



Mary Rumbaugh, Director
Behavioral Health Division

NOTICE OF FUNDING OPPORTUNITY

Issue Date: 10/2/23

Project Name:	Alcohol & Drug (A&D) Peer Support Services
Due Date/Time:	Wednesday, November 1, 2023, 5:00pm
Contact:	Elise Thompson, System Coordination Manager

Submit Proposal by EMAIL or US Mail

EMAIL: BHContracts@clackamas.us, emailed submissions must have Notice of Funding Opportunity- Alcohol & Drug (A&D) Peer Support Services in the subject line.

US POSTAL SERVICE: Elise Thompson, System Coordination 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 that 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.

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 Elise Thompson, System Coordination 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 October 19, 2023 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 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.

3. GOAL

Program services are intended to serve adults, ages 18 and older, who are not eligible for Medicaid coverage but otherwise meet Care Oregon's Adult Level of Care Utilization Management for Level D. This includes individuals who experience a primary diagnosis of severe mental illness, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, and Major Depressive Disorder, who also present with significant functional impairments. Additionally, individuals must also experience multi-system involvement, high inpatient utilization, involvement or high risk of involvement with the criminal justice system, severe lack of ability to meet basic survival needs and/or inability to utilize traditional office based services or less intensive community based services.

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 system of care 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.
- Program agents and employees must maintain the confidentiality of any client identifying information, written or otherwise, with which they may come in contact, in accordance with all applicable provisions of state and federal statutes, rules and regulations, and shall comply with the same in the event of requests for information by any person or federal, state or local agency. In addition, acknowledgement of the existence of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), PL 104-191, 45 CFR Parts 160-164, and agreement to comply with all applicable requirements of HIPAA related to the confidentiality of client records or other client identifying information is required.

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.

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

6. REPORTING REQUIREMENTS

a. Organization shall be required to submit quarterly performances reporting to include:

- Number of individuals served during the reporting period.
- Number of new individuals served during the reporting period.
- Number of individuals who concluded support services during the reporting period.
- Was a recovery plan completed for each individual served?
- Number of individuals who experienced substance use relapse and/or recidivated.
- Number of individuals who returned to a residential or hospital setting.
- Does the individual feel they would have relapsed, returned to treatment or the corrections system if not for Peer Delivered Services?
- Does the individual feel their quality of life has improved overall?
- Has there been an increase in natural supports?

b. Organization shall report the number of trainings provided during the reporting period. Information included in this report shall include, but is not limited to, the following:

- Number of continuing education/training programs or classes attended by Peer Support Specialists.
- Number of workshops, support groups, or presentations conducted for individuals receiving services.
- Number of outreach activities conducted to inform community partners and potential referral sources about the role of Peer Support Specialists and the Support Services available.

7. 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 and Budget Narrative	10 points

All applicants are subject to a federally-required risk assessment prior to award issuance.

8. FUNDING CYCLE AND TIMELINE

NOFO Issuance Date	10/2/23
Last day to ask questions	10/19/2023
Application Due Date	11/1/2023
Award Decisions and Notification (estimated)	11/15/2023
Agreement Start Date (estimated)	01/01/2024
Agreement End Date (maximum; initial agreement through 6/30/25)	6/30/2027

9. AWARD INFORMATION

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. *Federal Assistance Listing Number: 93.959.*

Funding Source	Federal Funding: Substance Abuse Prevention and Treatment Block Grant (ALN: 93.959), U.S. Department of Health and Human Services
Number of Awards issued from this announcement	One (1)
Maximum Award Amount	\$1,230,796 (42 Months), \$351,656 per year maximum

Start & End Dates. The anticipated start date for funding agreements is January 1, 2024 and the initial agreement will continue through June 30, 2025. At its sole discretion, the County may extend this agreement by two years, through June 30, 2027, depending upon satisfactory performance and continued availability of funding.

10. NON-DISCRIMINATION DISCLOSURE

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.

11. HOW TO APPLY

Each application must contain;

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

Submit with Application:

- i. Applicant's most recently completed independent audit; if no audit, independent financial review; if no independent review, most recent 990. If a new nonprofit,

must provide evidence of 3 months of unrestricted funding to be used in support of at least the administrative costs on the award.

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)	
Unique Entity ID Number	
Program Contact Name	
Email and Phone	
Fiscal Contact Name	
Email and Phone	
Funding Amount Requested	

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: Address each narrative component listed below completely. Responses will be valued as shown below, for a total score of 100 points.

1. Organization Overview (10 points)

2. Narrative: (Total 80 Points)

- a. Program Narrative (25 Points)
- b. Workshops, Support Groups, and Trainings (25 Points)
- c. Staffing plan and Development (20 Points)
- d. Quality Assurance and Data Collection (10 Points)

BUDGET

1. Program Budget (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)	
Administrative costs Indirect Costs* (provide detail in the budget narrative)	
Program Costs -Materials/Supplies (Curriculum, incentives, 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 their negotiated rate. Please provide a copy of your rate approval letter with your submission if exercising this option.

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).