

**REQUEST FOR APPLICATIONS**  
**RFA# DMH23-002CK-RFA EMS Bridge MAT Program**

RFA Posted	July 5, 2022		
Questions Due	July 19, 2022 by 5:00 pm EST		
Applications Due	August 2, 2022 by 5:00 pm EST		
Anticipated Notice of Award	August 16, 2022		
Anticipated Performance Period	September 1, 2022 – September 30, 2025		
Service	EMS Administered MAT		
Issuing Agency	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		
E-mail Applications and Questions to	DMH/DD/SAS Contracts Team	Email	RFA.responses@dhhs.nc.gov

**THIS REQUEST FOR APPLICATIONS (RFA)** advertises the Division’s need for the services described herein and solicits applications offering to provide those services pursuant to the specifications, terms and conditions specified herein. All applications received shall be treated as offers to contract. If the Division decides to accept an application, an authorized representative of the Department will sign in the space provided below. Acceptance shall create a contract that is effective as specified below.

**THE UNDERSIGNED HEREBY SUBMITS THE FOLLOWING APPLICATION AND CERTIFIES THAT:** (1) he or she is authorized to bind the named Contractor to the terms of this RFA and Application; (2) the Contractor hereby offers and agrees to provide services in the manner and at the costs described in this RFA and Application; (3) this Application shall be valid for 60 days after the end of the application period in which it is submitted.

**To Be Completed By Contractor:**

Contractor Name:	Catchment Area # (see p.5):
Contractor’s Street Address:	E-Mail Address:
City, State & Street Address Zip:	Telephone Number:
Name & Title of Authorized Representative:	DUNS Number:
Signature of Authorized Representative:	Date:

**Unsigned or Incomplete Applications Shall Be Returned Without Being Reviewed**

<b>NOTICE OF AWARD/FOR NC DHHS USE ONLY:</b> Application accepted and Contract # _____ awarded on _____. The Contract shall begin on _____, and shall terminate on _____.		
By: _____	_____	_____
Signature of Authorized Representative	Printed Name of Authorized Representative	Title of Authorized Representative

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## **1.0 INTRODUCTION**

The North Carolina Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), is soliciting applications for Emergency Medical System (EMS) organizations to expand the EMS-based Medication Assisted Treatment (MAT) Bridge program from two to 10 counties. The EMS Bridge MAT Program inducts a person on buprenorphine after an opioid overdose event, and then uses community paramedics and post overdose response teams to follow up and continue to provide medication and support until the person can be placed in long-term substance use disorder (SUD) treatment.

### **1.1 PURPOSE**

Contractors awarded under this solicitation will develop or expand services in eight additional counties for the purpose of reducing opioid overdose related deaths throughout the state of North Carolina. Contractors will provide services to eligible individuals in their service areas and will periodically report on performance measures relevant to these services. This program funds an expansion of a two county pilot EMS Bridge MAT Program to a total of ten counties. This program will support community paramedics responding to individuals with an opioid overdose who refuse transport to emergency departments (EDs) for treatment. Under the supervision of a waived prescriber, the paramedic will induct a person on buprenorphine after an overdose event. Then the community paramedics and/or post overdose response team will follow up and continue to provide medication and support for up to seven days until the person can be referred to other appropriate OUD treatment.

### **1.2 BACKGROUND**

The opioid crisis was declared a national public health emergency in the United States in 2017. At the time of this declaration, over 2.1 million people in the United States suffered from an opioid use disorder (OUD), and two out of three drug overdose deaths involved opioids (SAMHSA, 2017).

North Carolina has been severely impacted by the opioid epidemic. From 2000 to 2020 more than 28,000 North Carolinians have died from drug overdose (NC DHHS). Additionally, the COVID-19 pandemic has exacerbated substance use disorders for many citizens. Data from the North Carolina Department of Health and Human Services shows that overdoses due to commonly prescribed opioids increased in 2020 and remained elevated in 2021. Furthermore, NC DHHS data show that nearly four thousand people died in North Carolina in 2021 due to drug overdose, a 26% increase from 2020 (NC DHSS, 2022).

