

Request for Applications

RFA # *DMH25-004R*

Expanding Supports for Justice Involved Adults-Community Based Initiatives

Division of Mental Health, Developmental Disabilities and Substance Use Services
Justice Section

ISSUE DATE: February 14, 2025

QUESTIONS DUE: February 28, 2025

APPLICATIONS DUE: March 18, 2025

ANTICIPATED NOTICE OF AWARD: April 11, 2025

ANTICIPATED PERIOD OF PERFORMANCE: July 1, 2025 – June 30, 2027(+ optional one year extension)

INQUIRIES and DELIVERY INFORMATION:

Direct all questions and the application to email: rfa.responses@dhhs.nc.gov

Applications will be received electronically until 5PM on March 18, 2025.

Send all applications directly to the funding agency email address as indicated below:

Emailing Address: rfa.responses@dhhs.nc.gov

IMPORTANT NOTE: State the entity name and RFA number in the filename of each submission and in the subject line of the email.

Entities selected to receive awards will receive funding from DMH/DD/SUS through the Local Management Entities-Managed Care Organizations (LME/MCOs) located in the entity's area. Awards will be made via allocation letters to the LME/MCOs, which will include the Division's requirements related to distribution of funds, program expectations, coordination with entities receiving awards in their region, contract execution, and reporting requirements. The Division will determine which LME/MCOs to issue allocation letters to in instances where the selected entity serves multiple LME/MCO regions. After awards, LME/MCOs will be responsible for managing awardees in their region to promote a coordinated system of care for justice-involved individuals with BH, IDD, and/or TBI needs.

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I. INTRODUCTION

North Carolina's Department of Health and Human Services (NC DHHS) is committed to strengthening the continuum of services and supports for justice-involved adults with behavioral health (BH) – mental health (MH) and/or substance use (SUD) – intellectual/developmental disorder (IDD), and/or traumatic brain injury (TBI)-related needs. In alignment with this commitment, the Division of Mental Health, Developmental Disabilities, and Substance Use Services (DMH/DD/SUS or the “Division”) is releasing a Request for Applications (RFA) to expand services and supports for these adult populations.

ELIGIBILITY

Application Requirements

- 1) The Division will consider applications that seek to support using RFA funds: (1) Law Enforcement Assisted Diversion (LEAD) programs (2) housing support programs, and/or (3) supported employment programs.
- 2) Applicants must describe their project in detail, including:
 - Their qualifications to serve justice-involved adults with BH, I/DD and/or TBI needs.
 - Their implementation plan.
 - How they will collaborate with their communities.
 - To what extent the perspectives of individuals with lived experience (i.e., justice-involved individuals with BH, I/DD and/or TBI needs) are incorporated into design and implementation of the proposal.
 - How they will use and monitor use of flexible funds (see below).
 - Potential impact of their approach.
 - Budget and sustainability plan.
 - An analysis of project risks and limitations, including how these will be addressed.
- 3) Applicants must describe how RFA funds will be used to serve justice-involved adults with BH, I/DD, TBI, and co-occurring related needs no matter their county of residence, insurance status, or health plan.
- 4) Applicants must be located in the Western Region of North Carolina to include the following counties: Alleghany, Alexander, Ashe, Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Iredell, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Surry, Swain, Transylvania, Watauga, Wilkes, Yadkin and Yancey and be a non-profit, for-profit or local government entity (e.g., county government, local area entity).
- 5) Applications are required to describe how long its administrators have been with the organization, staff turnover rate and experience with DMH/DD/SUS, state, and/or federal government contracts.
- 6) Applicants may apply alone and/or in collaboration with partners. Applicants are encouraged to submit collaborative applications with other entities (e.g., county government, law enforcement, treatment provider, treatment court, recovery center/hub, LME/MCO, community paramedicine programs, community-based organizations).
- 7) Applicants must, at a minimum, be able to demonstrate they have existing, working relationships or participate in coalitions with county government(s), law enforcement (i.e., sheriff's office, local police departments) and court systems **or** a plan to develop these relationships through implementation of RFA funds in the area in which the applicant is prioritizing service delivery. Applicants are encouraged, but not required, to submit letters of support from these entities as part of their application.
- 8) Applicants must describe how they will make best efforts to coordinate closely with all types of health plans that may be covering an individual receiving program services or supports (i.e., LME/MCO, Tailored Plan, Standard Plan, Tricare, Medicare Advantage, private plans); and relevant provider entities that may be delivering treatment and/or other services to an individual [i.e., certified community behavioral health clinics (CCBHCs)].

- 9) Entities receiving RFA funds are required to participate in technical assistance and learning collaboratives as specified by DMH/DD/SUS. Technical Assistance, also known as “TA” and commonly referred to as consulting, is the process of providing targeted support to an organization with a development need or problem. It is an effective method for building the capacity of an organization.
- 10) Entities receiving RFA funds are required to participate in data collection, reporting and evaluation activities, to include sharing data with DMH/DD/SUS and/or the contracted evaluator, such as: number of individuals served by the program by key demographic variables (e.g., race/ethnicity, age, gender, geography), primary diagnosis (known or suspected), services received, number of referrals into the program and by which entity, how long individuals participate in receiving program services, and uptake of Medicaid coverage.
- 11) Applicants must coordinate with DMH/DD/SUS as part of the Division’s marketing and community awareness/outreach efforts, as needed.
- 12) All funding issued by DMH/DD/SUS is one-time funding and support for selected entities **will not exceed two years with an optional 1 year.**
- 13) DMH/DD/SUS has the discretion to award funding for select components of an application and not others.
- 14) RFA funds may not duplicate Medicaid, other state, county, or federal grant funding sources. Applicants must describe their other funding sources, as applicable, how RFA funds will not duplicate the efforts of existing funding streams and how they will coordinate across funding sources. For programs with existing funding streams, applicants must show how RFA funds will expand their current offerings and address gaps in services.
- 15) Applicants must describe at a high level their sustainability approach following exhaustion of RFA funds, particularly for costs that currently do not have an existing, ongoing funding source (i.e., Medicaid reimbursement, county funds, sustainable grant funding sources (e.g., working with DMH/DD/SUS to secure funding through Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health and Substance Abuse Block Grants, Bureau of Justice Assistance)).
 - o *Note: RFA funds should not be allocated toward costs that are currently Medicaid reimbursable. However, RFA funds can support capacity building for Medicaid reimbursable activities as listed in the sections below.*
- 16) DMH/DD/SUS reserves the right to negotiate with applicants regarding additional components to incorporate into their program prior to issuing an allocation letter.

FUNDING

Entities selected to receive awards will receive funding from DMH/DD/SUS through the Local Management Entities-Managed Care Organizations (LME/MCOs) located in the entity’s area. Awards will be made via allocation letters to the LME/MCOs, which will include the Division’s requirements related to distribution of funds, program expectations, coordination with entities receiving awards in their region, contract execution, and reporting requirements. The Division will determine which LME/MCOs to issue allocation letters to in instances where the selected entity serves multiple LME/MCO regions. After awards, LME/MCOs will be responsible for managing awardees in their region to promote a coordinated system of care for justice-involved individuals with BH, IDD, and/or TBI needs.

II. BACKGROUND

Data and stakeholder feedback have shown that law enforcement assisted diversion services are not available statewide; and communities lack housing and employment resources dedicated to justice-involved adults with BH, IDD, and/or TBI needs. This RFA aims to address these gaps.

Please refer to the Appendix – B and C for key definitions, resources for applicants, and data maps.

The objective of this RFA is to strengthen pathways to community-based programs that deflect or divert adults with BH, IDD and/or TBI-related needs away from incarceration, as well as support diverted and formerly incarcerated adults upon reentry into the community to obtain and maintain housing and employment. Specifically, the RFA aims to:

- Improve statewide access to **law enforcement assisted diversion (LEAD)** and referral to community-based services and supports, with an emphasis on regions or localities that have historically lacked the resources to operate these programs; and
- Ensure that justice-involved individuals, including those reentering their communities, have access to **housing and supported employment** services tailored to their needs to promote community-based integration and stabilization.

III. SCOPE OF WORK

Law Enforcement Assisted Diversion

Applicants may use RFA funds to launch or expand LEAD programs in alignment with the [Seattle/King County model](#) (supported by the [LEAD Support Bureau](#)).

