

STATE OF VERMONT, AGENCY OF HUMAN SERVICES
VERMONT DEPARTMENT OF HEALTH, DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS

REQUEST FOR APPLICATIONS (RFA)

SUBSTANCE ABUSE TREATMENT SERVICES

RFA Schedule	
RFA POSTED	February 15, 2017
APPLICANT QUESTIONS IN WRITING DUE	March 1, 2017
RESPONSES TO QUESTIONS ARE POSTED	March 7, 2017
RFA APPLICATIONS DUE	March 31, 2017, 3:00 PM EST
APPLICANT INTERVIEWS	On or before April 30, 2017
FUNDING NOTIFICATION	On or before May 15, 2017
GRANT START DATE	July 1, 2017

LOCATION OF APPLICANT INTERVIEWS: Vermont Department of Health, 108 Cherry Street, Burlington, VT 05401

Please be advised that all notifications, releases, and amendments associated with this RFA will be posted at:

<http://healthvermont.gov/adap/adap.aspx>.

The State will make no attempt to contact Applicants with updated information. It is the responsibility of each Applicant to periodically check <http://healthvermont.gov/adap/adap.aspx> for any and all notifications, releases and amendments associated with the RFA.

Single Point of Contact:	Cynthia Thomas
Contact Address:	Vermont Department of Health, Division of Alcohol and Drug Abuse Programs P.O. Box 70, 108 Cherry Street, Suite 207 Burlington, VT 05402-0070
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Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by the State. Your agency's continued interest in providing services to the State of Vermont is appreciated.

1. Overview – Program Elements and Target Populations

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) is issuing this Request for Application for the purpose of improving the strategic use of block grant funds in order to establish and maintain a comprehensive service delivery system that addresses the unique needs and barriers to treatment and recovery throughout the continuum of care, in particular for IV drug users as well as pregnant and parenting women including their children. The delivery system will ensure individualized, high-quality, research-based best practice treatment for substance use disorders. The ultimate goal of these dollars is to increase access and the availability of comprehensive, residential and non-residential substance use treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides funding to the State of Vermont through the Substance Abuse Prevention and Treatment Block Grant (SABG). The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs is responsible for administering, obligating and monitoring the SABG funds as well as collecting and reporting required data to SAMHSA.

The Substance Abuse Block Grant regulations are available online at: 45 CFR, Part 96, Subpart L – Substance Abuse Prevention Treatment Block Grant. (<http://www.ecfr.gov/cgi-bin/text-idx?SID=75dbc359d207da390bc68bb25a8f431c&node=45:1.0.1.1.53&rgn=div5#45:1.0.1.1.53.12>)

Please note, these grant funds are not available for goods and services that are eligible to be paid for by third party payors such as Medicaid.

Proposals submitted in response to this RFA should demonstrate a well thought out rationale for determining the use of the funds. The information contained herein is provided for organizational use in applying for these funds. The ADAP is interested in maximizing the potential impact and reach of the funding available. For that reason, funds are to be used to meet the Substance Abuse Block Grant priorities.

The services included in this Request for Application are as follows:

1.1 Required Substance Abuse Block Grant Program Direct Service Activities:

- Outpatient/Intensive Outpatient/Case Management Substance Abuse Treatment Services for uninsured and underinsured individual; including a process for funding co-pays or deductibles as appropriate;
- Residential Substance Abuse Treatment Services for uninsured and underinsured individuals, including a process for funding co-pays or deductibles as appropriate;
- Medication Assisted Treatment for uninsured and underinsured individuals, including a process for funding co-pays or deductibles as appropriate.

Note:

- Block Grant funding can be used to provide services to individuals with no other source of funding (payor of last resort).
- Block Grant funding can be used to develop new programs or expand existing programs.
- Block Grant funding can be put into program administration if the program serves uninsured.
- Block Grant funding can be used to fund a position to provide required services.

1.2 Required Substance Abuse Block Grant Program Non-Direct Service Activities:

Women's Services (in particular pregnant women and women with dependent children)
Both women and their children will be admitted into treatment services, if appropriate, and the family will be treated as a unit.
Primary medical care, including referral for prenatal care will be arranged for pregnant women and women with children.
Childcare will be provided while women are receiving services.
Arrangements will be made for primary pediatric care including immunizations for children.
Provide gender specific substance abuse treatment and other interventions that may address relationships, sexual and physical abuse, and parenting.
Interventions for children in custody of women in treatment may address their developmental needs, issues of sexual and physical abuse, and neglect.
Sufficient case management that is not otherwise billable.
Transportation to women and their children.
Publicize the availability and priority of services to women and that fact that pregnant women receive such preference.

