee performance and the availability of funds.

3. Definitions

Cultural Competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Drug Overdose Death Rate: The r**ate** of mortality that is **calculated** by taking all the drug overdose **deaths** that occurred during a time period divided by the total size of the population during the same time period.

Harm Reduction: A public health approach to minimize harm and lessen negative social and physical consequences to a variety of behaviors, in this case drug use.

Health Disparities: Differences in health outcomes and their determinants among segments of the populations as defined by social, demographic, environmental or geographic categories.

Health Equity: Fair and just distribution of and access to opportunities and social resources that people need to be as healthy as possible.

Health Inequities: Systemic, unfair and avoidable differences in health outcomes and their determinants between segments of the population such as by socioeconomic status.

High-Priority Community: A community with an opioid overdose rate at least three times greater than the average overdose rate in Michigan.

Michigan Overdose Data to Action (MODA) Team: The MDHHS staff members responsible for carrying out the goals of the Centers for Disease Control and Prevention’s (CDC) Overdose Data to Action cooperative agreement.

Morbidity: A diseased condition or state, which looks at the incidence or prevalence of a disease or of all diseases; the prevalence of a disease in a percentage of the population; the number of cases of a particular disease per unit of population.

Mortality: The ratio of actual deaths to expected deaths. A health statistic that corresponds to the total number of deaths per unit time in a population divided by the population’s number, often expressed as the number of deaths per 1,000 population.

Opioid Use Disorder (OUD): A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, “**opioid abuse or dependence**” or “**opioid addiction**.”

Peer Recovery Specialist: An individual who is in recovery from substance use and/or co-occurring mental health disorders whose life experiences and recovery allow them to provide recovery support benefitting others dealing with substance use and/or co-occurring mental health disorders.

Priority Population: A priority population may be defined by demographic factors such as age, gender, race/ethnicity, income level, education attainment or grade level, marital status, or **health care coverage status; and/or** a location in which the priority population may be reached such as a **workplace, school or church**.

Protective Factors: Standards and behaviors of society, culture, community, family and individuals that are associated with a lower likelihood of developing a problem (e.g., supportive community environments, belonging, life purpose, having people that depending on you, parental bonding, and family cohesion).

Public Health Approach: The focus of public health is on the health, safety and well-being of entire populations. A unique aspect of the field is that it strives to provide the maximum benefit for the largest number of people. Public health draws on a science base that is multi-disciplinary and engagement from diverse sectors including health, education, social services, justice, policy and the private sector.

Quick Response Team (QRT): A QRT is trained to serve as a community-based first responder unit for (primarily) opioid related medical emergencies. QRTs approach and counsel overdose victims during their "recovery windows" — the 72 hours immediately following life-threatening drug overdoses when individuals are thought to be more open to accepting help. QRTs address the urgent medical need to prevent overdose and provide follow-up services to individuals during their recovery windows. QRTs receive individual level overdose data to offer naloxone, education, referrals and support. QRTs may consist of law enforcement, rescue personnel, health care and mental health professionals, faith-based and community organizations.

Recovery: a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Risk Factors: Standards and behaviors of society, culture, community, family and individuals that are associated with a higher likelihood of developing a problem, such as easy access to addictive substances, low impulse control, or peer substance use.

Safer Systems of Care: The use of a multi-disciplinary approach to respond quickly and successfully to an individual’s post-overdose care and provide linkages to services, such as treatment referrals, housing, or transportation, along with the development of a community-based referral system.

Strategic Prevention Framework (SPF): A research-based standard of practice developed by the Substance Abuse Mental Health Services Administration (SAMHSA). The framework includes five steps and two guiding principles that assists in designing a comprehensive approach to understanding and addressing the substance misuse and related behavioral health problems facing communities. The SPF offers communities a comprehensive planning approach to understanding and addressing the substance misuse (including opioid overdose) and related behavioral health problems facing communities. A link to the SAMHSA SPF guiding document is found in Section II, Part 10 of this RFP.