LEAD programs:

- 1) Have low barrier eligibility and serve a broad population (e.g., individuals with complex BH needs).
- 2) Facilitate diversion and referral for low level offenses by law enforcement, justice system partners, and community members, LME/MCOs, social workers/care managers, the Division of Social Services offices, and others in lieu of standard jail booking and criminal prosecution and provide a bridge to community-based treatment and supports.
- 3) Offer post-overdose initiation using a harm reduction lens.
- 4) Conduct an intake assessment of the individual's level of care and support needed.
- 5) Deliver care management services and connect participants to existing community resources, such as job training or placement, housing assistance, and physical and behavioral health services. Staff with lived experience deliver these services using a flexible, low-barrier approach.
- 6) Care managers support individuals' relationships with community and justice system partners and conduct warm handoffs to providers and care managers.
- 7) Provide financial support for a participant's basic needs, such as housing, food, clothing, and various other services, including employment and legal assistance.
- 8) Coordinate with the legal system (e.g., courts, probation, and prosecutors in filed cases).
- 9) Additional information on the parameters of the LEAD model is available [here](#) and [here](#).

Expectations for all LEAD programs funded by DMH/DD/SUS:

- 1) **Broad and Inclusive Eligibility:**
 - a) Programs must be equipped to serve individuals with BH, I/DD, TBI, and/or co-occurring needs.
 - b) Programs accept individuals on supervised probation and with a range of past convictions.
 - c) Programs may not impose behavioral mandates on participating individuals (e.g., abstinence).
- 2) **Referrals:**
 - a) Programs must also coordinate with LME/MCOs or the individual's health plan, if not eligible for Medicaid.
 - b) Programs must make best efforts to, in coordination with LME/MCOs determine if a participating individual is eligible for Medicaid Tailored Care Management (TCM), Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT) or Community Support Team (CST) and support their enrollment, as needed.
 - c) Programs must accept warm hand-off referrals and deliver services on evenings and weekends.
 - d) Applicants must describe their approach to leveraging partners and resources to ensure referrals can be made to the appropriate treatment services to meet a participating individual's needs (e.g., mapping community assets, data systems, transportation, leveraging CCHBCs and telehealth).
- 3) **Workforce and Training:** Programs must employ at least one full time equivalent case manager and peer support specialist as part of the LEAD team. DMH/DD/SUS encourages inclusion of a social worker on the team. Program staff must receive or have training in harm reduction, trauma informed principles, resource navigation, and the needs of individuals with BH, I/DD, and/or TBI.
- 4) **Historically Marginalized Populations (HMP) Engagement and Action Plan:** Programs must work in partnership with the community and must develop an actionable plan, to be updated annually, for improving engagement with HMPs.
- 5) **Connections to LME/MCOs, BH, I/DD, and TBI Providers and Other Partners:**

- a) Programs must have established relationships with the LME/MCOs or the individual’s health plan (as applicable) in their service areas, local crisis service providers, and other outpatient treatment providers (e.g., primary care providers) or a plan to establish these relationships.
 - b) Programs must also coordinate with an individual’s existing health plan care manager and ensure a warm hand off occurs, as applicable.
 - c) Programs must hold regular meetings, inclusive of program leadership, care manager and justice partners (i.e., prosecutors, law enforcement officers, public safety), and treatment and services providers to discuss program operations and the needs of participating individuals.
- 6) **Connections to Health Coverage and Health-Related Social Needs (HRSN) Resources:**
- a) Programs must provide support to enroll eligible individuals into Medicaid and/or federal/state health and human services benefit programs (e.g., Supplemental Nutrition Assistance Program; Social Security Income/Social Security Disability Insurance, Outreach, Access, and Recovery) as well as connect individuals to other HRSN resources, as needed (e.g., social service or community-based organizations).
- 7) **Data Collection and Reporting:** Programs must share required data elements as defined by DMH/DD/SUS with the Division and its contracted evaluator on a monthly basis. Required data elements include:
- a) Demographics of people whom officers wanted to refer but could not due to eligibility requirements.
 - b) Demographics of people charged with eligible charges but were never offered diversion, documenting the officers’ discretionary decision regarding whether or not to make a referral.
 - c) Number and types of clinical and HRSN services participants are referred to.
 - d) Justice outcomes measures (e.g., arrests, periods of incarceration exceeding 30 days, recidivism rates).

Allowable use of RFA funds

DMH/DD/SUS will pay for **initiation of new services and/or expansion of existing services along with operating costs (as applicable)** for LEAD programs. Allowable expenses include:

- 1) **Workforce:** Salary support and/or recruitment bonuses (e.g., staff recruitment and orientation/funding gaps in services).
- 2) **Operational Costs:** Rent/utilities for office space, extended hours staffing, supplies, technology (e.g., computers, hardware, software, tablets, phones).
- 3) **Training and Certification:** To upskill and equip program staff to serve justice-involved individuals with BH, I/DD, and/or TBI needs (e.g., harm reduction practices, trauma-informed care).
- 4) **Flexible Funding:** Flexible funds to support participants’ basic needs such as cell phones, meals, clothing, and transportation (e.g., purchasing a van to transport participants). Funding may also be used to cover medical and prescription drug expenses in emergency circumstances for individuals who are uninsured and do not have a pending application for Medicaid coverage.

Note: Flexible funds are intended to support successful launch or expansion of LEAD programs. To the extent an applicant is proposing to use flexible funds, the flexible funds should be a relatively small percentage of the overall funding request. Participants may not duplicate medical treatment, or HRSN supports provided by Medicaid (i.e., TCM, Healthy Opportunities Pilots) or State-Funded Services. Entities receiving RFA funds must develop a process to ensure that flexible funds are used in line with the conditions of this RFA/allocation letter and will have to report on the decision-making process and uses of the funds to the LME/MCO they are working with.

Housing and Related Supports

Applicants may use RFA funds to launch or expand one or more of the four following housing models, along with related participant support costs, to improve access to housing for justice-involved adults with BH, IDD and/or TBI related needs. Entities receiving RFA funds must serve justice-involved individuals being diverted from incarceration, reentering the community from carceral facilities, or on probation/under community supervision.

Housing models supported by DMH/DD/SUS (see Appendix for definitions):

- A) Transitional Housing Programs**
- B) Bridge Housing Programs**
- C) Enhanced Bridge Housing Programs**
- D) Permanent Supportive Housing Programs**

Expectations for housing programs supported by DMH/DD/SUS:

A) Facility Design and Equipment:

- Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of participating justice-involved individuals, staff and visitors.
- Facilities shall be designed and constructed in a manner that will provide participating justice-involved individuals privacy while bathing, dressing or using toilet facilities.
- Programs must provide basic food preparation/storage facilities or have a plan for how participating justice-involved individuals will obtain food.
- Facilities shall provide heating and air-cooling equipment to maintain a comfort range between 68- and 80-degrees Fahrenheit.
- Bedrooms shall have at least 100 square feet for single occupancy and 160 square feet when two clients occupy the bedroom. Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. No participating justice-involved individual shall be permitted to sleep in an unfinished basement or in an attic.
- At least one full bathroom for each five or fewer persons including staff of the facility and their family shall be included in each facility.

- B) Connections to Services:** Programs must coordinate with the LME/MCO or individual's health plan that serves the county in which they operate, and integrated service teams (see below) to ensure that participating justice-involved individuals have access, either directly or through referral, to BH, IDD and/or TBI services, tenancy supports, and community living resources. These connections must be established before the individual moves into the unit.
- C) Coordination with Integrated Service Teams.** Programs must be able to coordinate, when applicable, with a justice-involved individual's TCM care manager, ACT, FACT, or CST teams to ensure delivery of services and supports.
- D) Coordination with Continuum of Care (CoC) Programs:** Programs must be able to coordinate, when applicable, with their local CoC to connect individuals to county, state, and federally funded housing programs they may be eligible for. Coordination activities should include a focus on non-duplication of funding.
- E) Coordination with Continuum of Care (CoC) Programs:** Programs must be able to coordinate, when applicable, with their local CoC to connect individuals to county, state, and federally funded housing programs they may be eligible for. Programs must ensure non-duplication of RFA funds with other funding sources.
- F) Use of Best Practices:** Applications will be weighted in favor of proposals that leverage rapid rehousing and master leasing approaches to connect participating justice-involved individuals to safe and secure housing.