The opioid epidemic has also put a strain on emergency services. Nationally, ED visit rates because of an opioid overdose increased by 28.5% across the U.S. in 2020, compared to 2018 and 2019 (Soares et al., 2019). In North Carolina, ED visits due to opioid overdose more than doubled from 3,263 in 2013 to 8,846 in 2021. (NC DHHS, 2022). Emergency medical services (EMS) are the front line for responding to opioid overdoses and nationally greater than 1% of all emergency medical services (EMS) encounters now involve naloxone administration for opioid overdose reversal (Knowlton et al., 2013). National EMS data show that from 2012 to 2016, the rate of naloxone administration increased 75.1%, from 573.6 to 1004.4 per 100,000 EMS events (Cash et al., 2018).

Medication for opioid use disorder (MOUD), also known as medication assisted treatment (MAT), is effective and improves mortality, treatment retention, and remission; however, many people with OUD remain untreated (Sordo et al., 2017; Thomas et al., 2015). Barriers to treatment often include lack of access to prescribers who have received waivers to prescribe buprenorphine, lack of access to addiction treatment programs that offer MOUD and lack of insurance to pay for treatment (Andrilla et al., 2019).

Community or prehospital initiation of buprenorphine by paramedics is an emerging potential intervention used in New Jersey and California, now piloted in Stanley and Onslow counties in North Carolina (NJEMS, CABridge, 2022). This is an intervention that can target those individuals who are at high risk for overdose deaths and typically do not engage in treatment because they frequently refuse transport to the ED.

This proposed project will expand the Stanley and Onslow County EMS MAT Bridge Programs by supporting paramedics in offering buprenorphine immediately following reversal along with daily follow-ups and dosing for up to seven days. These services will be supervised by a waived prescriber and offered free of charge. Peer support specialists will accompany paramedics on daily follow up visits for up to six (6) additional days to facilitate the individual's entry into MOUD and will facilitate referral to an opioid treatment program (OTP), office based opioid treatment (OBOT) program, or other waived provider.

Specific information about program goals and targets follows:

- A. **Goals and Objectives** – The overall goals of this program are to reduce opioid deaths and ED visits in North Carolina. This project also aims to increase access to evidence-based OUD treatment to individuals who may not have access due to lack of qualified providers, lack of insurance or hesitancy to engage in treatment.
- B. **Estimated Number of Awardees** – It is estimated that there will be eight awardees representing diverse geographic locations.
- C. **Beneficiaries and how will they benefit** – The program is meant to reach individuals who face barriers to access to treatment and recovery supports because of insurance status, lack of qualified providers or lack of knowledge of evidence-based treatment options.
- D. **Target Population Served**- Any North Carolinian that has experienced an OUD related overdose that necessitated a visit from EMS.
- A. **Primary counties served**- All counties in NC are eligible to apply, with the exception of Onslow and Stanley counties. These two counties currently have ongoing pilot programs.

## 2.0 **ELIGIBILITY**

Any licensed EMS Agency in an active status that is affiliated with an approved EMS System in North Carolina is eligible to apply for this RFA.

## 3.0 **AWARD INFORMATION**

### A. **Funding Methodology:**

Subaward under DHHS's award from the Substance Abuse and Mental Health Services Administration (SAMHSA). The specific funding source is the American Rescue Plan Act (ARPA) Supplemental Funding for the Substance Abuse Prevention and Treatment (SABG) Block Grant Program.

### **Maximum Award Amount:**

The maximum total award for each applicant is \$350,000.

### B. **Estimated # of Awardees:**

8 awardees

### C. **Indirect Cost:**

The selected organization may request up to 10% in indirect costs on the modified total direct costs (unless a higher indirect cost rate has been approved by a cognizant agency). The letter of approval must be submitted with your application. These costs are included as part of the total amount awarded.

### D. **Limitations and Restrictions:**

Grant funds must be utilized in North Carolina. Funds are reimbursed on an expenditure basis. No lump sum, upfront payments will be provided.

Grant funds awarded are one-time only funds and may not be carried forward beyond September 30, 2025.

