Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT) Electronic Health Record Integration and Delivery

HAHSTA_SBIRT_03.22.19 (RFA)

The Department of Health (DC Health) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DC Health reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DC Health, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the DC Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DC Health terms of agreement.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

District of Columbia Department of Health
RFA Terms and Conditions

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DC Health) and to all awards, if funded under this RFA:

A. Funding for a DC Health subaward is contingent on DC Health's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.

B. DC Health may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.

C. The RFA does not commit DC Health to make any award.

D. Individual persons are not eligible to apply or receive funding under any DC Health RFA.

E. DC Health reserves the right to accept or deny any or all applications if the DC Health determines it is in the best interest of DC Health to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DC Health shall notify the applicant if it rejects that applicant's proposal for review.

F. DC Health reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).

G. DC Health shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.

H. DC Health may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.

I. DC Health shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.

J. The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.

K. DC Health reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DC Health electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

L. DC Health may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

M. DC Health shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.

N. Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.

O. DC Health shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DC Health under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.

P. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: City-Wide Grants Manual.

If your agency would like to obtain a copy of the **DC Health RFA Dispute Resolution Policy,** please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DC Health program staff or reviewers. Copies will be made available at all pre-application conferences.

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

HIV/AIDS, Hepatitis, STD, Tuberculosis Administration (HAHSTA)

NOTICE OF FUNDING AVAILABILITY (NOFA)
HAHSTA_SBIRT_03.22.19 (RFA)

Comprehensive Screening, Brief Intervention, and
Referral to Treatment (SBIRT) Electronic Health
Record Integration and Delivery

The District of Columbia, Department of Health (DC Health) is soliciting applications from qualified applicants to services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement is to provide public notice of the Department of Health's intent to make funds available for the purpose described herein. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DC Health terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT) Electronic Health Record Integration and Delivery
Funding Opportunity Number:	F0-HAHSTA-PG-00003-00
Program RFA ID#:	HAHSTA_SBIRT_03.22.19
Opportunity Category:	Competitive
DC Health Administrative Unit:	HIV/AIDS, Hepatitis, STD and TB Administration
DC Health Program Bureau	Prevention and Intervention Services Bureau
Program Contact:	Jonjelyn Gamble (202) 671-5060 Jonjelyn.Gamble@dc.gov
Program Description:	HAHSTA, Prevention & Intervention Services Bureau is requesting applications from eligible organizations to integrate a comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT) process into the clinical practice and electronic health records to identify persons with substance use disorder.
Eligible Applicants	Not- for profit, public, and private primary care and community health providers, clinics, organizations, and FQHCs located and licensed to conduct business within the District of Columbia; and experienced in providing services to individuals with opioid use disorders.
Anticipated # of Awards:	Up to 8

Anticipated Amount Available:	$900,000.00
Floor Award Amount:	$50,000.00
Ceiling Award Amount:	$112,500.00

Funding Authorization

Legislative Authorization	Federal Funds
Associated CFDA#	93.788
Associated Federal Award ID#	H79TI081707
Cost Sharing / Match Required?	No
RFA Release Date:	Friday, March 22, 2019
Pre-Application Meeting (Date)	Tuesday, March 26, 2019
Pre-Application Meeting (Time)	1:00 PM-3:00 PM
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE 4th Floor Washington, DC 20002
Letter of Intent Due date:	Not applicable
Application Deadline Date:	Friday, April 19, 2019
Application Deadline Time:	6:00 PM
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse. DC Health EGMS https://dcdoh.force.com/GO__ApplicantLogin2

Table of Contents

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Summary and Purpose of Grant/Description of Project

The Department of Health (DC Health), HAHSTA, Prevention & Intervention Services Bureau is requesting applications from eligible organizations to integrate a comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT) process into the clinical practice and electronic health records of up to eight (8) primary care and community health settings in Washington, DC to identify persons with substance use disorders. Each organization will also be expected to sub-contract up to 5% of its award for tailored, ongoing SBIRT training and consultation, including the guidelines on identifying persons for screening; using, scoring, and interpreting the screening tool; and training and guidelines on providing brief interventions, including motivational interviewing techniques. The focus population is all adults (18 years and over) presenting for medical care in primary care and community health settings. Patients will be recruited and identified through universal pre-screenings at the eight access points funded through this RFA.