- G) **Workforce:** Programs must, at a minimum, employ one of each of the following staff members:
 - **Program/Logistics Coordinator:** Schedules community activities and skill building activities, leads weekly team meetings, and addresses program/tenancy issues.
 - **Peer Supports Specialist:** Facilitates individual and group skill building activities (e.g., money management; activities of daily living; personal health, wellness and recovery, and community integration).
- H) **Non-Duplication:** In instances where a justice-involved individual is eligible for the Healthy Opportunities Pilot (HOP) or the Community Transition benefit under Transitions to Community Living (TCL), 1915(c) Innovations Waiver services, or 1915(i) services, the housing provider must work with the LME/MCO to ensure they bill any costs related to housing and related supports to Medicaid or the State-Funded Program to avoid duplication of services.[1]

Allowable use of RFA funds

DMH/DD/SUS will pay for **initiation of new services and/or expansion of existing services along with operating costs (as applicable)** for housing programs. Allowable expenses include:

- 1) Transitional, Bridge, and Enhanced Bridge Housing:
 - a) Start-up or expansion costs for short-term supportive housing models (e.g., capitol renovations or rehabilitations, purchase of technology, administrative costs).
 - b) Workforce development (i.e., training and employing peers).
 - c) Ongoing staffing and service provision costs (e.g., embedded program managers, peer support specialist).
- 2) Permanent Supportive Housing:
 - a) Start-up or expansion costs (e.g., capitol renovations or rehabilitations, purchase of technology, administrative costs).
 - b) Capitol costs related to major renovations/new construction for additional beds.
 - c) Ongoing staffing and service provision costs (e.g., embedded program managers, peer support specialists).
- 3) Flexible Funds:
 - a) Funding may be used to cover ongoing, monthly costs such as rent and utilities (see note above regarding non-duplication of funds).
 - b) Funding for emergency housing (e.g., hotel/motel stays) and transportation costs (e.g., purchasing a van to transport participants).
 - c) Funding may also be used to cover medical and prescription drug expenses in emergency circumstances for individuals who are uninsured and do not have a pending application for Medicaid coverage.
 - d) Funding for housing providers to provide flexible funds for housing-related, one-time participant support costs (e.g., security deposit, utility deposit, basic cellphone, basic household items, transportation, furnishings, small appliances).
 - e) *To the extent an applicant is proposing to use flexible funds, the flexible funds should be a relatively small percentage of the overall funding request. Entities receiving RFA funds must develop a process to ensure that flexible funds are used in line with the conditions of this RFA/allocation letter and will have to report on the decision-making process and uses of the funds to the LME/MCO they are working with. Flexible funds may not be the majority of RFA spending in an applicant's proposal.*

☐ HOP is currently operational in select counties (Avery, Beaufort, Bertie, Bladen, Brunswick, Buncombe, Burke, Cherokee, Chowan, Clay, Columbus, Edgecombe, Graham, Halifax, Haywood, Henderson, Hertford, Jackson, Macon, Madison, Martin, McDowell, Mitchell, New Hanover, Northampton, Onslow, Pender, Pitt, Polk,

Rutherford, Swain, Transylvania, Yancey. North Carolina is seeking CMS approval to expand HOP statewide through its [1115 demonstration waiver renewal request](#).

Employment Supports

Applicants may use RFA funds for the purpose of 1) expanding access statewide to supported employment programs, such as Clubhouses or Competitive Integrated Employment (CIE); and to 2) ensure that new and existing programs offer services for participating justice-involved individuals tailored to their BH, IDD, and/or TBI needs.

Supported employment programs provide assistance for a justice-involved individual with BH, IDD or TBI needs in choosing, acquiring, and maintaining a job, to include career planning and discovery, resume assistance, job interview practice, support with assigned job tasks, and transportation services.

Specific versions of this model include:

- 1) Job placement and coaching services
- 2) Customized employment
- 3) Other evidence-based models

Entities receiving RFA funds must serve justice-involved individuals being diverted from incarceration, reentering the community from carceral facilities, or on probation/under community supervision.

Expectations for employment programs supported by DMH/DD/SUS:

- 1) **Use of Peer Supports:** Employment programs must hire peers with lived experience.
- 2) **Non-Duplication:** In instances where an individual is eligible for a Medicaid, State or Division of Employment and Independence for People with Disabilities (EIPD) funded service that provides employment supports, entities receiving RFA funds must ensure non-duplication of services. RFA funds should not supplant existing funding streams. For programs with existing funding streams, applicants must show how RFA funds will expand their current offerings and address gaps in services.
- 3) **Coordination with Workforce Development Boards and Related DHHS Initiatives:** Applicants must coordinate with their [local Workforce Development Board\(s\)](#) and [NCWorks career centers](#), to ensure coordination of employment activities in a local area to maximize use of the RFA. Applicants must coordinate their efforts with Inclusion Works, as applicable, related to CIE.
- 4) **Fair Chance Hiring:** Applicants must implement strategies to build or maintain relationships with employers to build a network of businesses that lead to ongoing placement and retention of participating justice-involved individuals.

Allowable use of RFA funds

DMH/DD/SUS will pay for **initiation of new services and/or expansion of existing services along with operating costs (as applicable)** for employment programs. Allowable expenses include:

- 1) Capacity building to create new or expand existing supported employment programs/sites for justice-involved individuals with BH, IDD and/or TBI needs, to include:
 - a) Brick-and-mortar costs.
 - b) Salary supports.
 - c) Recruitment of new employers that will hire participating justice-involved individuals (bonuses/incentives).
 - d) Costs associated with recruitment and retention of peer support specialists.
 - e) Other administrative costs.
- 2) Training, education, and technical assistance to ensure employment programs are tailored to the needs of justice-involved individuals with BH, IDD and/or TBI.
- 3) Costs associated with building a network of fair chance employers (e.g., employer outreach, developing pitch materials).

- 4) Incentivizing engagement in employment programming among participating justice-involved individuals with BH, IDD and/or TBI
- 5) Flexible funds (e.g., clothing, cellphone, laptop, GED classes/standardized testing, costs to obtain identification/driver's license, expungement costs, transportation, obtaining a Certificate of Relief and/or letters of recommendation, transportation).
 - a) *To the extent an applicant is proposing to use flexible funds, the flexible funds should be a relatively small percentage of the overall funding request. Entities receiving RFA funds must develop a process to ensure that flexible funds are used in line with the conditions of this RFA/allocation letter and will have to report on the decision-making process and uses of the funds to the LME/MCO they are working with. Flexible funds may not be the majority of RFA spending in an applicant's proposal.*

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated, and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by **April 11, 2025**.

2. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

3. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application

Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).

8. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All requirements, terms, and conditions of a contract shall be passed through to all subcontractors performing programmatic work on behalf of the agency as the agency's subawardee. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at <https://www.osbm.nc.gov/stewardship-services/grants-management/suspension-funding-list>.

14. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

16. Contract

Entities selected to receive awards will receive funding from DMH/DD/SUS through the Local Management Entities-Managed Care Organizations (LME/MCOs) located in the entity's area. Awards will be made via allocation letters to the LME/MCOs, which will include the Division's requirements related to distribution of funds, program expectations, coordination with entities receiving awards in their region, contract execution, and reporting requirements. The Division will determine which LME/MCOs to issue allocation letters to in instances where the selected entity serves multiple LME/MCO regions. After awards, LME/MCOs will be responsible for managing awardees in their region to promote a coordinated system of care for justice-involved individuals with BH, IDD, and/or TBI needs.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **02/14/2024**:

<https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> and may be sent via email to interested agencies and organizations beginning **02/14/2024**.

3. **Question & Answer Period**

Written questions concerning this RFA will be received until **02/28/2024**. A summary of all questions and answers will be e-mailed as an addendum by **03/07/2024** to agencies and organizations that have been sent a copy of this RFA and will be posted on <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-and-substance-abuse-services-grant-opportunities> website.

4. **Applications**

Applicants shall submit their application as one single, consolidated PDF file with all required attachments and scanned signatures to rfa.responses@dhhs.nc.gov. Paper, mailed and faxed applications will not be accepted.

5. **Format**

The application must be typed on 8.5" x 11" pages with 1" margins. Line spacing should be single-spaced. The font should be Arial and sized 11-point. All pages should be numbered. Use appropriate headings for each section.

6. **Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VIII.3 Applicant's Response* for specifics.

7. **Application Deadline**

All applications must be received by **5:00 pm on 03/18/2024**. Only emailed applications will be accepted (scanned signatures are acceptable). Faxed or mailed applications will not be accepted.

8. **Receipt of Applications**

Applications from each responding agency or organization will receive an email confirmation if application is received on time.