The funding source prohibits augmenting salaries more than \$190,300 (schedule 1 federally) and purchase of individual equipment that's over \$5,000.

### E. **Cost Sharing or Matching:**

There is no Cost Sharing or Matching requirement associated with this grant.

### F. **Allowable Costs:**

Allowable and appropriate costs must be necessary and reasonable to provide the services.

### **3.1 SOURCE OF FUNDS AND PASS THROUGH REQUIREMENTS**

Federal Award Identification Number: B08TI083959

Federal Award Date: 05.17.21

Subaward Period of Performance: 09.01.21 – 09.30.25

Amount of Federal Funds Obligated by this Action: \$2,800,000

Total Amount of Federal Funds Obligated to the Subrecipient: up to \$350,000 per site

Total Amount of the Federal Award: \$36,420,651

Federal Award Project Description: The SABG program allows states and territories to plan, implement and evaluate activities to prevent, treat and help more people recover from substance use disorder. This funding will also allow recipients to make investments in existing prevention, treatment and recovery infrastructure, promote support for providers and address unique local needs to deliver substance use disorder services.

Federal Awarding Agency: SAMHSA

Pass-through Entity: NC DHHS, DMHDDSAS

DUNS # 8097853630000

CFDA Number: 93.959

CFDA Name: Substance Abuse Prevention and Treatment (SABG) Block Grant Program, American Rescue Plan Act (ARPA) Supplemental Funding, in accordance with H.R. 1319 - American Rescue Plan Act of 2021.

Is award R&D: No.

### **3.2 FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

As a subrecipient of federal funds, each selected grant recipient will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization's DUNS number. Please see <https://fedgov.dnb.com/webform> for free registration. Additional information about FFATA is available at <https://www.fsr.gov/>.

## **4.0 DEFINITIONS, ACRONYMS AND ABBREVIATIONS**

**COWS:** Clinical Opioid Withdrawal Scale

**NC DMH/DD/SAS:** North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**Division:** NC DMH/DD/SAS

**DHHS:** Department of Health and Human Services

**MAT:** Medication-assisted treatment

**OBOT:** Office Based Opioid Treatment

**OTP:** Opioid Treatment Program

**OD:** Opioid Use Disorder

**OEMS:** Office of Emergency Medical Services

**SAMHSA:** United States Substance Abuse and Mental Health Services Administration

**SUD:** Substance Use Disorder

## **5.0 SCOPE OF WORK**

### **5.1 PROGRAMMATIC REQUIREMENTS AND PRIORITIES**

All proposals must include:

- A. A plan to implement a team to provide EMS Bridge MAT Services. Team members to include a community paramedic, peer specialist and social worker, as appropriate.
- B. A plan for identifying individuals to be served by the program, including any use of screening and assessment tools (such as Clinical Opioid Withdrawal Scale (COWS) as appropriate and incorporation of a state-approved protocol into existing treatment and response to individuals with suspected OUD. See **Attachment A** for an example of a state-approved *Opioid Overdose Response Medication Assisted Treatment Protocol*.
- C. A plan to ensure oversight by a buprenorphine waived prescriber to permit daily administration of buprenorphine by a community paramedic for up to seven days. The plan will specify that buprenorphine will not be left with the patient.
- D. A plan for referral to appropriate community treatment and recovery supports, such as an OTP or OBOT, with consideration of the individual's insurance status.
- E. A clear statement on the readiness of the organization to engage in this work.

## **5.2 CONTRACTOR RESPONSIBILITIES**

If awarded, the contractor is responsible for engaging in the following activities:

