

NOTICE OF FUNDING OPPORTUNITY

Issue Date: November 1, 2021; UPDATED 11/16/21

Project Name:	PEER Alcohol & Drug Services
Due Date/Time:	November 30, 2021, 5:00pm
Contact:	Angela Brink, Behavioral Health Administrative Services Manager

Submit Proposal by EMAIL or US Mail

EMAIL: BHContracts@clackamas.us, email submissions must have Notice of Funding Opportunity- Peer A&D Services in the subject line

US POSTAL SERVICE: Angela Brink, Administrative Services Manager, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045

Respondents are encouraged to submit a response anytime during the NOFO announcement period; do not wait until the due date and time. Proposals will be reviewed as they are received to determine award and contracts will be issued immediately so that services may begin as quickly as possible.

Clackamas County's Health Housing and human services Department's Behavioral Health Division is seeking applications from agencies and /or organizations the provide peer delivered services to individuals with an addiction or history of substance use, may be at risk of substance use and /or addictions, with an addictions and co-occurring mental health issues or with mental health issues at risk for substance use and/or addiction. If you need this noticed translated into another language please contact us via email at BHContracts@clackamas.us.

克拉克默斯县的健康住房和公众服务部的行为健康部门正在寻求机构和/或组织的申请，这些机构和/或组织向有成瘾或吸毒史，可能有吸毒和/或成瘾风险，成瘾且同时有心理健康问题，或有吸毒和/或成瘾风险的心理健康问题的个人提供同伴服务。如果您需要将此通知翻译成另一种语言，请通过电子邮件联系我们 BHContracts@clackamas.us

La División de Salud de la Conducta del Departamento de Salud, Vivienda y Servicios Humanos del Condado de Clackamas busca solicitudes de agencias y/u organizaciones que ofrezcan servicios de pares a individuos con adicciones o historial de uso de sustancias, que puedan estar en riesgo de uso de sustancias y/o adicciones, con una adicción o con problemas de salud mental recurrente, o con problemas de salud mental en riesgo de su de sustancias y/o adicción. Si necesita esta notificación traducida en otro idioma, por favor, contáctenos por correo electrónico a BHContracts@clackamas.us

Отдел психического здоровья департамента здравоохранения, жилищного и социального обеспечения округа Клакамас принимает заявления от различных служб и/или организаций, предоставляющих услуги взаимной поддержки лицам с зависимостью от психоактивных веществ, лицам, имевшим зависимость от психоактивных веществ, лицам, которые могут подвергаться риску употребления и/или зависимости от психоактивных веществ, лицам, имеющим зависимость и сопутствующие проблемы

психического здоровья или лицам, имеющим проблемы психического здоровья и подверженным риску употребления и/или зависимости от психоактивных веществ. Если вам требуется перевод этого уведомления на другой язык, пожалуйста, свяжитесь с нами по электронной почте BHContracts@clackamas.us

1. ANNOUNCEMENT AND SPECIAL INFORMATION

Respondents are required to read, understand, and comply with all information contained within this Notice of Funding Opportunity (“NOFO”). All Proposals are binding upon the Respondents for sixty (60) days from the Proposal Due Date/Time.

Proposals are to be emailed to BHContracts@clackamas.us. If mailed or hand delivered, the Proposal must be submitted to Angela Brink, Administrative Services Manager, Clackamas County Behavioral Health Division, 2051 Kaen Road, Suite 154, Oregon City OR 97045. Proposals received after the Proposal Due Date/Time will not be considered.

All questions regarding this NOFO are to be directed to BHContracts@clackamas.us at the Clackamas County Behavioral Health Division. Respondents may not communicate with County employees or representatives about the NOFO during the procurement process until the Clackamas County Behavioral Health Division has notified Respondents of the selected Proposals. Communication in violation of this restriction may result in rejection of a Proposal.

Responses to questions will be posted weekly as FAQs at <https://www.clackamas.us/grants>. Questions received after November 24 will not receive a response.

2. INTRODUCTION

The Clackamas County’s Behavioral Health Division is seeking qualified programs and organizations to provide peer delivered support services in the areas of mental health and substance use. Services are to be provided within Clackamas County and serving adults, children, youth, and families residing in Clackamas County.

In submitting a response to this Notice of Funding Opportunity, the proposer certifies that paid staff providing services under any contract issued will be paid a living wage and receive appropriate benefits.

The FEDERAL funding for this opportunity is through Block Grants for Prevention and Treatment of Substance Abuse awarded by the United State Department of Health and Human Services. Applicants may apply for up to \$351,656 per year. The anticipated start date for funding agreements is January 1, 2022. Funding may potentially continue through December 2024, depending upon satisfactory performance and continuing availability of funding.

Applicants must have a DUNS number, have an active, publicly viewable registration in sam.gov and not be disbarred or suspended.

3. GOAL

The goal of this funding is to provide peer support services to individuals in Clackamas County with an addiction or history of substance use, may be at risk of substance use and /or addictions, with an addictions and co-occurring mental health issues or with mental health issues at risk for substance use and/or addiction.

4. PROGRAM OVERVIEW

Provide peer support services to individuals living in Clackamas County:

- With an addiction or history of substance use
- At risk of substance use and/or addiction
- With an addiction and co-occurring mental health issues
- With mental health issues at risk for substance use and/or addiction

Develop referral sources with system partners such as, but not limited to:

- Clackamas Behavioral Health Division
- Department of Human Services
- Clackamas County Jail
- Mental Health, Drug, Family, and other courts in the County
- Treatment programs

Provide workshops, trainings, support groups, and other opportunities for individuals within the County.