9. **Review of Applications**

Applications are reviewed by a multi-disciplinary committee of public and/or private health and human services subject matter experts. Staff from applicant agencies may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The State reserves the right to conduct site visits as part of the application review and award process. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the

selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

10. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

11. Audit

Please be advised that successful applicants may be required to have an audit in accordance with 09 NCAC 03M .0205. Per 09 NCAC 03M .0205 (amended effective retroactive to July 1, 2024), there are two reporting levels established for recipients and subrecipients receiving grants. Reporting levels are based on the allocated funds from all grants disbursed through the State of North Carolina during the entity's fiscal year. The reporting levels are:

- 1) Level I – A recipient or subrecipient that receives, holds, uses, or expends grants in an amount less than the dollar amount requiring audit as listed in the Code of Federal Regulations 2 CFR 200.501(a) within its fiscal year.
- 2) Level II - A recipient or subrecipient that receives, holds, uses, or expends grants in an amount of equal to or greater than the dollar amount requiring audit as listed in 2 CFR 200.501(a) within its fiscal year.

The dollar amount requiring audit listed in 2 CFR 200.501(a) is herein incorporated by reference, including subsequent amendments and editions, and can be accessed free of charge at <https://www.ecfr.gov/>.

Level II grantees shall have a single or program-specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

12. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

13. Additional Documentation to Include with Application

All applicants are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status. (An example of this page is provided in section *VIII.8 Verification of 501(c)(3) Status*.)

14. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI). Documentation consists of a copy the agency or organization's SAM record.

If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DMH/DD/SAS contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

15. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

16. Iran Divestment Act

The Iran Divestment Act of 2015, as amended, prohibits State agencies from investing in or contracting with individuals and companies engaged in certain investment activities in Iran. Any organization identified engaging in investment activities in Iran, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6E.

17. Boycott Israel Divestment Policy

The Divestments from Companies Boycotting Israel Act of 2017, as amended, prohibits State agencies from making investments in, and contracts with, companies that are engaged in a boycott of Israel, as defined by this Act. Any organization that boycotts Israel, as determined by appearing on the Final Divestment List created by the NC Department of the State Treasurer, is ineligible to contract with the State of North Carolina or any political subdivision of the State. Refer to NC General Statutes Chapter 147 Article 6G.

18. Application Process Summary Dates

02/14/2025: Request for Applications released to eligible applicants.

02/28/2025: End of Q&A period. All questions due in writing by 5pm.

03/07/2025: Answers to Questions released to all applicants, as an addendum to the RFA.

03/18/2025: Applications due by 5pm.

04/11/2025: Successful applicants will be notified.

07/1/2025: LME/MCO engagements with awardees begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must submit a budget, which requires a line-item budget for each year of funding and a narrative justification.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the budget. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is 70 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Mental Health, Developmental Disabilities and Substance Use Services will only reimburse for rates authorized in OSBM’s North Carolina Budget Manual or adopted by means of an OSBM Budget Memo. These documents are located here:

<https://www.osbm.nc.gov/budget/budget-manual>.

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$16.00	\$16.00
Lunch	\$19.00	\$19.00
Dinner	\$28.00	\$28.00
Total Meals Per Diem Per Day	\$63.00	\$63.00
Lodging (Maximum rate per person, excludes taxes and fees)	\$110.00	\$110.00
Total Travel Allowance Per Day	\$173.00	\$173.00
Mileage	\$0.70 per mile	

Other Restrictions (if applicable)

Audits

Level II Grantees are required to submit a “Yellow Book” audit. Only Level II Grantees may include audit expenses in the budget. Audit expenses shall be prorated based on the ratio of the grant to the total grant funds received by the entity. The chart below details the Level II audit threshold amounts from all grants disbursed through the State of North Carolina during the entity’s fiscal year:

If the Grantee’s Fiscal Year End (FYE) Date is:	The following audit thresholds apply for that fiscal year end:		
	Federal	State Local Government	State Non-Government (nonprofits)
Any 2024 FYEs through May 31, 2025	\$750,000	\$500,000	\$500,000
June 30, 2025 through August 31, 2025	\$750,000	\$500,000	\$750,000

September 30, 2025 and after	\$1,000,000	\$750,000 or \$1,000,000*	\$1,000,000
*Local government remains \$500,000 but is expected to change for fiscal years beginning on or after October 1. Amount to be determined.			

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by: The State of North Carolina

State Funds

Where the applicant has a FNICR, the total modified direct cost identified in the applicant’s FNICR shall be applied up to the limit defined above. The total modified direct cost identified in the applicant’s FNICR shall be applied. A copy of the FNICR must be included with the applicant’s budget.

If the applicant does not have an FNICR and no indirect cost rate is currently established by a CPA, then the applicant may claim indirect cost up to the limit as defined above or the de minimis indirect cost rate of 15%. The applicant may elect to claim a lesser portion of the allowed indirect cost rate. If claiming the de minimis or some portion thereof, it may not exceed the limit of the modified total direct costs in the proposed budget as defined by 2 CFR 200.1 “Modified Total Direct Cost (MTDC)”. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

VII. EVALUATION CRITERIA

- Applications will be scored on the content, quality, and completeness of the responses to the items in the RFA and how well each response addresses the factors in the application requirements.

In addition, in the scoring criteria, DMH/DD/SUS is taking a regional approach to prioritize applications for programs that focus on serving counties that:

- Have a Tier 1 designation.
 - High arrest rates relative to other counties.
 - High overdoes rates relative to other counties.
 - Are rural; and/or
 - Have a disproportionate share (i.e., 1.5x or 2x) of the state’s Black/African American, Latinx, or American Indian/Native American population.
- DMH/DD/SUS will prioritize applications where the applicant(s) are an entity that is 51% owned by one or more persons who are members of at least one of the following groups: Black, Hispanic, Asian American, American Indian, Female, Disabled, or Disadvantaged.

Scoring of Application Content

Applications will be scored based on the responses to the application content areas. Each content area shall be scored on a scale of 1 to 5 based on the scale below:

1	POOR	Missing or unanswered response.
2	AVERAGE	Minimal explanation or response; more clarification needed.
3	GOOD	General overview with a rational explanation or response.
4	VERY GOOD	Detailed and clear explanation or response.
5	EXCELLENT	Well-planned, detailed, and clear explanation or response.

Seven (7) categories to be evaluated are listed below:

1	Organizational Background
2	Assessment of Need
3	Project Description and Narrative
4	Project Evaluation
5	Potential Impact
6.	Organizational Sustainability
7.	Budget

VIII. APPLICATION

Application Checklist

The following items must be included in the application in the following order:

1. **Cover Letter**
2. **Application Face Sheet**
3. **Applicant's Response/Form**
4. **Project Budget**
Include a budget in the format provided.

Indirect costs are allowed
5. **Indirect Cost Rate Approval Letter (if applicable)**
6. **SubContractor/SubGrantee Information (if applicable)**
7. **Letters of Commitment and/or Statements of Support**

IRS Documentation:

8. **IRS Letter Documenting Your Organization's Tax Identification Number**
(public agencies)
or
**IRS Determination Letter Regarding Your Organization's 501(c)(3)
Tax-exempt Status** (private non-profits)
and
9. **Verification of 501(c)(3) Status Form** (private non-profits)

1. **Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)
- the closing date for applications.

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with NC DHHS DMHDDSUS, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # DMH25-004 are truthful, and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> LME/MCO	
8. Agency Federal Tax ID Number:	9. Agency UEI:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #14) Yes _____ No _____	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DMHDDSUS Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document, and I am authorized to represent the applicant. I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

A. Proposal Summary: (1 Page Limit)

The summary should be prepared after the application has been developed in order to encompass all the key points necessary to communicate the objectives of the project. It is the document that becomes the cornerstone of the proposal, and the initial impression it gives will be critical to success of the venture. In many cases, the summary will be the first part of the proposal package seen by agency and very possible could be the only part of the package that is carefully reviewed before the decision is made to consider the project any further.