- A. Train community paramedics on the state approved protocol and state of the art treatment for OUD
- B. Identify buprenorphine waived prescriber to provide clinical oversight
- C. Implement a state-approved Opioid Overdose Response Medication Assisted Treatment Protocol
- D. Provide buprenorphine in the patient's home for up to one week (7days)
- E. Provide warm hand off/referral to appropriate OTP to OBOT, recognizing the individual's ability to pay for treatment services (A list of OTPs is provided as Attachment C for reference. A list of buprenorphine practitioners supported by SAMHSA is located at: <https://www.samhsa.gov/medication-assisted-treatment/find-treatment/treatment-practitioner-locator> Applicants are encouraged to contact providers to ensure information is up to date.)
- F. Provide warm hand -off to peer support specialist (this position can be an employee of the EMS, if appropriate)
- G. Support harm reduction activities (e.g., provide naloxone kits to patient or household members, as appropriate)
- H. Collect and report data
- I. Submit monthly reports
- J. Attend quarterly clinical review meetings as determined by DMHDDSAS and OEMS

## **5.3 PERFORMANCE STANDARDS AND EXPECTATIONS**

All sub awarded contractors will be required to submit performance data monthly. Upon award, the contractors will be provided with a data collection tool that will include the following data elements:

- A. Number of unique individuals served
- B. Number of contacts with individuals, including refusals
- C. Demographic information of those served, including race, ethnicity, age, and gender identity of program participants and individuals served
- D. Number of referrals OUD services
- E. Type of services connected to (OBOT, OTP, other treatment, other recovery supports, SSP services, social services, etc.)
- F. Challenges to completing project goals, strategies for overcoming these challenges, and lessons learned from engaging in the work

## **5.4 REPORTING REQUIREMENTS**

In addition to the contents within this RFA, the contractor shall also adhere to the following:

1. Reports (monthly)
2. Monthly Reimbursements/Invoices (due by the 10<sup>th</sup> of each month)

## **5.5 OTHER CONTRACTOR REQUIREMENTS**

Not applicable.

## **5.6 CONTRACTOR QUALIFICATIONS AND CAPACITY**

To assure the capacity and readiness of organizations to implement the programs specified in this solicitation, the following materials must be submitted in addition to your application. These materials do not count toward any page limit specified in this solicitation. Applications that do not include these materials will be marked as non-responsive and will not be reviewed.

1. Resumes of key staff
2. List of board members
3. Organizational chart
4. Partnerships and collaboration (demonstrated by letters of support)
5. A clear statement on the readiness of the organization as described in section 5.1
6. List of past projects that compare to the scope of work required along with contact information for each project
7. List of subcontractors, or a statement that there are no subcontractors

## **5.7 CONTRACTOR ENHANCEMENTS OR ADDITIONAL CONSIDERATIONS**

Not applicable.

## **6.0 DIVISION RESPONSIBILITIES**

NC DMHDDSAS reserves the right to:

- a. Modify the application and budget after consulting with the applicant. Items that may be modified include, but are not limited to, goals, costs, performance, and reporting requirements
- b. Allow or disallow budget amendments during the performance period of the project
- c. Monitor the program based on the Division's Subrecipient Monitoring plan
- d. Implement any change or requirement mandated by State or Federal government during the life of the project

### **6.1 Performance Oversight**

A contract administrator will be assigned to the selected organization. This administrator will have programmatic and administrative oversight of the following:

- a. Performance measures
- b. Contract renewal, amendment, realignment
- c. Financial records: payments and invoices
- d. Performance metrics

## **7.0 TERM OF CONTRACT, OPTIONS TO EXTEND**

The performance period for this contract is anticipated to begin September 1, 2022 (or upon execution) and is anticipated to end September 30, 2025.

## **8.0 BUDGET**

Funds will be awarded as a direct contract between DMH/DD/SAS and the successful applicant agency. The funds will be awarded on a reimbursable basis and will be paid each month, following the submission and approval of the FSR.

The line-item budget shall constitute the total cost to DMH/DD/SAS for the complete performance in accordance with the requirements and specifications herein, including all applicable expenses such as administrative costs. The applicant shall not invoice for any amounts not specifically allowed for in the line-item budget of this RFA.

A budget template has been supplied as part of this RFA and must be used by the applicant agency.

## **9.0 INVOICING AND REIMBURSEMENT**

Upon award, a contract will be executed between NCDHHS and the awardee. Funds associated with this RFA will be provided to the successful applicant on a reimbursement basis. The successful applicant will be required to submit a Financial Status Report (FSR) by the 10th of each month, detailing expenditure during the reporting period. The FSR will be reviewed by the contract administrator against the approved budget. The FSR will then be processed for reimbursement.