Pregnant women are a priority and will be provided services within 48 hours. If unable to provide services within 48 hours, the provider must contact the State and interim services, including a referral for prenatal care, will be provided until treatment is available. (See Interim services below).

Program for IV Drug Users
Will directly or through arrangements with other entities routinely make available TB services.
For someone in need of TB services who cannot get into treatment due to a waitlist, a referral will be made to another provider of TB services.
VDH established infection control procedures will be implemented.
Case management services not otherwise billable to ensure individuals receive TB services.
Early intervention services for HIV.

Outreach Efforts for IV Drug Users

Use models that are scientifically sound or an approach which reasonably can be expected to be an effective outreach method.

The model shall require that outreach efforts include selecting, training and supervising outreach workers.

Includes contacting, communicating and follow-up with high risk substance abusers.

Includes communicating with their associates and neighborhood residents within the restraints of state and federal confidentiality requirements.

Promoting awareness among IV drug users about relationship between injecting drug abuse and communicable diseases such as HIV.

Recommend steps that can be taken to ensure that HIV transmission does not occur and encouraging entry into treatment.

IV drug users are a priority population. Programs are to provide the State notification within 7 days when reaching 90% capacity to admit the priority population. Each individual who requests and needs treatment for IV drug use is admitted to a program of such treatment not later than 14 days after making the request or 120 days if no such program has the capacity to admit and if interim services are made available not later than 48 hours after such request.

Interim Services at a minimum include:

Counseling and education about HIV and TB.

Counseling and education about the risks of needle sharing.

Counseling and education about the risks of transmission to sexual partners and infants.

Counseling and education about the steps that can be taken to ensure the HIV and TB transmission does not occur.

Referral for HIV or TB treatment services if necessary.

For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus as well as referral for prenatal care.

2 Applicant Eligibility

See section 3 for a list of eligible applicant organizations.

3 Available Funding and Funding Provisions

3.1 Required direct service activities (see 1.1) funding thresholds by provider described in the table below are calculated using state fiscal year (7/1/15 – 6/30/16) actuals from FY 2016 SATIS data by level of service for uninsured and underinsured clients.

Required non-direct service activities (see 1.2) funding thresholds are the difference between the provider’s SFY 16 Grant Block Grant (BG) direct service actuals and the SFY 17 BG award. ***If the difference was less than \$10,000 the provider may apply for activities valued up to \$10,000. The amounts listed below reflect this adjustment.***

A provider may propose new activities beyond the funding thresholds described in this section. They will be reviewed on a case by case basis with no guarantee of funding.

Preferred Provider	OP/IOP/CM Uninsured/ Underinsured	Residential Uninsured/ Underinsured	Opioid Treatment Uninsured/ Underinsured	Non-direct Services Activity Funding	Total
Clara Martin Center	\$42,938	\$0	\$0	\$10,000	\$52,938
Counseling Service of Addison County	\$4,591	\$0	\$0	\$10,927	\$15,518
Health Care and Rehabilitation Services of SE Vermont	\$28,070	\$0	\$0	\$72,910	\$100,980
Howard Center	\$140,799	\$20,637	\$0	\$149,686	\$311,122
Howard Center (HUB)	\$0	\$0	\$760,284	\$140,310	\$900,594
Northeast Kingdom Human Services	\$55,643	\$0	\$0	\$67,777	\$123,420
Northwestern Counseling and Support Services	\$0	\$0	\$0	\$10,000	\$10,000
Rutland Mental Health	\$40,380	\$0	\$70,000	\$28,906	\$139,286
United Counseling Services of Bennington	\$15,200	\$0	\$0	\$50,998	\$66,198
Copley (CHSLV)	\$43,448	\$0	\$0	\$16,841	\$60,289
Retreat Healthcare (Starting Now)	\$0	\$0	\$0	\$54,425	\$54,425
Central Vermont Substance Abuse Services	\$52,811	\$0	\$0	\$85,449	\$138,260
Day One (UVMC)	\$144	\$0	\$0	\$10,000	\$10,144
Lund Family Center	\$6,823	\$0	\$0	\$10,000	\$16,823
Phoenix House	\$0	\$5,602	\$0	\$67,346	\$72,948
Recovery House	\$0	\$77,753	\$0	\$335,869	\$413,625
Spectrum Youth and Family Services	\$15,748	\$0	\$0	\$60,747	\$76,495
Treatment Associates	\$100	\$0	\$0	\$11,900	\$12,000
Washington County Youth Services Bureau	\$7,193	\$0	\$0	\$49,927	\$57,120
Valley Vista	\$0	\$577,473	\$0	\$799,816	\$1,377,289
Valley Vista (Vergennes)	\$0	\$73,753	\$0	\$60,574	\$134,327