**SPF’s Six Areas of Focus**



Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Substance Abuse and Mental Health Services Administration (SAMHSA): The agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

4. Funding Priorities

MDHHS will prioritize applications that demonstrate the following:

* Agencies serving high-priority communities and projects that incorporate health equity in their approach and outreach. Implementation of a post overdose safer system of care to improve response time post overdose, access to services post overdose and reduce drug overdoses.
* Existing established partnerships that deploy QRTs and/or demonstrate developed linkages to care for treatment and additional support services.

5. Unallowable expenses

Awardees must not use the funds for the following:

1. Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits.
2. Human Immunodeficiency Virus (HIV) / Hepatitis C (HCV) / other Sexual Transmitted Infection (STI) testing.
3. Drug disposal, including implementing or expanding drug disposal programs or take back programs, drug drop box or drug disposal bags.
4. Clinical care.
5. Wastewater analysis, including test purchases, sewage testing and wastewater testing.
6. Research.
7. Direct funding or expanding the provisions of substance abuse treatment.
8. Adverse Childhood Experience (ACEs) as a stand-alone program,
   1. ACE activities are allowable if they pertain to linkage to care, or training for public safety and first responders on trauma-informed care.
9. Public safety activities that are outside the scope of this RFP and the objectives and activities specified in the work plan.
10. Medication Assisted Treatment waiver fees for providers.
11. Furniture
12. Any other expenditures determined by MDHHS to be outside the scope of this RFP.

6. Program Requirements

In addition to the boilerplate agreement, successful applicants are required to comply with all requirements contained in Attachment E, Program Specific Requirements.

Applicants must implement a post-overdose safer system of care which includes the following:

1. Use of the SPF Guidelines.
2. Establishment or expansion of a community-based QRT Applicants are expected to develop a model that delivers, at minimum, a comparable level of service as the QRT models listed in Section II, Part 10, Reference Documents.
3. Inclusion of a first responder and a peer recovery specialist in the QRT.
4. Provision of naloxone to the visit recipient. Naloxone is available from community partners or at no cost through the MDHHS Opioid Resources web site at <https://www.michigan.gov/opioids/0,9238,7-377--480835--,00.html>.
5. Provide post-intervention follow up, information and referral
6. Use overdose data, such as emergency department or first responder data, to identify and visit individuals and monitor overdose trends for targeted prevention activities.
7. Establish confidentiality and data sharing agreements with QRT members and others who provide data to adequately respond to overdoses
8. Develop or refine a community-based referral system.
9. Develop messaging that includes:
10. increased awareness of overdose signs and symptoms
11. community resources to assist those affected by substance abuse
12. how community members can play a role in preventing and decreasing overdoses.
13. Develop a plan to meet regularly with QRT members to improve post overdose responses using a harm reduction lens.

Applicants must work with the Michigan Overdose Data to Action team evaluator on project evaluation activities.

7. Credentials

Successful Applicants shall assure that appropriately credentialed or trained staff under its control, including employees and/or subcontractors, shall perform functions under this Agreement.

Successful applicants shall assure that their staff, including employees and/or subcontractors, have education, knowledge, skills, abilities, lived experience, and other characteristics that demonstrate qualifications to provide the proposed services.

8. Expected Performance Outcomes

Performance outcomes should be included in the workplan section of the application. During the Agreement, the Grantee shall demonstrate measurable progress toward the achievement of the outcomes.

Applicants outcomes should include, but are not limited to, the following:

1. Show evidence of improved community overdose response through the use of aggregate data.
2. Show evidence of increased awareness and coordination of services, including increased cross referrals to treatment, syringe services programs (if one is in the intervention area) and other services needed for sustained recovery, including but not limited to housing, transportation and employment.

9. Reporting Requirements

In addition to the boilerplate agreement, successful applicants are required to comply with all requirements contained in Attachment C, Performance/Progress Reporting Requirements.