## **10.0 THE SOLICITATION PROCESS**

The following is a general description of the process by which agencies or organizations will be selected to complete the goal or objective.

- 1) RFAs are being sent to prospective agencies and organizations.
- 2) Written questions concerning the RFA specifications will be received until the date specified on the cover sheet of this RFA. A summary of all questions and answers will be posted on the RFA web site.
- 3) Applications will be received from each agency or organization. The original must be signed and dated by an official authorized to bind the agency or organization.
- 4) All applications must be received by the funding agency not later than the date and time specified on the cover sheet of the RFA. Faxed applications will not be accepted.
- 5) At that date and time the applications from each responding agency and organization will be logged in.
- 6) At their option, the evaluators may request additional information from any or all Contractors 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 evaluators are not required to request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.
- 7) Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. 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.
- 8) 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.

## **11.0 GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

- 1) Award or Rejection  
All qualified applications will be evaluated and awards made to those agencies or organizations whose 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 Contractors will be notified by **August 16, 2022**.
- 2) Decline to Offer  
Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Titles  
Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.
- 8) Form of Application  
Each application must be submitted on the form provided by the funding agency, which will become the funding agency's Performance Agreement (contract).
- 9) 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 condition by any agency and 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).

- 10) Advertising  
In submitting its application, agencies and organizations agree not to use the results thereof or as part of any news release or commercial advertising without prior written approval of the funding agency.
- 11) 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.
- 12) 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.
- 13) 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.
- 14) 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 information required about the prime grantee is also required for each proposed subcontractor. **A subcontractor contract template must be submitted with the contractor's application. All subcontractors must be approved prior to use by the contractor.**
- 15) 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.
- 16) 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.
- 17) Contract  
The Division will issue a contract to the recipient of the grant that will include their application.
- 18) Federal Certifications
  - i) Agencies or organizations receiving Federal funds will be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix B). Federal Certifications should NOT be signed or returned with the application.
- 19) Insurance  
**Proof of minimum insurance requirements is required for the contractor and all subcontractors upon award.**

Please be advised that successful Contractors may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract may include assurances the successful Contractor would be required to execute when signing the contract. Agencies or organizations receiving Federal funds will be required to execute a Consolidated Federal Certification form (as applicable). Private not for profit agency contracts will also include a conflict of interest policy statement.

## **12.0 APPLICATION CONTENT AND INSTRUCTIONS**

This section includes what the Contractor is required to provide the division with its application response. *The Contractor must clearly demonstrate (describe) in its proposal response* how the Contractor's Organization will meet or address the programmatic requirements described in the scope of work section of the RFA. The Contractor proposal shall include the following items in this specific order and clearly marked as such.

Whenever possible, use appendices to provide details, supplementary data, references, and information requiring in-depth analysis. These types of data, although supportive of the proposal, if included in the body of the design, could detract from its readability. Appendices provide the proposal reader with immediate access to details if and when clarification of an idea, sequence or conclusion is required. Time tables, work plans, schedules, activities, and methodologies, legal papers, personal vitae, letters of support, and endorsements are examples of appendices.

Contractors shall populate all attachments of this RFA that require the Contractor to provide information and include an authorized signature where requested. Contractor RFA responses shall include the following items and those attachments should be arranged in the following order: Number each page consecutively.

**A. Cover Page (at the beginning of this RFA) with all fields completed, signed by an authorized official of the applicant organization (not included in the 10-page limit)**

**B. Face Page (not included in the 10-page limit)**

- 1) The Contractor's name and principal place of business.
- 2) The Contractor's legal status as a non-profit or for-profit agency.