The project goals are to (1) Increase access to universal screening, secondary prevention, early intervention, and linkage to treatment for people with substance use disorders; (2) Develop provider/staff capacity through continuous, on-going SBIRT training and technical assistance that supports fidelity to the SBIRT model; (3) Integrate SBIRT into clinical and community health information technology infrastructure; (4) Enhance primary care and behavioral health partnerships and community integration; (5) Enable a sustainable SBIRT model in healthcare systems in The District of Columbia; and (6) Improve overall community wellness by improving health outcomes across all chronic health conditions

Start up and administrative activities are required and include: protocol development and identification of SBIRT “Integration Champions” at each site who will be responsible for the development of partnerships and collaborations to expedite appointments to community-based Medication Assisted Treatment (MAT) providers (internal or external) and other supportive services, i.e., “warm hand-offs;” and data collection and evaluation. For the purposes of this RFA, MAT includes opioid treatment programs (OTPs) and combines behavioral therapy and medications (e.g., suboxone and naltrexone) to treat substance use disorders. Start-up costs should also be utilized for the implementation of accessible and effective learning SBIRT modules through the identification of a Technical Assistance organization. Applicants may choose any subject matter expert or qualified TA Organization for the provision of SBIRT Training. Two local organizations that may be utilized for these services are listed below:

1. Danya Institute
   Training@danyainstitute.org
   (240)645-1145

2. The Mosaic Group
   Moros@groupmosaic.com
   (410)852-4263

Applicants must be able to expeditiously implement SBIRT services within two months of the grant start date. Strong applications will demonstrate capacity to implement services within one month of grant start date. Simultaneously, HAHSTA encourages applications from interested community and primary care providers irrespective of their level of familiarity with SBIRT.

Available Funding: Approximately $900,000 in start-up costs is available to fund implementation in up to eight primary and community health settings. The source of funding is the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response grant made available through a Memorandum of Understanding between the Department of Behavioral Health and Department of Health. Grant awards under this authorization are projected to begin May 1, 2019 and end on September 30, 2019, with the option of a one-year renewal. The project period will be May 1, 2019 to September 30, 2019.

Background

Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated public health approach that uses a universal screen to identify and deliver services to individuals at risk for substance-use disorders, depression, and other mental health conditions in the form of brief intervention and referral to treatment. The SBIRT model has an ability to be built on one of any validated screening instruments for a number of substance and mental health problems. It can be implemented in a variety of healthcare settings, performed by a myriad of care team members, and adapted for a number of culturally diverse populations.

As indicated by the Substance Abuse and Mental Health Services Administration (SAMHSA), the components of SBIRT include *screening* as a way to identify patients with risky substance use patterns. It does not establish definitive information about diagnosis and possible treatment needs. The goal of SBIRT is to make screening for risky substance use a routine part of medical care to help identify those who may not seek help on their own. *Brief intervention* is a single session or multiple sessions of motivational discussion focused on increasing the patient's insight and awareness regarding substance use and his or her motivation toward behavioral change. Brief intervention can be tailored for variance in population or setting and can be used as a stand-alone intervention for risky substance users as well as a vehicle for engaging those in need of more extensive levels of care. *Referral to Treatment* is provided to those identified as needing more extensive treatment than offered by the SBIRT program. The effectiveness of the referral process to specialty addictions treatment is a strong measure of SBIRT success and involves a proactive and collaborative effort between SBIRT providers and those providing treatment to ensure access to the appropriate level of care.

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT Costs

Understanding the costs of SBIRT is also important to decide when, how, and where to implement an SBIRT program. To analyze if financial resources for SBIRT are sufficient, detailed estimates on the costs of implementing SBIRT are continuously needed. Start-up costs consist of the site staff labor, building space, and contracted service costs for technical assistance related to planning for the implementation of SBIRT and initial

training of the FQHC staff on SBIRT. These are one-time costs and do not include ongoing implementation costs.

Based on the population being served, SBIRT can be classified as program level and service level. Service-level costs are estimated and compared across implementation model and service delivery setting. Program-level costs are estimated and compared across grantee recipient programs. At the program level, average costs decreased as more patients are screened. Comparing across program and service levels, the average annual operating costs calculated at the program level often exceeded the cost of actual service delivery. Provider time spent in support of service provision may comprise a large share of the costs in some cases because of potentially substantial fixed and quasi-fixed costs associated with program operation. The cost structure of screening, brief intervention, and referral to treatment is complex and discontinuous of patient flow, sometimes causing annual operating costs to exceed the costs of actual service provision for some settings and implementation models.

A review of the literature shows a breakdown of costs as determined by a generalist versus a specialist SBIRT approach:

- The average start-up cost for the generalist sites is $3,920, and $5,182 for the specialist sites.
- The average cost of start-up planning is $2,379 for generalist and $3,147 for specialist sites.
- The average cost of start-up training is $1,542 for generalist and $2,035 for specialist sites.
- The average labor cost with clinic's staff is $786 for generalist and $865 for specialist sites.
- The average wage for staff trained is $46/hour for generalist and $40/hour for specialist sites
- The average cost for the consulting firm to provide training is $753 at a generalist site and $1,161 at a specialist site.
- The average cost per staff trained is $280 at a generalist site and $345 at a specialist site.
- The total service delivery costs are $17.21 for screening, $29.56 for brief intervention, $58.96 for brief treatment and $21.17 for referral to treatment.
- The average annual program level costs per screen $293.15, $56.61, $47.81, $84.55, $46.12, $60.78, $86.81 across the 7 grantees cited in one study, respectively.

