

NOTICE OF FUNDING OPPORTUNITY

Issue Date: 5/17/22

Project Name:	Non-Opioid Pain Management Services
Due Date/Time:	June 20, 2022, 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- Non-Opioid Pain Management 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 that provide non-opioid pain management services to Clackamas County residents. If you need this notice 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 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 June 9, 2022 will not receive a response.

2. INTRODUCTION

The Clackamas County's Behavioral Health Division is seeking qualified programs and organizations to provide Non-Opioid Pain Management Services to Clackamas County residents who are uninsured or underinsured, to individuals who do not have access to insurance or Medicare covered individuals.

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

The goals of the program will be to increase the quality of life for qualified Clackamas County residents that are living with chronic pain through improved access to treatment and recovery services for chronic pain with non-opioid pain management services.

The program needs be able to integrate components that may include, but are not limited to: medical care, mental health care, wellness services, substance use disorders treatment, nutrition, and peer support in a community setting.

4. PROGRAM OVERVIEW

- Provide a range services with the goal of increasing individuals' quality of life.
- Provide Program Services to individuals who are uninsured or under insured, to include, but not limited to:
 - Individuals whose insurance coverage does not cover these benefits
 - Individuals who do not have access to insurance, either due to inability to verify citizenship or because they cannot afford insurance
 - Individuals who are insured through Medicare
- Provide Services to up to up ten (10) unique individuals each month.
- Work collaboratively with each individuals' primary care physicians to ensure the individuals' program is tailored to address pain management needs.
- Submit encounter data to County's Third Party Administrator, Performance Health Technologies, LTD.

5. STAFFING

Employees of the program are to be credentialed according to the Oregon Administrative Rules that pertain to their individual roles as applicable.

6. REPORTING REQUIREMENTS

Contractor shall submit reports to include the following:

- Total number of individuals served
- % of individuals that reported less pain, on average
- % of individuals that reported an increased ability to do normal work
- % of individuals that reported a better mood
- % of individuals that reported they are sleeping better

Contractor shall provide reports according to the following schedule:

Report Due	Reporting Period
14 days after the end of each Quarter	Quarterly

7. ELIGIBILITY REQUIREMENTS

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

Applications will be evaluated by the sections below;

Organization Overview	10 points
Narrative	70 points
Program Budget	10 points
Budget Narrative	10 points
Budget & Narrative	10 points

Risk Assessment will be done in conjunction with Division Contracts Specialist

8. FUNDING CYCLE AND TIMELINE

Last day to ask questions	June 9, 2022
Application Due Date	June 20, 2022
Award Decisions and Notification (estimated)	June 30, 2022

Agreement Start Date (estimated)	August 1, 2022
Agreement End Date	June 30, 2024

9. PROGRAM AWARD INFORMATION

Funding Source	Local (County) funding
Number of Awards issued from this announcement	One (1)
Minimum and Maximum Award Amount	\$360,000 24 months (\$180,000 available annually)

10. HOW TO APPLY

Each application must contain;

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

Submit with Application:

- 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)	
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: 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: (70 Points)

- a. Program Narrative
- b. Staffing Plan and Development
- c. Quality Assurance and Data Collection

BUDGET

1. Program Budget (10 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* (provide detail in budget narrative)	
Program Costs -Materials/Supplies (Curriculum, incentives, etc. List each separately)	
Professional fees (provide detail in budget narrative)	
Mileage (provide detail in budget narrative)	
Client Assistance (provide detail in budget narrative)	
Additional expenses (list each separately)	
TOTAL BUDGET	

**Administrative Costs allowed. Limited to 10% of total budget unless approval for increased rate is given.*

2. Budget Narrative (10 Points)

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