B. Organization Background and Qualifications: Describes the organization and its qualifications for funding (1-2 Page Limit)

- 1) Mission and goal of the Organization
- 2) A brief overview of the contractor's history
- 3) Brief overview of the contractor's experience with providing the service (organizations past achievements and accomplishments and evidence of its impact)
- 4) Brief overview of all services provided by the Contractor within the last five years, including:
 - i) The beginning and ending dates of the contracts;
 - ii) The services provided under those contracts;
 - iii) The total number of Contractor employees assigned to service each contract;
 - iv) Whether any of those contracts were extended or renewed at the end of their initial terms;
 - v) Whether any of those contracts were terminated early for cause by either party to the contract;
 - vi) The "lessons learned" from each of those contracts; and
 - vii) The name, address, and telephone number of at least one manager in each client organization who is personally familiar with the Vendor's performance under the contract
- 5) Qualifications/background on organization's Board of Directors and Key Staff
- 6) The details of:
 - i) Any criminal convictions of any of the Contractor or any of their officers, directors, employees, agents or subcontractors of which the Contractor have knowledge or a statement that there are none;
 - ii) Any criminal investigations pending against of any of the Contractor or any of their officers, directors, employees, agents or subcontractors of which the Contractors have knowledge or a statement that there are none;
 - iii) Any regulatory sanctions levied against any of the Contractors or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies within the past three years of which the Contractor s have knowledge or a statement that there are none. As used herein, the term "regulatory sanctions" includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings;
 - iv) Any regulatory investigations pending against of any of the Contractors or any of their officers, directors, employees, agents or subcontractors by any state or federal regulatory agencies of which the Contractors have knowledge or a statement that there are none.
Note: The Department may reject a proposal solely on the basis of this information.
 - v) Any of the Contractor's directors, partners, proprietors, officers or employees or any of the proposed project staff are related to any DHHS employees. If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.
 - vi) Assurance that the Contractor and the proposed Contractor staff are not excluded from participation by Medicaid or the Office of the Inspector General of the United States Department of Health and Human Services.
- 7) Other major donors and summary of dollar amounts of contribution(s)

C. Assessment of Need/s(Problem Statement) (1 – 2 Page Limit)

- 1) Problem (explain why the service is necessary)
- 2) Describe what your organization is doing to address this problem
- 3) Primary State/Counties Served
- 4) Ethnicity, age, and gender of population served
- 5) Target population or who are you plan on serving
- 6) Number of beneficiaries
- 7) Eligibility requirements to receive service
- 8) Statistical facts and figures (national, state, local)
- 9) Program Website

D. A written description of the Contractor’s approach to the project, including identification of key partners. (3 Page Limit)

Provides a comprehensive framework understanding and description of the RFA. (The Contractors Approach to the project so that the desired results can be achieved).

List Goals and Objectives of the project (describes how they will be met and the outcome of the project in measurable terms.

- 1) Goals: Note: The outcome is derived from the goal. It has the same intention but it is more specific, quantifiable and verifiable than the goals. Please be aware of how realistic your outcomes are and that the outcomes should be aware of time-restraints. Outcomes should be SMART – Specific, Measurable, Achievable, Realistic, and Time-Bound. Contractors must describe the program’s intent to maintain, change, reduce, or eliminate the problem noted in Section II and outline the project’s goals.
- 2) Objectives: Objectives are the measurable outcomes of the project. They define your methods. Your objectives must be tangible, specific, concrete, measurable and achievable in a specified time period.

E. A description of how the Contractor will meet each of the requirements and deliverable described in the scope of work (The Plan of Action). (3 Page Limit)

The project design refers to how the project is expected to work and solve the stated problem. The section should be carefully reviewed to make sure that what is being proposed is realistic in terms of the Contractor’s resources and timeframe. Suggested content narrative include:

- 1) Task Description of Project Activities, Inputs, Activities and Throughputs, Strategies and Methodologies and Schedules.
- 2) Performance Measures (Outputs and Quality Measures). Provide key measure that supports and measures the success of the project. When providing these measures please include the measure description, baseline, target, data source, collection plan and collection frequency.
- 3) Project Outcome (Describes the impact or benefit of the service on the client or customer or describes what was changed or accomplished as a result of the service. The outcome measures should be characterized as measurable, obtainable, understandable, clear, accurately reflecting the expected result, and set at a level to be attained within a specific time frame. Once the measures have been selected, it is necessary to design a way to get the information (see project evaluation) below. Expressed as a percentage and shows the qualitative consequences associated with the service)

F. Project Implementation Plan (Work plans, timelines, schedules and transition plans for the project) (3 Page Limit)

G. A description of how the Contractor will staff the project, including the name, resume and qualifications of each of the proposed team members (including subcontractors. (Note: Provide as a separate file to support proposal)

H. Sustainability (Steps taken to ensure future successes or continuing the project beyond the awarded period, e.g. future financial support, staff requirements, continued community interest). (3 Page Limit)

I. Resolution of Challenges: an analysis of the project’s risk and limitations, potential impact,

including how these factors will be addressed or minimized. (regulatory, environmental or other constraints) (2 Page Limit)

4. Project Budget (Provide as a separate excel file to support proposal)

NC DHHS DMHDDSUS recognizes smaller organizations may not have expertise or experience in full project budgeting. As such, we have provided two examples below. Example I is preferred for larger projects and helps to keep equity between applications.



Master Line Item
Budget Template.xlsx

5. Indirect Cost Rate Approval Letter (Please attach- if applicable)

6. SubContractor/SubGrantee Information

In accordance with 09 N.C. Administrative Code 03M.0703, Required Contract Provisions, the Applicant must provide the required information for every subcontractor and subgrantee included in the Project Budget. If the Applicant has no subcontractor and subgrantee, indicate that in the first line under “Name.” If the Applicant plans to have subcontractors or subgrantees but they are unknown at this time, that must be indicated in the first line under “Name” for as many as are planned. When they are known, this information shall be submitted to the Division for review prior to the Applicant contracting with the entity. Attach additional pages as necessary.

NOTE: If awarded federal pass-through funds, subgrantees must certify to the Applicant whenever applying for funds, requesting payment, and submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a “SubGrantee” of the Applicant?

Is this organization functioning as a vendor “SubContractor” of the Applicant?

SubContractor/SubGrantee Name:

Position Title (if applicable):

EIN or Tax ID:

Street Address or PO Box:

City, State and ZIP Code:

Contact Name:

Contact Email:

Contact Telephone:

Fiscal Year End Date (for organizations):

Is this organization functioning as a “SubGrantee” of the Applicant?

Is this organization functioning as a vendor “SubContractor” of the Applicant?

7. Letters of Commitment and/or letters of Support

Letters of commitment and/or letters of support should be included from any agency or community organization integral to the success or implementation of the proposed activities. Examples of such agencies include those that will provide clinical services, outreach services, financial support, meeting space, transportation, access to participants or comparison group members, or services to participants beyond the scope of the applicant agency.

8. IRS Letter

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization’s tax identification number. The organization’s name and address on the letter must match your current organization’s name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization’s name and address on the letter must match your current organization’s name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization’s tax identification number.

9. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)

_____ (“Organization”), and by that authority duly given
(Legal Name of Organization)

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the RFA response.
They are for reference only.

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ ("Organization"), and by that authority
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

(Signature)



Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person

an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

STATE GRANT CERTIFICATION – NO OVERDUE TAX DEBTS

Instructions: **Grantee/Provider** should complete this certification for all state funds received. Entity should enter appropriate data in the yellow highlighted areas. The completed and signed form should be provided to the state agency funding the grant to be attached to the contract for the grant funds. A copy of this form, along with the completed contract, should be kept by the funding agency and available for review by the Office of State Budget and Management.

Entity's Letterhead

[Date of Certification (mmddyyyy)]

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the **[insert organization's name]** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

Sworn Statement:

[Name of Board Chair] and **[Name of Second Authorizing Official]** being duly sworn, say that we are the Board Chair and **[Title of the Second Authorizing Official]**, respectively, of **[insert name of organization]** of **[City]** in the State of **[Name of State]**; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

Board Chair

Title of Second Authorizing Official

Sworn to and subscribed before me on the day of the date of said certification.

(Notary Signature and Seal)

My Commission Expires: _____

If there are any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management: NCGrants@osbm.nc.gov (919)807-4795

¹ G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt; however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)

(Legal Name of Organization) (“Organization”), and by that authority duly given

and as the act and deed of the Organization, state that the Organization’s status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

CONTRACTOR CERTIFICATIONS

**State Certifications
Contractor Certifications Required by North Carolina Law**

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The word ‘Contractor’ includes Grantees The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor’s subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an “ineligible Contractor” as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
- (b) [check **one** of the following boxes]
- Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
- The Contractor or one of its affiliates **has** incorporated or reincorporated in a “tax haven country” as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 **but** the United States is not
- the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor’s officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor’s Name:

Contractor’s Authorized Agent:

 Signature _____ Date _____

Printed Name _____ Title _____

Witness:

Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor’s Authorized Agent signs this certification and should sign and date this document immediately thereafter.