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT Effectiveness

In terms of the overall effectiveness of SBIRT, some characteristics have been identified in the literature that are important in efficaciously addressing behavioral health problems:

- Use of brief, validated and universal pre-screening/screening tools allow health care professionals to address the problem behavior even when the patient is not actively seeking treatment for their problem. Prescreening/screening tools are accurate and quick in identifying individuals with problematic conditions in as little time as 2-4 minutes. Because of its briefness and its universal application, SBIRT may be more generally accepted by health care professionals working in busy practices.
- The SBIRT approach is easy to learn relative to other behavioral treatment techniques that may require lengthy specialized training. As such, it can be implemented by diverse health professionals who work in busy medical settings such as physicians, nurses, social workers, health educators and para-professionals.
- Approaches that are effective integrate comprehensive strategies that include strong referral to specialty treatments.

Although SBIRT and its components have been utilized across programs, the effectiveness of SBIRT programs can vary in their fidelity, application, and comprehensiveness. A lack of knowledge of the investment required to implement an SBIRT program may pose a barrier to its widespread adoption. SBIRT programs that do not account for the start-up cost component can pose a barrier to its real-world adoption. Furthermore, the sustainability of an SBIRT program in a primary care setting relies heavily on a well-defined and operationalized plan that fits within office flow. Having a practice champion as well as bringing key members of the team on board in the planning stages improves the chances of successful implementation and continued SBIRT delivery.

Primary care must take action and fully participate in identifying patients at risk of substance use and mental health problems. In addition to current community-based prevention programs, public health models like SBIRT in primary care are needed to make a concerted effort against the downstream effects of substance use and mental illness. SBIRT has been shown to be an effective tool that can empower primary care providers to identify and treat substance abuse before costly symptoms emerge. Using the pragmatic best practices according to the studies, primary care practices can improve their ability to successfully create, implement, and sustain SBIRT programs.

Future work should explore the implications of complex cost structures for the cost-effectiveness and cost-benefit of SBIRT services. By combining cost data with information on the effectiveness and benefits of SBIRT, future work can more fully explore the value to society of SBIRT programs. In actualizing the full benefit of SBIRT integration in The District, DC Healthcare Finance, The Department of Behavioral Health, and DC Health will work collaboratively to offer best practices and further consultation on the integration and sustainability of SBIRT in primary care and community health settings.

REFERENCES

Barbosa, Carolina & Wedehase, Brendan & Dunlap, Laura & Gwin Mitchell, Shannon & Dusek, Kristi & P Schwartz, Robert & Gryzcynski, Jan & S Kirk, Arethusa & Oros, Marla & Hosler, Colleen & O'Grady, Kevin & Brown, Barry. (2018). Start-Up Costs of SBIRT Implementation for Adolescents in Urban U.S. Federally Qualified Health Centers. *Journal of studies on alcohol and drugs*. 79. 447-454.

Bray, J. W., Mallonee, E., Dowd, W., Aldridge, A., Cowell, A. J., & Vendetti, J. (2014). Program- and service-level costs of seven screening, brief intervention, and referral to treatment programs. *Substance abuse and rehabilitation*, *5*, 63-73.

Dwinnells, R., & Misik, L. (2017). An Integrative Behavioral Health Care Model Using Automated SBIRT and Care Coordination in Community Health Care. *Journal of Primary Care & Community Health*, 300–304.

Hargraves, D., White, C., Frederick, R., Cinibulk, M., Peters, M., Young, A., & Elder, N. (2017). Implementing SBIRT (Screening, Brief Intervention and Referral to Treatment) in primary care: lessons learned from a multi-practice evaluation portfolio. *Public health reviews*, *38*, 31.

Substance Abuse and Mental Health Services Administration. White paper on the evidence supporting Screening, Brief Intervention and Referral to Treatment (SBIRT). *Behav Healthcare*. 2011; https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

Program Required Elements and Evaluation Criteria

Approximately $900,000.00 is available for up to eight (8) awards;

Budget Period, May 1, 2019- September 30, 2019

The purpose of this program area is to fund up to eight (8) providers to integrate SBIRT onto existing EHR or EHR equivalent platforms and deliver SBIRT in primary care and community health settings to identify persons who use/misuse opioids. The primary care clinic must serve both DC Medicaid and Non-Medicaid patients. Applicants must provide detailed descriptions for programmatic approaches that ensure full integration of SBIRT into electronic health records, resulting in access and linkage to medication-assisted therapy. HAHSTA's strategy for implementing SBIRT will be centered on employing existing primary and behavioral health care providers that serve persons who use/misuse drugs to integrate SBIRT into their portfolio of services.