10. Reference Documents

Reference documents for this RFP include:

Michigan Prepaid Inpatient Health Plans and local established Community Coalitions Directory: <https://www.michigan.gov/documents/PIHPDIRECTOR_97962_7.pdf>

Directory of local public health departments: <https://www.michigan.gov/mdhhs/0,5885,7-339--96747--,00.html>

Strategic Prevention Framework:

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

Colerain Township Department of Public Safety Quick Response Team (QRT):

<https://cover2.org/programs/quick-response-teams/>

Huntington Quick Response Team (QRT):

<https://www.coapresources.org/Learning/PeerToPeer/Diversion/Sites/Huntington>

MDHHS Opioid Resources web site:

<http://www.michigan.gov/opioids>

CDC information on Opioid Rapid Response Teams:

<https://www.cdc.gov/opioids/opioid-rapid-response-teams.html>

**Section III**

**EVALUATION CRITERIA**

The total maximum number of points that an application can receive equals 100 points. Only those applications receiving a score of 80 points or more will be considered for award. The maximum number of points for each of the categories is as follows:

|  |  |
| --- | --- |
| **Category** | **Total Points Possible** |
| **Narrative** |  |
| Community Data/Priority Area | 10 |
| Health Equity Statement | 5 |
| Experience and Past Performance | 5 |
| Education, Credentials & Qualifications | 5 |
| Staffing and Training | 5 |
| Program Implementation | 20 |
| Community Collaboration | 10 |
| Budget Narrative | 10 |
| Evaluation Plan | 5 |
|  |  |
| **Work Plan** | 15 |
|  |  |
| **Budget** | 10 |
|  |  |
| **Total** | **100** |

Evaluators will score applications using the following review questions:

**Narrative**

Community Data/Priority Area (Maximum 10 points)

1. Describe the target communities and the principal population(s) your agency proposes to serve.
   1. (2 points) Target Communities - Provide a detailed description of the target communities, including at minimum the following:
      1. Geographic description of the target communities
      2. The most recent gender, age and race data
      3. Economic data
      4. Socioeconomic data
      5. Any unique factors about the target communities
   2. (6 points) Priority Population(s) - Provide a detailed description of the priority populations(s) you propose to serve, including at minimum the following:
      1. Age, and ethnicity, unique risk of opioid use/misuse or overdose experience
      2. Any other relevant demographics
      3. Justification for selection
      4. Geographic location of the priority population(s) within the target communities
2. (2 points) Describe data from the past three years for applicant activities that support assisting individuals with opioid use disorder. Include a discussion of any data needs that should be addressed.

Evaluation Criteria:

Did the applicant identify and describe the target communities, both geographically and demographically, including any unique factors about the target areas? (2 points)

Did the applicant provide a detailed description of the priority population(s) selected? (2 points)

Did the applicant provide justification for selection of population? (2 points)

Did the applicant clearly identify the geographic location of priority population. (2 points)

Did the applicant demonstrate the data needs and assets of the selected communities? (2 points)

Health Equity Statement (Maximum 5 points)

1. (1 point) Clearly state your agency’s intent to address health disparities and inequities related to opioid overdose.
2. (1 point) Explain the extent to which health disparities related to opioid overdoses are present in the population (such as morbidity and/or mortality) or systems (such as accessibility, availability, affordability, appropriateness of health services).
3. (1 point) Identify specific group(s) in the target communities that experience a disproportionate impact from disease and health conditions related to opioid use, including overdose.
4. (1 point) Identify specific social and environmental conditions (social determinants) which lead to health disparities related to opioid use, including overdose.
5. (1 point) Discuss the practices, policies, procedures and norms that your agency proposes to implement to significantly improve health outcomes related to opioid use, including overdose.

Evaluation Criteria:

Did the applicant clearly state their intent to address health disparities and inequities related to opioid overdose? (1 point)

Did the applicant explain the extent to which health disparities related to opioid overdoses are present in the population (such as morbidity and/or mortality) or systems (such as accessibility, availability, affordability, appropriateness of health services)? (1 point)

Did the applicant identify specific group(s) in the target communities that experience a disproportionate impact from disease and health conditions related to opioid use, including overdose? (1 point)

Did the applicant identify specific social and environmental conditions (social determinants) which lead to health disparities related to opioid use, including overdose? (1 point)

Did the applicant discuss the practices, policies, procedures and norms that they propose to implement to significantly improve health outcomes related to opioid use, including overdose? (1 point)

Experience and Past Performance (Maximum 5 points)

1. (3 points) Describe your agency’s experience in providing outreach, engagement, and services similar to those described in this RFP. Include current or previously held grants if applicable. Identify the performance outcomes measured to ensure service provided was successful. Include data to support this description.
2. (2 points) Describe the principal characteristics for the target population(s) for whom services were provided. Describe how those characteristics compare to the population your agency proposes to serve.