Appendix B Definitions and Resources

A. Definitions

- **1915(c) Innovations Waiver Services:** Home and community-based services designed to meet the needs of individuals with intellectual or developmental disabilities who prefer to get long-term care services and supports in their community, rather than an institutional setting. ([source](#))
- **1915(i) Services:** Home and community-based services which provide opportunities for Medicaid enrollees to receive services in their own home or community rather than institutions. ([source](#))
- **Assertive Community Treatment (ACT):** An ACT team consists of a community-based group of medical, behavioral health, and rehabilitation professionals who use a team approach to meet the needs of an individual with severe and persistent mental illness. An ACT team provides person-centered services addressing the breadth of an individual's needs, helping him or her achieve their personal goals. Services are flexible; teams offer varying levels of care for all individuals receiving ACT, and appropriately adjust service levels given an individual's changing needs over time. ([source](#))
- **Behavioral Health:** Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions. ([source](#))
- **Bridge Housing Programs:** Provide short-term housing opportunities to individuals with more acute behavioral needs (e.g., serious mental illness) for 90 days (with opportunities for renewal) while the care management entity or their designee works to move the individual into permanent supportive housing or another form of housing. Individuals in this model of housing have access to on-site staff for at least twelve hours daily and are connected to treatment services. ([source](#))
- **Bureau of Justice Assistance:** The Bureau of Justice Assistance is a component of the Office of Justice Programs, within the United States Department of Justice. BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation's criminal justice system. ([source](#))
- **Career Centers:** Offers individuals resources and supports to find work and improve skills to obtain and maintain employment. ([source](#))
- **Certificate of Relief:** Allows individuals who have been convicted of a crime to apply for relief from a court of law from collateral consequences that could impede their reintegration into society. ([source](#))
- **Certified Community Behavioral Health Clinic:** Designed to ensure access to coordinated comprehensive behavioral health care and are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth. The model includes 24 hour/7 day a week crisis services, comprehensive behavioral health services, and care coordination to help people navigate their care/care systems. ([source](#))

- **Clubhouse Model:** A community-based service dedicated to supporting and empowering people living with mental illness. Based on the Clubhouse Model of psychosocial rehabilitation, each Clubhouse offers a collaborative, restorative environment where members can recover by gaining access to opportunities for employment, socialization, education, skill development, housing and improved wellness. ([source](#))
- **Community Mental Health Services Block Grant:** A Substance Abuse and Mental Health Services Administration program that makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services to adults with serious mental illness and children with serious emotional disturbance. ([source](#))
- **Community Paramedicine:** A model of care that allows emergency medical service providers, including emergency medical technicians and paramedics, to operate in expanded roles to increase access to primary care and facilitate appropriate use of emergency care resources. ([source](#))
- **Community Support Team:** CST provides direct support to adults with a diagnosis of mental illness, substance use, or comorbid disorder and who have complex and extensive treatment needs. This service consists of community-based mental health and substance use services, and structured rehabilitative interventions intended to increase and restore an individual's ability to live successfully in the community. The team approach involves structured, face-to-face therapeutic interventions that assist in reestablishing the individual's community roles related to the following life domains: emotional, behavioral, social, safety, housing, medical and health, educational, vocational, and legal. ([source](#))
- **Competitive Integrated Employment:** Refers to working in the community alongside other employees without disabilities, earning at least minimum wage, and getting the same workplace benefits and opportunities as other employees doing the same job. ([source](#))
- **Co-occurring Disorders:** Occurs when an individual has a more than one of the following diagnoses: mental health disorder, substance use disorder, intellectual/developmental disability or traumatic brain injury. ([source](#))
- **Deflection:** Deflection programs occur before arrest or prior to initiation of a law enforcement or other justice system contact. These programs generally provide a path to treatment for individuals with mental health or substance related needs with the goal of averting the need for an emergent response from law enforcement or health services. Programs typically involve law enforcement, peer support specialists, recovery coaches, clinical staff, case managers or social workers. ([source](#))
- **Developmental Disabilities:** Developmental disabilities can be caused by a mental impairment, a physical impairment or a combination of both mental and physical. A developmental disability is chronic, begins in childhood or during childhood, and adversely affects an individual's daily living and functioning. ([source](#))
- **Diversion:** Pretrial diversion programs are post-arrest interventions that occur at some point prior to final entry of judgment. Programs can take place before charges are filed, before first appearance or before adjudication. Successful completion of these programs results in dismissal of charges and in some instances clearing of associated records of the case or arrest. Programs authorized by legislation are typically administered by prosecutors or court officials. ([source](#))

- **Enhanced Bridge Housing Programs:** Provide medium-term housing opportunities to individuals who require the most intensive services and supports, with a target length of stay of up to 180 days (no pre-determined minimum set stay). ([source](#))
- **Expungement:** An expunction is a legal process to remove a criminal conviction or a criminal charge from a person's record and to seal or destroy the state's records. ([source](#))
- **Fair Chance Hiring:** Fair chance employment policies are designed to give people with criminal records more access to meaningful opportunities. It is based on the premise that everyone, regardless of their background, has the right to be fairly assessed for a role based on their qualifications rather than their criminal records. ([source](#))
- **Forensic Assertive Community Treatment (FACT):** FACT is a service delivery model intended for individuals with serious mental illness who are involved with the criminal justice system. These individuals may have co-occurring substance use and/or physical health disorders. FACT builds on the evidence-based assertive community treatment (ACT) model by making adaptations based on criminal justice issues—in particular, addressing criminogenic risks and needs FACT provides services that are client-focused, community-based, time-unlimited, and delivered by a multidisciplinary team. ([source](#))
- **General Educational Development:** A group of four academic subject tests in the United States certifying academic knowledge equivalent for a high school diploma. ([source](#))
- **Harm Reduction:** Evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives. ([source](#))
- **Health Related Social Needs (HRSN) (otherwise referred to as basic needs):** Refer to an individual's unmet, adverse social conditions (e.g., housing instability, homelessness, nutrition insecurity) that contribute to poor health and are a result of underlying social determinants of health (conditions in which people are born, grow, work, and age). ([source](#))
- **Healthy Opportunities Pilots:** As part of North Carolina's 1115 Waiver, the Healthy Opportunities Pilots covers the cost of select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees. ([source](#))
- **Historically Marginalized Population:** Individuals, groups, and communities that have historically and systematically been denied access to services, resources and power relationships across economic, political, and cultural dimensions as a result of systemic, durable, and persistent racism, discrimination and other forms of oppression. ([source](#))
- **Inclusion Works:** A North Carolina Department of Health and Human Services Initiative to promote Competitive Integrated Employment for Individuals with intellectual or developmental disabilities. The initiative offers services and support to help individuals with I/DD find and maintain jobs in the community at competitive wages. ([source](#))
- **Intellectual Disabilities:** Intellectual disability is a condition characterized by significant limitations in both intellectual functioning and adaptive behavior that originates before the age of 22. ([source](#))
- **Justice-Involved:** Refers to individuals involved, or at risk of being involved, with the justice system. ([source](#))