The applicant must describe its ability to deliver core activities in its program description, including the clinic's proposed approach and implementation plan to integrating SBIRT into the clinic workflow, including a) roles and responsibilities of key staff; applicants should provide a draft flowchart or process map that will allow

application reviewers to visualize the site's SBIRT implementation process. This flowchart/process map can be revised before program implementation, b) method by which the patients will be offered the screening tools and the specific screening tool to be utilized (e.g., DAST-10, CAGE, etc.) c) intent to use a pre-screen or full-screen only, d) projected patient population to be served by the project (e.g. annual visits only, all patient visits), rationale, and projected number of individuals to be screened through SBIRT in result, and e) what new resources will be required to implement the applicant's proposed approach as described. This response should also correlate with the proposed budget. While the adaptation of SBIRT into clinical practice through this RFA is expected to happen quickly, applicants should approach their implementation strategically and in the most effective way that would prevent poor integration into the clinic workflow. Thus, one integration strategy applicants may seek to propose is to begin screening clients on one to two days of the week with a limited number of staff, assess the workflow, and then fully implement screening every day with staff once any implementation challenges have been resolved.

In addition to the application requirements cited above, applicants should address each of the following core tenets of the SBIRT program in further detail in their proposals:

1) **Creation of an SBIRT Implementation Team utilizing a Systems Approach:** The SBIRT Core Team should be a multidisciplinary one and include the following individuals at a minimum:
   - *SBIRT Champion*- Each organization should identify an SBIRT Champion who will support functional implementation and integration into the respective organization's workflow and culture. The SBIRT Champion is a key internal stakeholder, charged with leading the implementation of SBIRT at the clinic site. This role will provide leadership support and assume continuing responsibility for the development, implementation, training coordination, compliance, and maintenance of the SBIRT project. Of most importance, applicants should detail how the SBIRT Champion will assist those who require further intervention with treatment initiation and engagement. The SBIRT Champion will be educated by their designated Program Officer about reporting expectations, and will be responsible for meeting all monthly reporting requirements.
   - *Data/IT Lead*- Each agency should also designate a Data/IT Lead who will be responsible for working with the organization's EHR vendor in modifying the EHR to include screening tools, required/recommended metrics and other system reports as well as accurately entering any program-related data using tools identified by the organization.
   - *Behavioral Health Lead* - Each agency should also designate a BH Lead who will be responsible for care integration and coordination, specifically the "R" and "T" (referral and treatment) of the model. The BH Lead will have an important role in establishing and maintaining relationships with DATA-waived providers who will be providing medication-assisted treatment for patients who are identified through SBIRT. Applicants must establish an MOU or other written agreement with the MAT provider if he/she is external to the organization.

2) Capacity Building (CBA): All applicants must direct at least 5% of their budgets to a Capacity Building (CBA)/ Technical Assistance (TA) provider for training activities related to SBIRT. All staff who are involved or may be potentially involved in any aspect of SBIRT for patients must complete initial required and refresher trainings. Applicants are expected to engage in all technical assistance activities, including any kick-off meetings, in-person meetings, training webinars, onsite consultations, and group TA and training. Applicants should ensure that any sub-grantee CBA or TA provider conducts and implements a thorough training curriculum with content specifically guiding SBIRT integration into clinical practice to include:

- Guidelines on identifying persons for screening; using, scoring, and interpreting the screening tool;
- Training and guidelines on providing brief interventions, including motivational interviewing techniques;
- Policies and procedures development;
- Clinical workflow;
- Data collection and utilization; and
- Financing and/or billing and coding SBIRT interventions

3) Integration of SBIRT into Electronic Health Record system: The SBIRT Data/IT Lead will be responsible for working with the EHR vendor in modifying clinical electronic health record systems to include the selected screening tool and data points. Applicants should discuss their agency's process and timeline for EHR integration (e.g. adding questions, skip patterns, report templates, automatic alerts, etc.) and the type(s) of internal and external policies and procedures that will be changed to facilitate SBIRT. SBIRT EHR integration should be completed within the first month of the grant's performance period.

4) Partnership with a Behavioral Health Provider: Applicants should demonstrate an established relationship with a MAT provider (internal or external) to support referral to treatment and describe the organizational relationship with the addiction partner organization (i.e., communications, mechanisms of partnerships, number of patients previously referred and treated, prescribing authority of practitioner, number of DATA-waived providers and current capacity to serve additional clients, range of substance use disorder services the organization provides, etc.). If the applicant must forge a new partnership, describe the commitments that the organization will be establishing for the future in support of this initiative.

5) Plans for Sustainability: SBIRT is an evidence-based practice that is reimbursable by Medicaid, Medicare, and Private Insurance. Applicants should describe in their proposals how SBIRT will be sustained after grant funding ends, including but not limited to the activation of Medicaid and private insurance codes from a financial

perspective; ongoing training and the use of train-the-trainer learning approaches where internal staff can lead future SBIRT trainings; securing new funding; maintaining SBIRT champions; adapting and making system changes, including the use of continuous quality improvement techniques and process improvement strategies; and managing any foreseeable program staffing challenges.