Participate in planning, staff, advisory, and system collaboration meetings as requested by the County.

Standards of Work

- Applicant agrees to work in conjunction with Clackamas County Behavioral Health Division to promote a recovery-oriented support system that focuses on hope, choice, personal responsibility, and self-determination.
- Peer Support Specialists will use a whole health approach not only addressing issues of mental health and addiction, but spiritual and physical health as requested by the individual.
- Applicant will work in a collaborative process with the County and other services providers to encourage communication and collaboration regarding the individual's success in attaining their self-directed life goals.
- Peer Support Specialists will have received an Addictions and Mental Health peer training(s) approved by the State of Oregon and the Traditional Health Worker Commission.
- Applicant must provide background checks for Peer Support Specialists through the State of Oregon's Background Check Unit and/or Addiction counselor Certification Board of Oregon prior to the Specialist providing peer support services.

Staffing

Provide Peer Support Specialists (PSS)

- Provide system navigation services and supports
- Assist individuals in accessing 12-step programs, support groups, treatment, and other resources available in the community.
- Work with each individual to develop a recovery plan
- Assist and support individuals to develop community and peer relationships (natural supports)
- Assist in addressing other issues as identified by the individual served

- Conduct in-reach/out-reach activities to system partners for referrals

5. ELIGIBILITY REQUIREMENTS

Peer run organizations with the ability to address substance use and mental health issues to individuals in Clackamas County may apply.

Peer Support Specialist must be registered Traditional Health Workers and/or a Certified Recovery Mentor per OAR 410-180-0300

6. EVALUATION CRITERIA

Applications will be evaluated by the sections below;

Organization Overview	10 points
Program Narrative	25 points
Workshops, Support Groups, and Training	25 points
Staffing Plan and Development	20 points
Quality Assurance and Data Collection	10 points
Budget	10 points

Risk Assessment will be done in conjunction with Division Contracts Specialist

7. FUNDING CYCLE AND TIMELINE

Last day to ask questions	11/24/2021
Application Due Date	11/30/2021 5:00 pm (PST)
Award Decisions and Notification (estimated)	12/10/2021
Agreement Start Date (estimated)	1/1/2022
Agreement End Date	12/31/2024

8. PROGRAM AWARD INFORMATION

Funding Source	Community Mental Health Block Grant
Number of Awards issued from this announcement	One (1)
Minimum and Maximum Award Amount	\$1,054,968 (36 month)

9. HOW TO APPLY

Each application must contain;

- a. APPLICATION COVER PAGE
- b. NARRATIVE
- c. BUDGET

Submit with Application:

- a. Applicant’s most recently completed independent audit; if no audit, independent financial review; if no independent review, most recent 990.

“Per the Civil Rights Act of 1964, no person shall, on the basis of race, color, or national origin, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any County program, service or activity.”

APPLICATION COVER PAGE

Date:	
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Legal Organization Name	
Alternate name/acronym	
Address	
Website	
Phone	
Executive Director Name	
Email and Phone	
Oregon Business Registry Number	
Federal Employer ID Number (EIN)	
DUNS Number	
Program Contact Name	
Email and Phone	
Fiscal Contact Name	
Email and Phone	

Funding Amount Requested	
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With my signature, I certify the following:

1. The above information is correct;
2. I am authorized by the governing board of the applicant organization to submit this grant proposal;
3. The organization is in good standing with the IRS, retains its 501(c)(3) tax exempt status, and is further classified as a public charity and not a private foundation, or is a public agency or school district;
4. The organization does not discriminate on the basis of race, religion, sexual preference, sexual orientation, physical circumstances, or national origin;
5. The organization agrees to submit quarterly progress reports and final progress reports.
6. The organization agrees to submit proof of insurance at the levels required by county.

Signing Authority Name (printed)

Title

Signature

Date

PROGRAM NARRATIVE

Directions: Answer each component of every question completely. Responses to each question will be valued as shown below, for a total score of 100 points.

- 1. Organization Overview (10 points)**
- 2. Narrative: (80 Points)**
 - a. Program Narrative
 - b. Workshops, Support Groups, and Trainings
 - c. Staffing plan and Development
 - d. Quality Assurance and Data Collection

BUDGET

1. Program Budget & Narrative (5 Points)

Identify all expenses related to this application. Add additional lines as necessary.

ITEM/EXPENSE	Budgeted Cost
Personnel and Fringe (List each position separately and include FTE and fringe rate)	

Direct Administrative Costs or Indirect Costs* (provide detail in the budget narrative)	
Program Costs -Materials/Supplies (Curriculum, incentives, food, etc. List each separately)	
Professional fees (provide detail in budget narrative)	
Trainings (provide detail in budget narrative)	
Mileage (provide detail in budget narrative)	
Additional expenses (list each separately)	
TOTAL BUDGET	

*Indirect costs will be paid as follows:

- Applicants without a federally-negotiated rate may claim the federal de minimum rate of 10% of modified total direct costs (MTDC), as defined in 2 CFR 200.1
- Applicants with a negotiated rate, either through a federal agency or another pass through entity, may claim up to the equivalent of 20% of modified total direct costs or their negotiated rate, whichever is less.

2. Budget Narrative (5 Points)

Provide a narrative that clearly explains all sections of the budget (salary/fringe, administrative, program, and any other costs associated with this project).