**C. Proposal Summary: (Not scored, but included in 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.

**D. Organization Background and Qualifications: Describes the organization and its qualifications for funding (5 points)**

- 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,
- 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)

**E. Assessment of Need/s(Problem Statement) (15 points)**

- 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

(Note: Provide citations/reference sources for all community demographic and health status data. Much of the required data is available here <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm> or through the NC Opioid Dashboard <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>  
Scoring criteria will build in evaluation of need based on state surveillance data

**F. Project Description and Narrative (30 points)**

1. Describe your proposed project. This should include detail on which approved activity/activities will be provided and the anticipated number of individuals to receive services under this grant (elaborate on how the anticipated number of individuals to be served was chosen).
2. Explain how you engaged the priority population in developing this proposed project.
3. Detail how this project will address the community's and organization's needs.
4. List the goals, objectives, and anticipated outcomes of the project.
5. Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g., hiring staff or contractors, determining services to be provided, engaging participants, etc.).
6. Identify potential challenges the project may face (regulatory, environmental, or other constraints) and discuss how these challenges will be addressed and/or minimized.

**G. Collaboration and Community Support (10 points)**

All applicant agencies must:

- 1) Describe how they will collaborate on this project with other relevant organizations in the community.
- 2) Describe the reasons for partnering with specific organizations.
- 3) Describe how you will verify that projects or services are not being duplicated in the community and with the population served.

Letters of support that involve collaboration should be included with your grant application as an appendix and will not count toward the narrative page limit of this RFA. Please do not have letters sent separately to the Division. They will not be included in your application and will not be read by reviewers.

**H. Potential Impact (10 points)**

Explain why the proposed project is a good use of funding. Describe the potential impact and other effects on your community and its residents. Use research on program outcomes to identify what works. Whenever possible, quantify the possible economic savings and/or gains brought about by the project through program specific data.

**I. Line-Item Budget and Budget Narrative (20 points) (Not included in the 10-page limit)**

Every item that appears in the budget should be explained clearly, so the evaluator/reviewer will understand it. The budget narrative should explain how the numbers in the budget were calculated and how each expense is related to the proposed project. The Budget Narrative is the justification of 'how' and/or 'why' a line item helps to meet the program deliverables. It is also used to determine if the cost in the contract is reasonable and permissible.

The budget should be for the period September 1, 2022 – September 30, 2025.

- Salary Detail – Staff salaries and expenses for temporary/contract staff should be entered by position type in the appropriate section. For employed staff and temporary/contract staff, enter the average number of hours to be worked per week for each position type on the project.
- Summary – Detailed cost breakdown for the project and all sources of funding identified for the project.
- Narrative – Expanded details for specific line items in the budget.

Funds may not be used for purchase of land or buildings, nor may extensive renovations be completed with these funds. Equipment, such as computers, may be purchased with these funds if the cost is less than \$5000.00.

**The applicant agency shall use the budget template found in ATTACHMENT B to create the Line Item Budget.**

**J. Supporting Documents (10 points) (not included in the 10-page limit)**

- 1) An organizational chart identifying the personnel who will be assigned to work on this project.
- 2) Supporting documentation providing information on qualifications of personnel assign to work on this project.
- 3) Letters of support from key partners, including any proposed sub awardees.
- 4) Applicable Terms and Conditions (select and attach the appropriate Terms and Conditions for your organization type from Appendix A).
- 5) Applicable Certifications from Appendix A.
- 6) Other documents outlined above.

**Submit the complete application, including signature of authorized representative, to [RFA.responses@dhhs.nc.gov](mailto:RFA.responses@dhhs.nc.gov) no later than 5:00 pm EST August 2, 2022.**

**13.0 EVALUATION CRITERIA AND SCORING**

**PHASE I: INITIAL QUALIFYING CRITERIA**

The applicant’s proposal must meet all the following Phase I application acceptance criteria in order to be considered for further evaluation. Any proposal receiving a “no” response to any of the following qualifying criteria shall be disqualified from consideration.