- **Law Enforcement Assisted Diversion (LEAD):** A replicable model that enhances public safety and equity by diverting people with unmet behavioral health needs away from jail and prosecution and into nonpunitive, collaborative, community-based systems of care. ([source](#))
- **LME-MCO:** Local Management Entities/Managed Care Organizations manage the care of NC Medicaid beneficiaries who receive services for mental health, developmental disabilities, traumatic brain injury or substance use disorders. ([source](#))
- **Master Leasing:** Involves a third party either directly subleasing from or working with landlords to mitigate financial risk and secure vacant units for households that have traditionally been screened out of the application process. ([source](#))
- **Medicaid:** A health insurance program for certain low-income individuals and families paid with federal, state, and county dollars. ([source](#))
- **Medicare Advantage:** A type of health plan offered by Medicare-approved private companies that must follow rules set by Medicare. ([source](#))
- **Mental Health:** Refers to emotional, psychological, and social well-being. ([source](#))
- **North Carolina Department of Health and Human Services:** Manages the delivery of health- and human-related services for all North Carolinians. The Department works closely with health care professionals, community leaders and advocacy groups; local, state and federal entities; and many other stakeholders to make this happen. The Department is divided into 33 divisions and offices and also oversees 14 facilities: developmental centers, neuro-medical treatment centers, psychiatric hospitals, alcohol and drug abuse treatment centers, and two residential programs for children. ([source](#))
- **North Carolina Division of Employment and Independence for People with Disabilities:** Helps people with disabilities achieve their goals for employment and independence. ([source](#))
- **North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services:** Provides quality support to achieve self-determination for individuals with intellectual and/or developmental disabilities and quality services to promote treatment and recovery for individuals with mental illness and substance use disorders. ([source](#))
- **North Carolina Division of Social Services:** Provides guidance and technical assistance to agencies that provide direct services that address issues of poverty, family violence and exploitation. DSS promotes self-reliance and self-sufficiency and works to prevent abuse, neglect, dependency and exploitation of vulnerable individuals, children and their families. ([source](#))
- **Peer Supports:** An individual with the lived experience that provides support to others experiencing similar challenges. ([source](#))
- **Permanent Supportive Housing Programs:** Long-term housing that may or may not include flexible wraparound supports to ensure connections to treatment are maintained. ([source](#))
- **Rapid Re-Housing:** Short-term rental assistance strategy that quickly identifies housing for individuals, provides rent and move-in assistance, and ongoing care management support. ([source](#))
- **Recovery Center:** A hub for individuals seeking long-term recovery. ([source](#))

- **Standard Plan:** A North Carolina Medicaid Managed Care plan that offers integrated physical health, pharmacy, care coordination and basic behavioral health services as well as added services such as wellness programs. ([source](#))
- **Substance Abuse and Mental Health Services Administration:** Agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. ([source](#))
- **Substance Use Disorder:** Treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. ([source](#))
- **Substance Use Prevention and Treatment Block Grant:** A Substance Abuse and Mental Health Services Administration Program that provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, the Northern Mariana Islands, Guam, American Samoa, 3 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance use. ([source](#))
- **Supplemental Nutritional Assistance Program:** Provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being. ([source](#))
- **Supplemental Security Income/Social Security Disability Insurance Outreach, Access, Recovery:** Increases access to Social Security disability benefits for eligible children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. ([source](#))
- **Supported Employment:** Assists individuals age 16 and older with developing skills to seek, obtain and maintain employment. ([source](#))
- **Tailored Care Management:** A free service from NC Medicaid for people who have a serious mental illness, a severe substance use disorder, an intellectual/developmental disability or a traumatic brain injury. More information is available [here](#).
- **Tailored Plan:** A Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan (Tailored Plan) is a North Carolina Medicaid Managed Care health plan that offers physical health, pharmacy (prescriptions), care management and behavioral health services, intellectual and developmental disability services, traumatic brain injury services, and other long-term services and supports, delivered through local management entity-managed care organizations. Tailored Plans serve members with mental health needs, substance use disorders, intellectual/developmental disabilities or traumatic brain injuries. Tailored Plans offer added services for members who qualify. ([source](#))
- **Technical Assistance:** Also known as “TA” and commonly referred to as consulting, is the process of providing targeted support to an organization with a development need or problem. It is an effective method for building the capacity of an organization. ([source](#))
- **Telehealth:** The use of electronic information and telecommunication technologies to support distance clinical health care, patient and professional health-related education, public health, and health administration. ([source](#))
- **Tier 1 Designation:** The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. This Tier system is incorporated into various state programs to encourage economic activity in the less

prosperous areas of the state. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. ([source](#))

- **Transitional Housing Programs:** Provide short-term housing opportunities to individuals with mild to moderate behavioral health diagnoses for 90 days (with opportunities for renewal). ([source](#))
- **Transitions to Community Living:** Provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play in North Carolina. The initiative promotes recovery through providing long-term housing, community-based services, supported employment and community integration. ([source](#))
- **Trauma Informed:** An approach to care that acknowledges that health care organizations and care teams need to have a complete picture of an individual’s life situation — past and present — in order to provide effective health care services with a healing orientation. ([source](#))
- **Traumatic Brain Injury:** An injury to the brain that is caused by an external physical force such as hitting the head or other types of blunt force trauma. ([source](#))
- **Tricare:** TRICARE is the uniformed services health care program for active-duty service members, active-duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses. ([source](#))
- **Warm Handoff:** Time-sensitive, member specific planning for care managed members or other members identified by either the transferring or receiving entity to ensure continuity of service and care management functions. Warm handoffs require collaborative transition planning between both transferring and receiving entities and as possible, occur prior to transition. ([source](#))
- **Workforce Development Boards:** A group of community leaders appointed by local elected officials and charged with planning and oversight responsibilities for workforce programs and services in their area. ([source](#))

B. Resources

Applicants may benefit from utilizing the following resources as they develop their application.

- Applicants may benefit from utilizing the following resources as they develop their application. Data on the Justice-Involved Population in North Carolina:
 - The Department of Adult Corrections (DAC) provides data on the [number of individuals entering and exiting state prisons](#), which can be broken down by county, age, race, sex, etc.
 - The Department of Public Safety (DPS) supports a [justice data dashboard](#) that includes data on criminal offenses, crime types, and victim demographics.
 - The Vera Institute for Justice tracks [jail and prison population trends](#) at the county level.
- Regional, County, and Community-Level Information:
 - The Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a [Tier designation](#). This Tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state (a map of tiers by county is included in appendix section c).

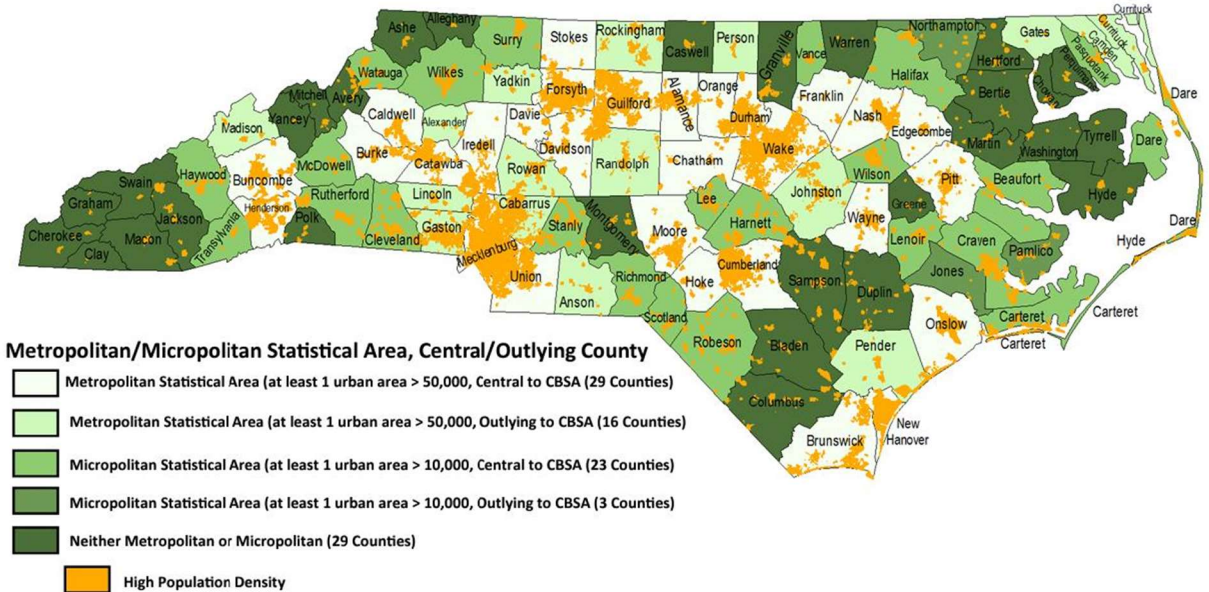
- The DHHS Office of Rural Health [maps rural and urban counties](#) in North Carolina (a map of county core based statistical areas is included in appendix section c)
- The [NC DHHS Opioid and Substance Use Action Plan Data Dashboard](#) tracks clinical and programmatic data on the state’s response to the opioid crisis (overdoses by county map is included in appendix c).
- The NC [DHHS Violent Death Reporting System Data Dashboard](#) captures data on deaths that occur in North Carolina as a result of violence (e.g., suicide, homicide, unintentional firearm deaths, legal intervention, etc.).
- The [NC Healthy 2030 State Assessment](#) and [NC County Health Profiles](#) aggregate key health data for all counties.
- The United States Census Bureau produces [county data profiles](#) that include health and economic variables.
- Existing State Programs:
 - Information on [local opioid settlement spending plans](#) is publicly available and maintained by the Community Opioid Resources Engine for North Carolina.
 - Local Community Action Agencies help individuals find jobs, locate housing, obtain shelter, have food, obtain access to health care and take care of children. Contact information and the locals of these entities are available [here](#).
 - Local Reentry Councils are currently operating in 19 counties. Contact information and the locations of existing LRCs are available [here](#).
 - The Transitions to Community Living (TCL) programs provides eligible adults living with serious mental illnesses the opportunity to choose where they live, work and play in North Carolina. More information can be found [here](#).
- Medicaid Resources:
 - The [DHHS Justice-Involved Reentry Initiative fact sheet](#) describes the key components of North Carolina’s 1115 demonstration renewal request to provide Medicaid services to justice-involved individuals.
 - NC Medicaid supports a range of Medicaid Managed Care health plans. More information can be found [here](#).
 - The [Healthy Opportunities Pilots \(HOP\) webpage](#) provides information on efforts to provide select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees.
 - The [Tailored Care Management \(TCM\) webpage](#) provides an overview of services and supports provide by care managers specially trained to help people help people with serious mental illness, severe substance abuse disorder, intellectual/developmental disabilities or traumatic brain injury.
 - NC Medicaid provides free [1915\(i\) Home and Community-Based Services](#) to Medicaid beneficiaries to support their independence at home or in the community.