Evaluation Criteria:

Did the applicant describe their experience in providing outreach, engagement, and services similar to those described in this RFP? (1 point)

Did the applicant provide performance data for services provided? (1 point)

Did the applicant indicate if performance outcomes were successful? (1 point)

Did the applicant describe the principal characteristics for the target population(s) served? (1 point)

Did the applicant describe how the principal characteristics are comparable to the population to be served? (1 point)

Education, Credentials & Qualifications (Maximum 5 points)

1. (5 points) Provide a position description for each position that will be funded by the grant. The position description should contain educational credentials, knowledge, skills, abilities and other characteristics that demonstrate qualifications to provide the proposed services. Position titles must match those listed in the organization chart and budget. If your agency is hiring the first responder and peer recovery specialist required for the QRT, include their position descriptions here. Do not provide resumes.

Evaluation Criteria:

Did the applicant provide the requested position descriptions that show the position has the necessary credentials, experience and characteristics that demonstrate qualifications to provide the services described in this RFP? (5 points)

Staffing and Training (Maximum 5 points)

1. (3 points) Describe the training plan for new and existing direct service staff, including:
2. Number of hours of training
3. The training curriculum
4. Frequency of training
5. How it prepares staff for providing the proposed services
6. The minimum number of training hours required before staff are approved to work with clients
7. (2 points) Describe your agency’s plan to continue to provide services if staff turnover occurs.

Evaluation Criteria:

Did the applicant provide a detailed staffing plan for new and existing direct service staff, that addresses all of the requested information? (3 points)

Did the applicant describe how they will continue to provide services if staff turnover occurs? (2 points)

Program Implementation (Maximum 20 points)

1. (2 points) Describe the needs of the priority population and any identified gaps in services available to that population.
2. (2 points) Explain how the strategy your agency proposes to implement will address the needs of the priority population with respect to the following:
3. Language barriers
4. Cultural barriers
5. Transportation needs
6. (2 points) Provide a description of how the required service(s) will be provided. Include each step of the process, or each activity that your agency will perform to initiate and maintain the services proposed in this application.
7. (2 points) Describe the ways in which your agency’s activities, as identified in the work plan, include local community data, and how activities and data will be initiated and tracked.
8. (12 points) Describe how your agency proposes to implement a safer system of care, as described in this RFP and the supporting documents.

Evaluation Criteria:

Did the applicant address the needs of the priority population and any identified gaps in services available to that population? (2 points)

Did the applicant explain how the services they propose to implement will address the needs of the priority population with respect to the following: (2 points)

* + - * 1. Language barriers
        2. Cultural barriers
        3. Transportation needs

Did the applicant effectively describe how the required services will be provided, including each step of the process or each activity their agency will perform to fully implement and maintain the services(s) within the RFP? (2 points)

Did the applicant describe how their activities, as described in the workplan, include local community data, and how activities and data will be initiated and tracked? (2 points)

Did the applicant describe how they will implement a safer system of care, as described in this RFP and the supporting documents? (12 points)

Community Collaboration (Maximum 10 Points)

* + - 1. (3 points) Describe your agency’s current presence in the target communities you propose to serve.
      2. (3 points) Describe how collaboration will be developed and maintained with relevant organizations and resources within the target communities that will assist with successful implementation of this service, including the following:
         1. Identifying specific resources within the identified service area(s) that are available to assist the family
         2. Explaining the process for connecting the family to identified resources
         3. Advocating on behalf the client for needed services or resources
         4. Creating and maintaining formal and informal working relationships with relevant community agencies and staff. Relationships may include partnerships with drug-free coalitions; national, state and local drug-free partners; local hospitals; law enforcement agencies; emergency medical systems; local public health departments and Regional Pre-Paid Inpatient Health Plans (PIHP)
         5. Coordination of services for clients served by multiple systems

For those agencies without a current presence in the community, your response should thoroughly describe the plan to collaborate and develop relationships with relevant organizations and resources within the local community.