6) Monitoring and Evaluation of Performance Targets: Applicants must describe their capacity to accurately and timely capture, report, and review key characteristics of patients who are both pre-screened (if using a pre-screener), screened, and linked to treatment. Performance measures should align with work plan activities and should include targets for the total eligible patients/clients; Percent of patients/clients receiving screening; Percent of patients/clients who screen positive for some level of substance misuse and abuse; Percent of patients/clients receiving a brief intervention; Percent of patients/clients receiving linkage to treatment; Percent of patients/clients receiving screening; Percent of patients/clients receiving follow-up; and Time from referral to substance use treatment. Applicants must write into their proposals their best estimate of the number of adults projected to receive each component of SBIRT. In addition, applicants must have the ability to submit quantitative and qualitative data on a monthly, quarterly and/or annual basis describing program activities and progress towards deliverables. All funded providers are required to report client-level data in accordance with DC Health-specific policies and processes.

7) Past Performance and Organizational Capacity to Implement the Approach: Applicants must describe their past experience in working with the focus population and their ability to access, recruit, engage and link SBIRT patients to MAT; demonstrated success in implementing similar programs as those proposed in the application; appropriate staffing with respect to program requirements; and past performance as a HAHSTA sub-grantee is a factor during the review process.

Application Evaluation Criteria and Scoring of Application

I. Program Activity Plan, Work plan, and Budget

100 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having treatment impact on the focus population(s). Approach includes overcoming barriers to screening and linking patients effectively over time, and include a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of successful performance. ***Plan should explicitly include organizational and/or client level targets.***

Each Program Activities Details section highlights specific required elements

that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description of applicant's technical approach, expertise and past performance conducting activities or activities similar to those proposed. It also highlights details to evaluating descriptions of these programs.

1. **Program Activity Narrative and Evaluation Plan – 40 points**
   Applicants will be scored on the extent to which they propose a clear and concise description of the approach used to achieve the period of performance outcomes for the project. Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). Program narratives considered demonstrating "strength" are those emphasizing robust organizational capacity, existing collaborations with MAT Providers, efficient and expeditious timelines for EHR integration; detailed flowcharts/process maps; selection of pre-screen/screening tool; and items 1-7 listed above.

   The Program activity narrative reflects some elements of the proposed program and supplemental description criteria listed above. (1-20 points)

   The program activity plan addresses most or all elements of the proposed program and supplemental description criteria listed above. (21-40 points)

2. **Work Plan (Required Template Attachment B) – 60 points**
   Applicants will be scored on their preparation of a work plan and the extent to which their work plan is well-organized, describes feasible work, and consistent with the required activities outlined in this RFA. It must include a detailed first-year work plan (May 1, 2019-September 30, 2019). This is the applicant's opportunity to clearly show what it will do with the funding. After reading the work plan, reviewers should be able to understand how the applicant plans to carry out achieving the period of performance outcomes and associated activities.

   A work plan was included in the application. Work plan lacks detail related to objectives, strategies, metrics/targets and or milestones/timeframes. (1-30 points)

   A work plan was submitted with the application. Work plan is detailed, it includes realistic objectives and strategies, and it contains realistic targets and timeframes. (31-60 points)

3. **Budget (Required Template Attachment C) – Not Scored**

   A budget must accompany the application. The budget is to be detailed and include all costs related to the program, including but not limited to personnel, direct and indirect costs.

Eligibility Information

Not- for profit, public, and private primary care and community health centers, clinics, and Federally Qualified Health Centers (FQHCs) or FQHC lookalikes with existing EHR systems who are located and licensed by The Department of Consumer and Regulatory Affairs (DCRA) to conduct business within the District of Columbia; Partnership with an internal or external clinician providing MAT is also required.

Application and Submission Requirements

I. Application Preparation and Submission

a. Application Package and Attachments

- Program Activity Plan and Narrative, inclusive of the required identification of a Behavioral Health Provider (**5-page maximum**)
- A completed DC Health Applicant Profile (Attachment A)
- Work Plan (Required template, not included in 5-page limit) (Attachment B)
- Budget and Budget Justification (Required template, not included in page limit) (Attachment C)
- Assurances, Certifications, and Disclosures (Attachment D). Scan and upload one **SIGNED** copy (Attachment D) by the Agency Head or authorized official.

b. Prepare the application according to the following format:

- Page length: Program activity plan no more than five (5) pages. The Program Activity Plan file should be labeled “Program Activity Plan” and uploaded into EGMS
- Font size: 12-point unreduced
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches) Page margin size: 1 inch
- Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and appendices.
- Complete the Work Plan and Budget templates that can be found on EGMS. Scan and upload both documents into one file and label them “Work Plan and Budget” for submission in EGMS

c. Mandatory Certification Documents (Scan and upload **ONE PDF** file containing all of the following business documents required for submission uploaded into EGMS):

- A current business license, registration, or certificate to transact business in the District of Columbia.
- 501(c)(3) certification (for non-profit organizations)
- City Wide Clean Hands Compliance Status Letter (formerly
- Certificate of Clean Hands) Clean Hands Compliance Status letter must be no more than 3 months old from due date of application.

- Official list of Board of Directors for the current year and the position that each member holds on letterhead and signed by the authorized executive of the applicant organization; not the CEO.

Note: Failure to submit ALL of the above attachments, including mandatory certifications, will result in a rejection of the application from the review process. The application will not qualify for review.