Preferred Provider	OP/IOP/CM Uninsured/ Underinsured	Residential Uninsured/ Underinsured	Opioid Treatment Uninsured/ Underinsured	Non-direct Services Activity Funding	Total
Rutland Regional Medical Center (HUB)	\$0	\$0	\$100,195	\$472,497	\$572,692
BAART Central Vermont (HUB)	\$0	\$0	\$220,036	\$10,000	\$230,036
BAART Northeast Kingdom (HUB)	\$0	\$0	\$461,685	\$10,000	\$471,685
Habit Opco (HUB)	\$0	\$0	\$0	\$191,834	\$191,834
Brattleboro Retreat (HUB)	\$0	\$0	\$0	\$97,196	\$97,196

3.2 SABG Funding Restrictions:

The Substance Abuse Block Grant is payer of last resort.

3.3 Federal Funds Compliance Requirements:

As a recipient of Federal funds under the terms of your agreement with the Department of Health, Division of Alcohol and Drug Abuse Programs, you are responsible for meeting the compliance requirements associated with each Federal fund source. The specific requirements for each Federal fund can be found in the Federal Office of Management and Budget Circulars or Guidance. We have listed these Circulars and the Guidance below.

The specific requirements for activities allowed or unallowed are unique to each Federal program and are found in the laws, regulations, and the provisions of contract or grant agreements pertaining to the program.

In addition, for subrecipients that expend more than \$750,000 in Federal or the equivalent in federally funded products, from *all* sources, an audit is required as defined by OMB Circular A-133 or on or after December 26, 2014, as defined by the Uniform Guidance, Subpart F. The audit process includes a comprehensive audit by an independent auditor selected by the subrecipient. The audit report which is produced must be submitted and reviewed by AHS.

The State maintains responsibility for ensuring that our subrecipients meet the compliance requirements for each Federal program by our monitoring of your organization's activities under the terms of the grant agreements. It is the responsibility of your organization to meet each compliance requirement.

APPLICABLE GUIDANCE (on or after December 26, 2014)

2 CFR Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance)

4 Period of Performance

Funding under this grant program is allocated for a 12-month period. The period of performance for services solicited under this RFA is anticipated to begin July 1, 2017 and ends June 30, 2018. Initial funding is not an assurance or guarantee of ongoing operational funding.

Applicants are cautioned not to assume a commitment to future funding based on the receipt of funds in prior years. The funding process is performance based and funding recommendations are made based on the relative merits of all proposals received.

5 Programing not included as part of this Request for Application

The following programming is considered outside the scope of this Request for Application and will be level funded for SFY 2018:

- Public Inebriate Programs
- Impaired Driver Rehabilitation Program (IDRP) Programs (Formerly Project CRASH)
- Drug Court Programs
- COB-MAT (RMHS)/iMAT (UCS)
- Treatment Improvement Programming (Northern Lights, Lund Screener, CAP Program)
- Project Rocking Horse Programs

6 Performance Measures/Reporting

Performance and reporting expectations for mandatory direct substance abuse treatment services (see 1.1) will be the same as SFY 2016 requirements with an updated goal, baseline and measurement period.

Performance expectations for required non-direct services (see 1.2) are negotiable. **Applicants must submit as least two (2) performance measure recommendations related to the non-direct service required activities in their proposal.** Applicants shall identify their baseline for the non-direct service performance measures. Given available resources and other external factors, the applicant shall formulate both reasonable and achievable performance objectives, and the approach to be taken in meeting these objectives for the contract period. The measures are subject to ongoing review.

Written reports outlining how the funds were used and the benefits derived from the funding will be required quarterly.

7 Application Submission Instructions

Preferred Providers must submit a written application that includes the following information:

1. A cover letter describing the organization, including a single point of contact;

2. A narrative description of required activity implementation. Describe the main components of your service delivery, and include staff assignment(s) for each activity;
3. A narrative description of expected numbers served in both direct and non-direct required services;
4. Performance measure recommendations for non-direct service related activities (minimum of 2);
5. Confirm acceptance of proposed uninsured/underinsured direct treatment services funding, or provide a counter proposal with a written justification including calculation methodology;
6. Staffing breakdown of the non-direct service activities;
7. Fiscal breakdown of how the non-direct services funding will be utilized.