* + - 1. (1 point) Provide commitment forms from the following entities:
         1. The local public health department (not required if the applying agency is the local public health department)
         2. The PIHP that serves the target communities where the activity will take place (not required if the applying agency is the PIHP)
         3. The entity that will provide the individual overdose data (not required if the applying agency is the agency that maintains that data)
      2. (3 points) Describe your agency’s plan to collaborate and meet regularly with QRT members to improve post overdose responses?

Evaluation Criteria:

Did the applicant describe their agency’s current presence in the target communities where services are proposed? (3 points)

Did the applicant describe how collaboration will be developed and maintained with relevant organizations and resources within the target communities that will assist with successful implementation of this service including the following: (3 points)

* + - * 1. Identifying specific resources within the identified service areas (s) that are available
        2. Explaining the process for connecting the family to identified resources
        3. Advocating on behalf the client for needed services or resources
        4. Creating and maintaining formal and informal working relationships with relevant community agencies and staff. Relationships may include partnerships with drug-free coalitions; national, state and local drug-free partners; local hospitals; law enforcement agencies; emergency medical systems; local public health departments and Regional Pre-Paid Inpatient Health Plans (PIHP)
        5. Coordination of services for clients served by multiple systems

Did the applicant provide applicable commitment forms? (1 points)

Did the applicant describe a plan to collaborate and to meet regularly with QRT members to improve post overdose responses? (3 points)

Evaluation Plan (Maximum 5 points)

1. (1 point) Provide a detailed description of proposed methods to determine success in achieving outcomes, measuring impact, and areas for program refinement and improvement.

1. (1 point) Describe how project implementation and the effectiveness of strategy will be assessed and indicate what will determine project success in future years.
2. (2 points) Describe desired outcomes, including what you hope will change because of your work.
3. (1 point) Describe how evaluation data will be used for program improvement.

Evaluation Criteria:

Did the applicant provide a detailed description of proposed methods to determine success in achieving outcomes, measuring impact, and areas for program refinement and improvement? (1 point)

Did the applicant describe how project implementation and effectiveness of strategy will be assessed and indicate what will determine project success in future years? (1 point)

Did the applicant describe desired outcomes, including what you hope will change because of your work? (2 points)

Did the applicant describe how evaluation data will be used for program improvement? (1 point)

**Budget Narrative (Maximum 10 points)**

1. (10 points) Provide a budget narrative that describes the uses, need and purpose for the resources and costs included in the project budget. Please explain why each of the requested items is necessary to accomplish the supported project activity(s). Ensure that the resources and costs are allowable, reasonable and necessary to accomplish the work plan and terms of the agreement.

Evaluation Criteria:

Did the applicant demonstrate that the resources (budgeted details such as occupancy, communication, supplies and equipment, transportation, contracted services and miscellaneous) allowable and reasonable to accomplish applicant’s work plan, and reasonably adequate to provide a consistent level of service throughout the term of the grant? (5 points)

Are requested line items justified by the proposed work plan? (5 points)

**Work Plan (Maximum 20 points)**

The work plan should include objectives and activities that describe in detail how the proposed strategy will prevent overdose and increase engagement and community support to individuals with opioid use disorder. The objectives and activities should reflect evidence-informed strategies that are tailored to the proposed priority populations and their identified needs. Provide outcome and process objectives and activities that are SMART: specific, measurable, appropriate, realistic, and time-based. For each activity, identify the position(s) responsible for completing that activity.

Evaluation Criteria:

Did the applicant include objectives and activities that demonstrate how the proposed strategy will address the goal? Are the objectives presented clearly? (5 points)

Does the detailed work plan that reflects evidence-informed or promising strategies that are tailored to priority populations and their identified needs? (5 points)

Did the applicant provide process and outcome objectives that are S.M.A.R.T.? (5 points)

Did the applicant identify the position(s) responsible for each work plan activity? (5 points)

**Budget (Maximum 5 points)**

The requested items in the budget should reflect allowable costs and items that are reasonable and necessary to accomplish the work plan. If other funds (such as cash or in-kind match) are reflected in the budget, clearly identify the source(s) of those funds and what the funds will be used for.

Elevation Criteria:

If other funds (such as cash or in-kind match) are included, does the applicant clearly indicate the source(s) of funds and what the funds will be used for? (1 point)

Demonstrated that expenses are allowable and reasonable to accomplish the applicant’s work plan? (4 points)