II. Application Submission

Effective October 1, 2016, all District of Columbia Department of Health application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS),DC Health's web-based system for grant- making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative.

If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users **do not** have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

IMPORTANT: When the Primary Account User is submitting an application, ensure that there are no other transactions on another device being attempted in EGMS under that Primary Account User's credentials. For security purposes, the system will only acknowledge one transaction and one of the transaction attempts may fail, if done simultaneously.

To Register in EGMS:

DC Health recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DC Health Office of Grants Management in time for submission. To register, complete the following:

IMPORTANT WEB BROWSER REQUIREMENTS:

1. **Check web browser requirements for EGMS -** The DC Health EGMS Portal is supported by the following browser versions:
   - Microsoft ® Internet Explorer ® Version 11
   - Apple ® Safari ® version 8.x on Mac OS X

- Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
- Google Chrome ™ version 30 & above (Most recent and stable version recommended)

2. **Access EGMS**: The user must access the login page by entering the following URL in to a web browser: https://dchealth.force.com/GO ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the EGMS External User Guide.

3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.

4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).

5. When your Primary Account User request is submitted in EGMS, the DC Health Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DC Health Office of Grants Management will make an additional request for the Executive Director to send an email to DC Health to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to DC Health.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY USER AGENCYNAME**. Note: The email will help to support the validation of authorized users for EGMS. DC Health official grant records will also be used. Please reply ASAP to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a "DUNS Certification" – this will provide documentation of your organization's DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at DCHealth.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237.Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS: https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33 (If you have trouble linking, try Google Chrome and not Internet Explorer)

C. Uploading the application

All applications should be submitted in EGMS as three separate attachments. Documents to include in each are below. All of these must be aligned with what has been requested in other sections of the RFA.

I. Attachments

- ***Business Documents*** A current business license, registration, or certificate to transact business in the relevant jurisdiction, 501 (c) 3 certification (for non-profit organizations), City Wide Clean Hands Status Letter, Official signed Board of Director's letter, Medicaid certifications, Assurances Certifications Disclosures (signed)

- ***Program Activity Plan*** Table of Contents (Program Activity Narrative, Work Plan, Categorical Budget and Budget Narrative);

- ***Other -*** Applicant Profile

SUBMISSION DEADLINE IS FIRM: April 19, 2019 at 6:00 PM, ET

Pre-application Information

I. Pre-Application Conference

A Pre-Application Conference will be held on **Tuesday, March 26, 2019** from 1:00 pm. to 3:00 pm. The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA.

The conference will be held in the 4th Floor Conference Room at
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
899 North Capitol Street, NE.
Washington, DC 20002

Applicants who received this RFA via District of Columbia Government's Office of Partnerships and Grants website shall provide the District of

Columbia, Department of Health with the information listed below, by contacting Jonjelyn.Gamble@dc.gov. Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization
Key Contact
Mailing Address
Telephone and Fax Number
E-mail Address

This information shall be used to provide updates and/or addenda to the RFA# HAHSTA_SBIRT_03.22.19.

II. Assurances

DC Health requires all applicants to submit various Certifications, Licenses, and Assurances. The Assurances can be found in EGMS. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

DC Health classifies assurances packages as two types: those "required to submit applications" and those "required to sign grant agreements." Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreements assurances].

A. Assurances Required to Submit Applications (Pre-Application Assurances)

- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501(c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional

Liability,
- Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

APPLICATION REVIEW PROCESS

Technical Review

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DC Health personnel prior to being forwarded to the review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the application review. Applicants will be notified that their applications did not meet eligibility.

Internal Review

DC Health program managers will review applications and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DC Health will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DC Health reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DC Health to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DC Health Director for signature. The DC Health Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

Preference for funding will be given to ensure that the overall portfolio of funded activity best meets the overall programming needs of the District.

POSTAWARD ACTIVITIES

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub-grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by HAHSTA and following the procedures determined by HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Year 2 are dependent upon the availability of funds for the stated purposes, fiscal and program performance under the Year 1 grant agreement, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

BUDGET DEVELOPMENT AND DESCRIPTION

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included in Attachment D.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

Indirect Costs

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

HAHSTA CONTACTS

Applicants are encouraged to e-mail their questions to the contact person(s) listed below on or before **Friday, March 29, 2019**. Questions submitted after the deadline date will not receive responses. Please allow ample time for

question submission and response prior to the application deadline date.

Contact Person: *Jonjelyn Gamble*
Public Health Analyst, Prevention and Intervention Services
Government of the District of Columbia, DC Health
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)
899 North Capitol Street, NE 4th Floor
Washington, D.C. 20002
E-Mail: Jonjelyn.gamble@dc.gov
Phone: 202.671.5060

Direct Budget Questions to:
Janice Walker
Supervisory Grants Management Specialist
Email: Janice.Walker@dc.gov
Phone: 202.442-4720

Notification of Selected Applicants

The District of Columbia Office of Grants and Partnerships will provide notice of selection by **April 26, 2019** to the contact person identified in EGMS.