Appendix C Data

A. Data

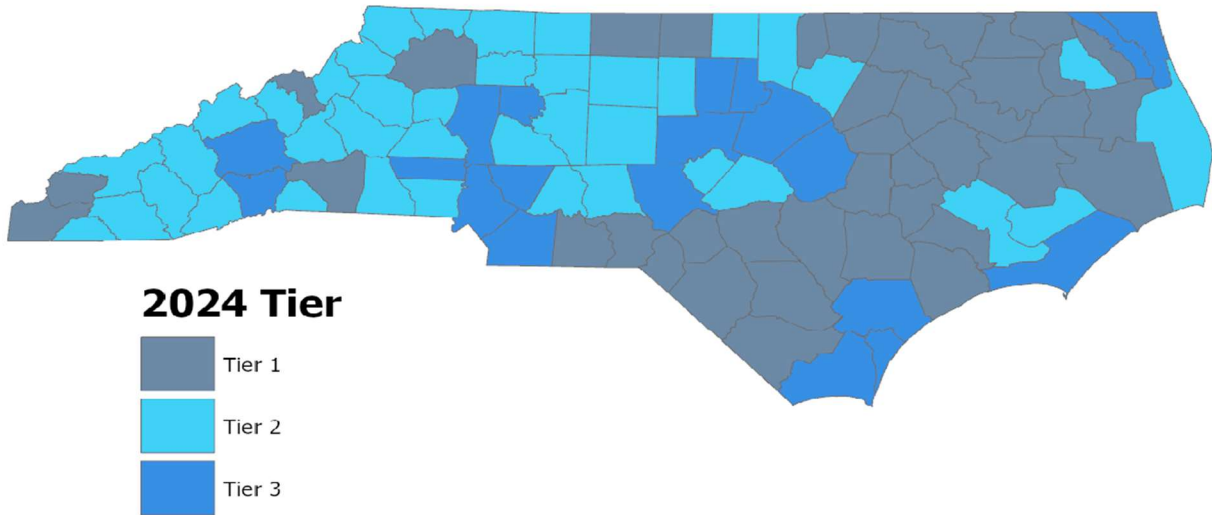
North Carolina Rural and Urban Counties ([source](#))

County Designations of Core Based Statistical Areas

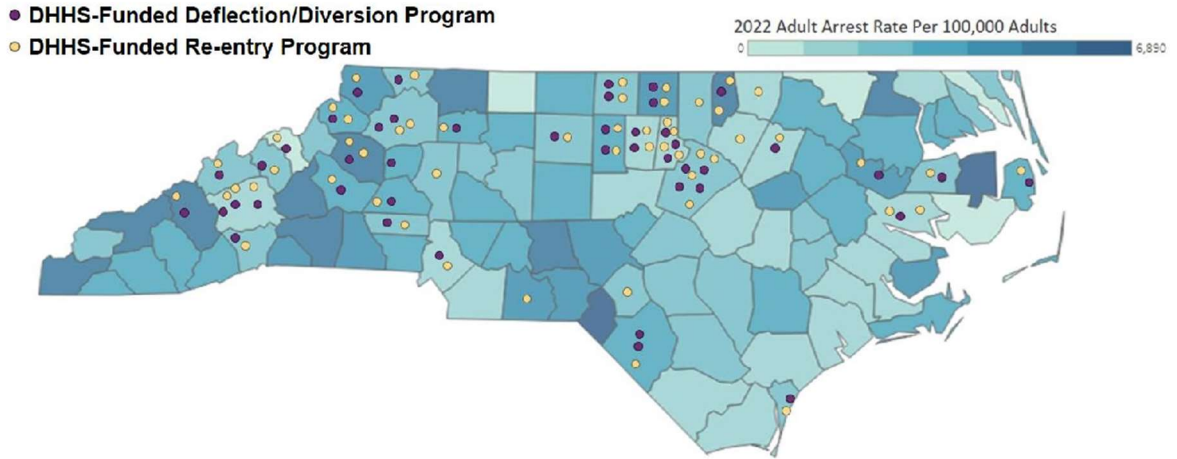


Note: a central county is part of a Core Based Statistical Area (CBSA) containing a substantial portion of an urbanized area or urban cluster or both, and to and from which commuting is measured to determine qualification of outlying counties. An outlying county that qualifies for inclusion in a CBSA on the basis of commuting ties with the CBSA's central county or counties.

2024 County Distress Ratings ([source](#))

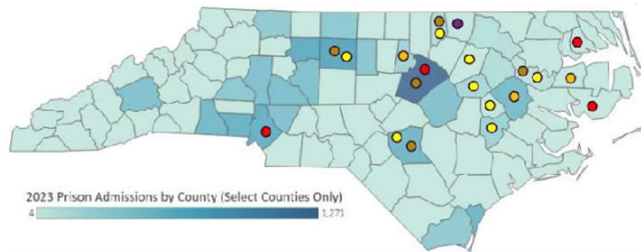


Arrest Rates by County and Location of Current DHHS-Funded Programming (2022)



Source: North Carolina State Bureau of Investigation.

Prison Admissions by Race (2023)



Prison Admissions Percentage Compared to Share of NC Population			
Am. In./Nat. Am.	Black/Af-Am	Latinx	
1.5x	1.5x	1.5x	
2x	2x	2x	
2.5x	2.5x	2.5x	

Rank for Total Admissions	County of Conviction	# of Prison Admissions 2023	Prison Admission % by Race/Ethnicity			
			Am. In./Nat. Am./Indg./Als k. Nat.	Black/Af-Am	Latinx	White
91	WASHINGTON	22	0.00	100.00	0.00	0.00
99	HYDE	4	0.00	100.00	0.00	0.00
50	EDGECOMBE	131	0.00	80.15	2.29	16.79
4	MECKLENBURG	6,279	0.16	78.54	7.31	11.76
31	DURHAM	235	0.00	77.45	7.23	11.49
48	VANCE	145	0.69	77.24	2.07	19.31
81	HERTFORD	42	0.00	76.19	0.00	19.05
4	PITT	508	0.59	74.80	2.56	21.65
93	NORTHAMPTON	18	0.00	72.22	0.00	27.78
36	WILSON	200	0.00	71.00	4.50	23.00
29	LENOIR	264	0.00	70.45	1.89	26.14
34	NASH	209	0.96	69.86	4.31	23.44
89	BERTIE	26	0.00	69.23	0.00	30.77
54	HALFAX	114	2.53	67.54	0.00	29.82
1	WAKE	1,271	0.63	66.80	7.79	22.74
95	PERQUIMANS	14	0.00	64.29	0.00	35.71
7	CUMBERLAND	554	0.78	63.18	2.71	25.63
79	GREENE	46	0.00	63.04	4.35	28.26
66	MARTIN	81	1.23	61.73	1.23	34.57
2	GUILFORD	731	1.84	61.70	2.87	30.92
87	WARREN	32	6.25	59.38	6.25	28.13

Source: DAC Data System.

Overdose Rates by County Per 100,000 (2022)