ITEM	APPLICATION ACCEPTANCE CRITERIA	RFA Section	YES	NO
1	Application received by the deadline specified in the RFA			
2	Proposal includes all required affirmative statements, assurances and certifications signed by the applicant’s responsible representative, as described in Appendix A of the RFA			
3	Applicant meets eligibility requirements as stated in Section 2.0			

**PHASE II: CRITERIA FOR SCORING PROPOSAL/APPLICATIONS**

Qualifying application proposals will be collectively scored by the proposal review team. All qualified applications will be evaluated, and awards made based on the following criteria considered, to result in awards most advantageous to the State of North Carolina. Applications will be scored on the content, quality, and completeness of the responses to the items in the scope of work and to how well each response addresses the following core factors. DMH/DD/SAS will consider scores, organizational capacity, and distribution among catchment areas, and variety of quality improvement plans in determining awards. Please note that applicants not meeting the eligibility requirements or any of the minimum or mandatory requirements as stated in Phase I: Initial Qualifying Criteria will not be scored.

Evaluation Criteria	Score
Proposal Summary	Not scored
Organizational Background and Qualifications	5 points
Assessment of Need / Approach to the Project	15 points

Project Description and Narrative	30 points
Collaboration and Community Support	10 points
Potential Impact	10 points
Line-Item Budget/Budget Narrative	20 points
Supporting Documentation	10 points
<b>Total Possible Score</b>	<b>100 points</b>

## REFERENCES

- \_\_\_\_\_, 2019, Journal of Emergency Medical Services, <https://www.jems.com/news/new-jersey-authorizes-paramedics-to-carry-buprenorphine/>
- \_\_\_\_\_, CA Bridge <https://cabridge.org/resource/engagement-of-emergency-medical-services-project-summary/>
- Cash RE, Kinsman J, Crowe RP, Rivard MK, Faul M, Panchal AR. Naloxone Administration Frequency During Emergency Medical Service Events — United States, 2012–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:850–853. DOI: <http://dx.doi.org/10.15585/mmwr.mm6731a2external> icon
- Knowlton A, Weir BW, Hazzard F et al. EMS runs for suspected opioid overdose: implications for surveillance and prevention. *Prehosp Emerg Care*. 2013;17(3):317–329.
- North Carolina Department of Health and Human Services, 2022, North Carolina Emergency Department Visits for Opioid Overdose, <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/OpioidOverdoseEDVisitsMonthlyReports/StatewideOpioidOverdoseSurveillanceEDDataJan2022.pdf>
- North Carolina Department of Health and Human Services, 2021, Suspected Overdose Deaths\*, North Carolina Office of the Chief Medical Examiner (OCME) <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/StatewideOverdoseSurveillanceReports/OpioidOverdoseEDVisitsMonthlyReports/OCMESuspectedOverdoseDeathsDec2021.pdf>
- North Carolina Department of Health and Human Services, Overdose Epidemic <https://www.ncdhhs.gov/about/department-initiatives/overdose-epidemic>
- Soares WE 3rd, Melnick ER, Nath B, D'Onofrio G, Paek H, Skains RM, Walter LA, Casey MF, Napoli A, Hoppe JA, Jeffery MM. Emergency Department Visits for Nonfatal Opioid Overdose During the COVID-19 Pandemic Across Six US Health Care Systems. *Ann Emerg Med*. 2022 Feb;79(2):158-167. doi: 10.1016/j.annemergmed.2021.03.013. Epub 2021 Mar 19. PMID: 34119326; PMCID: PMC8449788.
- Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017;357:j1550. doi:10.1136/bmj.j1550
- Thomas CP, Fullerton CA, Kim M, Montejano L, Lyman DR, Dougherty RH, Daniels AS, Ghose SS, Delphin-Rittmon ME. Medication-Assisted Treatment With Buprenorphine: Assessing the Evidence. *FOC*. 2015;13(3):363–76. doi:10.1176/appi.focus.130309

**ATTACHMENT B**  
 LINE-ITEM BUDGET AND BUDGET NARRATIVE (SAMPLE).

CATEGORY	ITEM	NARRATIVE	AMOUNT
SALARY/WAGE			
FRINGE BENEFITS			
OTHER			
SUPPLIES MATERIALS			
EQUIPMENT			
TRAVEL			
RENT			
UTILITIES			
ADVERTISING			
DUES AND SUBSCRIPTIONS			
STAFF DEVELOPMENT			
PROFESSIONAL SERVICES			
SUB CONTRACTORS			