All responses must contain sufficient information necessary to thoroughly describe the program design and operation. Where proposed activities and services will be the same for multiple programs, this may be so stated in order to avoid needless duplication of narrative.

All responses to this Request for Application (RFA) must be complete. All applications shall be on plain white bond paper (8.5 x 11 inches) and stapled once in the upper left corner. No binding or folders will be accepted. Binder clips may be used to keep pages together. The original response and three (3) additional copies, including all supporting material, must be sealed in an envelope or box and submitted via mail and electronically to:

Please submit by mail and email to:

Vermont Department of Health
Division of Alcohol and Drug Abuse Programs
P.O. Box 70, 108 Cherry Street, Suite 207
Burlington, Vermont 05402-0070,
ATTN: Cynthia Thomas

And EMAIL: AHS.VDHADAPGRANTS@VERMONT.GOV

APPLICATIONS MUST BE RECEIVED BY 3:00 P.M. MARCH 31, 2017

9. Review and Approval Criteria

1. Proposals will be evaluated according to the information contained within the written proposal.
2. Each proposal must meet the submittal requirements of Section 7 to be considered for funding.
3. Each proposal meeting the submittal requirements must meet the following minimum requirements:
 - a. The proposal must offer the delivery of Substance Abuse Block Grant services compatible with those described in Section 1.
 - b. The proposal must offer allowable SABG services to eligible participants.
 - c. The proposed services must not be already covered by Medicaid or another grant.
 - d. The agency demonstrates the administrative capability to successfully implement required services.
4. Program Design Elements – Proposals meeting the above minimum technical requirements will be further reviewed for the following program design elements:
 - a. Potential effectiveness.
 - b. Clear performance measures and outcome expectations.
5. Relative to the requested funding, the planned services will impact a significant number of individuals or a smaller number of hard to serve individuals.
6. The organization has a clear plan to ensure funds will only be used to provide the services in the proposed plan.
7. The proposed staffing level for the planned services is adequate.
8. Cost/Price Reasonableness: Proposals will be evaluated for cost/price reasonableness. The price will be judged based on a comparison of prices among competing proposals. Price will also be compared to past prices offered by similar services, if applicable. Cost reasonableness will be judged by means of line item budget analysis. Line items will be reviewed for necessary and reasonable costs.

Attachment #1: Budget and Budget Narrative Submission Templates

Applicants must provide information on the sources for the “Other Sources” and “In-Kind” amounts and categories. Note: Dollar amounts should be rounded to the nearest dollar. (e.g., \$1.49 or less = \$1.00 and \$1.50 or more = \$2.00)

BUDGET SUMMARY FORM				
Required Direct and Non-Direct Services (If total amounts are different than in 3.1 and 3.2 please describe justification)				
<u>CATEGORY</u> (A)	<u>TOTAL BUDGET</u> (B)	<u>OTHER SOURCES</u> (C)	<u>IN-KIND CONTRIBUTIONS</u> (D)	<u>REQUESTED FROM ADAP</u> (E)
Required Direct Services	\$	\$	\$	\$
Salaries	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$
Space Cost (Including utilities)	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
Data Processing	\$	\$	\$	\$
Communications (Women’s Services)	\$	\$	\$	\$
Program Costs	\$	\$	\$	\$
Evaluation	\$	\$	\$	\$
Staff Development	\$	\$	\$	\$
Child Care-Day Care	\$	\$	\$	\$

Client Transportation	\$	\$	\$	\$
Client Housing Costs	\$	\$	\$	\$
Client Incentives	\$	\$	\$	\$
Client Emergency Funds	\$	\$	\$	\$
TOTAL DIRECT COSTS	\$	\$	\$	\$
21. Indirect Cost (Complete indirect cost detail)	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

INDIRECT COST RATE:

Indirect cost rates may be allowable if sufficient cost detail is submitted justifying the indirect cost rate. If the agency has negotiated an indirect cost rate with the federal government, submit the letter announcing the approved rate and the exhibits detailing indirect and direct costs for the agency. Submitting the rate itself is not sufficient. For organizations without a federally negotiated indirect rate the 2 CFR Subtitle A, Chapter II, Part 200-Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance) methodology will be utilized for indirect cost rate determination (10% maximum).

BUDGET NARRATIVE JUSTIFICATION: The budget justification must contain a complete breakdown of budget category items. The budget justification must include the justification ONLY for that amount requested from the Alcohol & Drug Abuse Division (column E of the Budget Summary form).

BUDGET NARRATIVE JUSTIFICATION FORM	
Category	Amount Requested
Total	