Attachments

ATTACHMENT A - Applicant Profile

DC HEALTH | GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

RFA: HAHSTA_SBIRT_03.22.19

Release Date: March 22, 2019

Due Date: April 19, 2019

☒ New Application ☐ Supplemental ☐ Competitive Continuation ☐ Non-competitive Continuation

The following documents should be submitted to complete the Application Package:

DC Health Applicant Profile	**Project Budget**	**Mandatory Certification Documents**
Table of Contents	**Project Justification**	
Project Narrative	**Work Plan**	

Complete the Sections Below. All information requested is mandatory.

1. Applicant Profile:

Legal Agency Name:

Street Address:

City/State/Zip:

Main Telephone #:

Main Fax #:

Vendor ID:

DUNS No.:

3. Application Profile:

Proposal Description:

Enter Name & Title of Authorized Representative **Date**

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Agency:	**Program Period:**
Grant #:	**Submission Date:**
Target Population /Service:	**Submitted by:**
Total Budget $	**Telephone #**

GOAL 1:

Measurable Objectives/Activities:

Process Objective #1:

Key activities needed to meet this objective:	Start Date/s:	Completion Date/s:	Key Personnel (Title)
• • •	• • • •		

Process Objective #2:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
• • •			

Process Objective #3:

Key activities needed to meet this objective:	Start Dates:	Completion Dates:	Key Personnel (Title)
• • •			

Attachment C: Budget Format and Guidance

Provider Name :

Service Area Budget Summary

	Proposed Budget
Salaries & Wages Subtotal	
Fringe Benefits Subtotal	
Consultants & Experts Subtotal	
Occupancy Subtotal	
Travel & Transportation Subtotal	
Supplies & Minor Equipment Subtotal	
Capital Equipment Subtotal	
Client Costs Subtotal	
Communications Subtotal	
Other Direct Costs Subtotal	
Administrative Cost Subtotal 10%	
Advance Subtotal	
TOTAL	**-**

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Personnel Schedule

		Option No. 1		Option No. 2							
Position Title & Name	**Site**	**Annual Salary**	**FTE**	**Hourly Wage**	**Hours per Month**	**Monthly Salary or Wage**	**No. of Mo.**	**Budget Amount**	**Benefits Ratio %**	**Benefits Amount**	**TOTAL Budgeted**
TOTAL											0.00

Consultant/Contractual

Item	**Unit**	**Unit Cost**	**Number**	**Budget**
				-
TOTAL				-

Occupancy Schedule

Facility	**Site**	**Unit**	**Unit Cost**	**Number**	**Budget**
Rent					-
Utilities (Gas/Electric/Water)					-
TOTAL					-

Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
TOTAL				-

Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
TOTAL					0.00

Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
TOTAL					-

Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
TOTAL					-

Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
TOTAL				0.00

Indirect Costs

TOTAL								0.00

ATTACHMENT D. APPLICANT / GRANTEE ASSURANCES, CERTIFICATIONS & DISCLOSURES

This section includes certifications, assurances and disclosures made by the authorized representative of the Applicant/Grantee organization. These assurances and certifications reflect requirements for recipients of local and pass-through federal funding.

A. Applicant/Grantee Representations

1. The Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Department of Health on behalf of the organization;
2. The Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
3. All fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; all fiscal records are accurate, complete and current at all times; and these records will be made available for audit and inspection as required;
4. The Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and is current on all payment obligations to the District of Columbia, or is in compliance with any payment agreement with the Office of Tax and Revenue; (attach)
5. The Applicant/Grantee has the administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
6. If required by DC Health, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by a fraudulent or dishonest act committed by Applicant/Grantee or any of its employees, board members, officers, partners, shareholders, or trainees;
7. The Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
8. The Applicant/Grantee either has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
9. The Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

10. The Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, has otherwise established that it has the skills and resources necessary to perform the services required by this Grant.
11. The Applicant/Grantee has a satisfactory record of integrity and business ethics;
12. The Applicant/Grantee either has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;
13. The Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;
14. The Applicant/Grantee is in compliance with the Drug-Free Workplace Act and any regulations promulgated thereunder; and
15. The Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award; and
16. The Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of or related to this grant including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefrom, except where such indemnification is prohibited by law.

B. Federal Assurances and Certifications

The Applicant/Grantee shall comply with all applicable District and federal statutes and regulations, including, but not limited to, the following:

1. The Americans with Disabilities Act of 1990, Pub. L. 101-336, July 26, 1990; 104 Stat. 327 (42 U.S.C. 12101 et seq.);
2. Rehabilitation Act of 1973, Pub. L. 93-112, Sept. 26, 1973; 87 Stat. 355 (29 U.S.C. 701 et seq.);
3. The Hatch Act, ch. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.);
4. The Fair Labor Standards Act, ch. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.);
5. The Clean Air Act (Subgrants over $100,000), Pub. L. 108-201, February 24, 2004; 42 USC ch. 85 et.seq.);
6. The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970; 84 Stat. 1590 (26 U.S.C. 651 et.seq.);
7. The Hobbs Act (Anti-Corruption), ch. 537, 60 Stat. 420 (see 18 U.S.C. § 1951);
8. Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963; 77 Stat.56 (29 U.S.C. 201);
9. Age Discrimination Act of 1975, Pub. L. 94-135, Nov. 28, 1975; 89 Stat. 728 (42 U.S.C. 6101 et. seq.);
10. Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967; 81 Stat. 602 (29 U.S.C. 621 et. seq.);
11. Military Selective Service Act of 1973;
12. Title IX of the Education Amendments of 1972, Pub. L. 92-318, June 23, 1972; 86 Stat. 235, (20 U.S.C. 1001);

13. Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986; 100 Stat. 3359, (8 U.S.C. 1101);
14. Executive Order 12459 (Debarment, Suspension and Exclusion);
15. Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.);
16. Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C.) to include the following requirements:
    1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant/Grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

    2) Establish a drug-free awareness program to inform employees about:
        a. The dangers of drug abuse in the workplace;
        b. The Applicant/Grantee's policy of maintaining a drug-free workplace;
        c. Any available drug counseling, rehabilitation, and employee assistance programs; and
        d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace; and

    (3) Provide all employees engaged in performance of the grant with a copy of the statement required by the law;
17. Assurance of Nondiscrimination and Equal Opportunity, found in 29 CFR 34.20;
18. District of Columbia Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 et seq.);
19. Title VI of the Civil Rights Act of 1964;
20. District of Columbia Language Access Act of 2004, DC Law 15 - 414 (D.C. Official Code § 2-1931 et seq.);
21. Lobbying Disclosure Act of 1995, Pub. L. 104-65, Dec 19, 1995; 109 Stat. 693, (31 U.S.C. 1352); and
22. Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law §15-353; D.C. Official Code § 4-1501.01 et seq.)(CYSHA). In accordance with the CYSHA any person who may, pursuant to the grant, potentially work directly with any child (meaning a person younger than age thirteen (13)), or any youth (meaning a person between the ages of thirteen (13) and seventeen (17) years, inclusive) shall complete a background check that meets the requirements of the District's Department of Human Resources and HIPAA.

C. Mandatory Disclosures

1. The Applicant/Grantee certifies that the information disclosed in the table below is true at the time of submission of the application for funding and at the time of award if funded. If the information changes, the Grantee shall notify the Grant Administrator within 24 hours of the change in status. A duly authorized representative must sign the disclosure certification

2. Applicant/Grantee Mandatory Disclosures

A. Per OMB 2 CFR §200.501– any recipient that expends $750,000 or more in federal funds within the recipient's last fiscal, must have an annual audit conducted by a third – party. In the Applicant/Grantee's last fiscal year, were you required to conduct a third-party audit?	☐	**YES**
	☐	**NO**
B. Covered Entity Disclosure During the two-year period preceding the execution of the attached Agreement, were any principals or key personnel of the Applicant/Grantee / Recipient organization or any of its agents who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding, nor any agent of the above, is or will be a candidate for public office or a contributor to a campaign of a person who is a candidate for public office, as prohibited by local law.	☐	**YES**
	☐	**NO**
C. Executive Compensation: For an award issued at $25,000 or above, do Applicant/Grantee's top five executives do not receive more than 80% of their annual gross revenues from the federal government, Applicant/Grantee's revenues are greater than $25 million dollars annually AND compensation information is not already available through reporting to the Security and Exchange Commission. *If No, the Applicant, if funded shall provide the names and salaries of the top five executives, per the requirements of the Federal Funding Accountability and Transparency Act – P.L. 109-282.*	☐	**YES**
	☐	**NO**
D. The Applicant/Grantee organization has a federally-negotiated Indirect Cost Rate Agreement. If yes, insert issue date for the IDCR: _____If yes, insert the name of the cognizant federal agency? _____	☐	**YES**
	☐	**NO**
E. No key personnel or agent of the Applicant/Grantee organization who will participate directly, extensively and substantially in the request for funding (i.e. application), pre-award negotiation or the administration or management of the funding is currently in violation of federal and local criminal laws involving fraud, bribery or gratuity violations potentially affecting the DC Health award.	☐	**YES**
	☐	**NO**

Comprehensive Screening, Brief Intervention, and Referral to Treatment (SBIRT)

ACCEPTANCE OF ASSURANCES, CERTIFICATIONS AND DISCLOSURES

I am authorized to submit this application for funding and if considered for funding by DC Health, to negotiate and accept terms of Agreement on behalf of the Applicant/Grantee organization; and

I have read and accept the terms, requirements and conditions outlined in all sections of the RFA, and understand that the acceptance will be incorporated by reference into any agreements with the Department of Health, if funded; and

I, as the authorized representative of the Grantee organization, certify that to the best of my knowledge the information disclosed in the Table: Mandatory Disclosures is accurate and true as of the date of the submission of the application for funding or at the time of issuance of award, whichever is the latter.

Sign: Date:

NAME: INSERT NAME TITLE: INSERT TITLE

AGENCY NAME: