Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)

State Opioid Response (SOR)
Request for Application (RFA) for
Minority Outreach Technical Assistance (MOTA) Partners,
Faith-Based and Community-based Organizations

Title of Opportunity: Minority Outreach and Technical Assistance Partners, Faith-Based and Community-based Organizations SOR Grants

Application Due Date: 4:00pm on January 6, 2020 due to:
Prince George’s County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

January 10, 2020 - Selected Proposals due to the Behavioral Health Administration (BHA)

BHA Point of Contact: Kimberly Qualls
Email: kimberly.qualls@maryland.gov

Period of Performance: September 30, 2019 through September 29, 2020

Funding Amount: Up to $250,000

I. SOR GRANT DESCRIPTION/OVERVIEW

The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded a one-year Supplemental State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Administration (SAMHSA). The SOR grant is designed to address Maryland’s opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs for individuals with a Substance Use Disorder (SUD) and opioid-related deaths and overdose through the provision of prevention, treatment, and recovery support activities. Evidence-based practices (EBPs) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence and are appropriate for the population to be served.

Dedicated SOR funding in the amount of $3.4 million will be awarded to the Local Health Departments (LHDs) or designated Local Behavioral Health (LBHA) or Local Addiction Authorities (LAAs) to provide funding to Minority Outreach Technical Assistance (MOTA) programs, faith-based and community-based organizations. The purpose of this funding is to create NEW and INNOVATIVE initiatives to provide outreach, information, education on
opioid use, and training on educational prevention strategies, including Naloxone/Narcan use and distribution, harm reduction services, health education, and referrals/linkages to treatment, recovery and other supports.

All providers must submit 1 original and 4 copies of applications by 4:00pm on January 6, 2020 to the Local Health Department (LHD). All applications must be reviewed and approved by the LHD or designated Local Behavioral Health Authority (LBHA) or Local Addiction Authority (LAA) using selection criteria and scoring defined in this RFP. LHDs should submit selected applications to Kimberly Qualls at kimberly.qualls@maryland.gov by January 10, 2020.

The local health department or designated authorities will submit their recommendations to BHA for final review and approval, and the BHA and OCCC will review selected applications and determine final selection. Jurisdictions may submit proposals/applications from multiple MOTA partners, faith-based and community-based organizations. MOTA partners and communities that have been impacted the most by overdose deaths will be given priority for funding.

II. ELIGIBILITY CRITERIA

1. Eligible organizations include:
   a. Current recipients of Minority Outreach Technical Assistance (MOTA) Program grants from the Maryland Department of Health, Office of Minority Health and Health Disparities;
   b. Faith-Based organizations or Community-Based;
   c. Tribal-Based communities; and
   d. Must be a 501c3 and in good standing with the State Comptroller’s Office.

2. Funding will be prioritized for:
   a. Current Minority Outreach Technical Assistance (MOTA) grant recipients;
   b. Faith-Based and other Community-Based organizations vested in the community with the ability to establish relationships needed to reach racial and ethnic minority populations;
   c. Tribal-Based communities;
   d. Applicants that can demonstrate a plan for sustainability that advances the BHA SOR goals in its delivery of the proposed services in a balanced manner that is tailored to the short, mid, and long-term needs of the local community; and
   e. Services proposed that are culturally sensitive and appropriately tailored to the target population (individuals who have or are at risk for opioid use disorders and special populations).
III. **TARGET POPULATION:**

1. Minorities and individuals in tribal communities who have an opioid use disorder; and

2. Individuals at risk for opioid use, misuse, and overdose death.

IV: **BHA’s SOR and OOCC GOALS:**

Grantees must align SOR funded projects to BHA’s SOR goals and OOCC’s overdose response goals.

**BHA’s SOR goals are:**

**Goal 1:** Increase access to Medication Assisted Treatment (MAT);

**Goal 2:** Reduce unmet treatment need; and

**Goal 3:** Reduce opioid related deaths through prevention, treatment and recovery using evidence-based practices. Some examples of evidence-based prevention activities include Naloxone Distribution and Outreach (Harm Reduction). Examples of evidence-based treatment are: Medication Assisted Treatment (MAT); Emotional Behavioral Therapy (EBT) or Cognitive Behavioral Therapy (CBT); Examples of Recovery Support Services (RSS) are: clinical case management, housing and transportation assistance, family engagement, vocational and educational services, childcare, and financial services.

**OOCC overdose response goals are:**

Goal 1: Prevent problematic opioid use;

Goal 2: Reduce opioid-related morbidity, mortality and trauma;

Goal 3: Enhance statewide systems to inform strategy;

Goal 4: Ensure access to substance use disorder treatment;

Goal 5: Expand the behavioral health workforce & workforce competencies;

Goal 6: Ensure access to recovery support services;

Goal 7: Reduce illicit drug supply;

Goal 8: Expand access to substance use treatment in the criminal justice system; and

Goal 9: Expand alternatives to incarceration or diversion for individuals with substance use disorders.
V. **ELIGIBLE ACTIVITIES:** Eligible opioid-related activities may involve the following areas:

- Outreach to Minority Populations;
- Development and dissemination of educational materials related to Opioid Use Disorders (OUDs) using evidence-based practices;
- Health Education related to opioids on system engagement;
- Training of staff and volunteers using evidence-based approaches on Substance Use 101, Harm Reduction and Prevention Strategies;
- Naloxone/Narcan Distribution and Education;
- Staff (salaries, fringe, etc.);
- Operating Costs (Up to 5 percent indirect);
- Linkages to behavioral health treatment and recovery supports;
- Technical Assistance (TA) on writing grant applications and developing a MOTA; and
- Targeted activities to reducing stigma associated with opioid use and misuse.

Note: Community outreach and community engagement activities and materials developed with these funds must include signage or links to the Maryland Department of Health [https://www.health.maryland.gov](https://www.health.maryland.gov); the Behavioral Health Administration [https://www.bha.health.maryland.gov](https://www.bha.health.maryland.gov); and the Substance Abuse and Mental Health Administration [https://www.samhsa.gov](https://www.samhsa.gov)

VI. **INELIGIBLE ACTIVITIES:**

- Capital cost over $75,000;
- Building Construction;
- Major renovations;
- Building Acquisition or Rental Cost;
- Fundraising or lobbying;
- Reimbursement of pre-award costs; and
- Supplanting of existing local, state, or federally funded activities described in this initiative.

VII. **APPLICATION SUBMISSION AND REPORTING REQUIREMENTS**

Grantees must submit the following documents as listed in Table 1 [see page 5-6]. Grant funding will be awarded to the LHD in those jurisdictions where MOTAs, Faith-Based and Community-Based Organizations applications’ have been selected to receive SOR funding. **Grantees’ application package must include 1 original and 4 copies of all documents.** Applications from MOTAs, Faith-Based and Community-Based organizations must include the following:

1. **Project Narrative** *(see Narrative Requirements listed in Appendix A: Project Narrative).*
2. **Detailed Budget and Budget Narrative** that is consistent with MDH guidelines showing the budget breakdown across the entire grant for periods September 30, 2019 through September 29, 2020. (Your budget should reflect work performed March 1, 2020 through September 29, 2020)

3. Complete form “**Documented Community Partnership**” (see Appendix B). Completed applications must include the following: Letters of support demonstrating that there will be **active collaboration** with community partners, which should include a description of the partnership and must be clearly reflected in the application.

4. **Project Timeline/Implementation Plan** that clearly details how and when the proposed services will begin and be completed.

5. **Proposed Outcomes/Evaluation and Sustainability Plan.** The application should describe the anticipated outcome as a result of the proposed activities; strategies to evaluate the effectiveness; and plan to sustain services after SOR funds end. Examples of performance outcomes are provided in Appendix C.

6. **Please also submit an organizational chart if one exists.**

**TABLE 1: Submission Requirements**

<table>
<thead>
<tr>
<th>Application Submission</th>
<th>Due Date</th>
<th>Submit To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Project Narrative (<em>Appendix A</em>)</td>
<td></td>
<td>Faith-Based, and Community-Based Organizations should send proposals to the Prince George’s County Health Department. Submission should include 1 original and 4 copies.</td>
</tr>
<tr>
<td>● Detailed Budget and Budget Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Documentation of Community Partnership (<em>Appendix B</em>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Project Timeline/Implementation Plan &amp; Calendar of Activities</td>
<td><strong>4:00pm on January 6, 2020</strong></td>
<td></td>
</tr>
<tr>
<td>● Proposed Outcomes/Evaluation and Sustainability Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VIII. APPLICATION SCORING

All proposals will be reviewed and scored as outlined in the table below. Proposals that clearly and thoroughly address each of these areas, will have improved success in attaining highest scoring.

Please be sure to use and list headings when addressing the project requirements.

<table>
<thead>
<tr>
<th>Project Item to be Scored</th>
<th>Possible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Narrative and Service Need</td>
<td>35</td>
</tr>
<tr>
<td>Detailed Budget and Budget Narrative</td>
<td>20</td>
</tr>
<tr>
<td>Detailed Description of Performance Measures and Outcomes to Evaluate Program Effectiveness</td>
<td>15</td>
</tr>
<tr>
<td>Intended Audience/Targeted Population</td>
<td>10</td>
</tr>
<tr>
<td>Description of Proposed Services to include (EBP)/Alignment with BHA’s SOR Goals and OOCC Goals</td>
<td>10</td>
</tr>
<tr>
<td>Detailed Description of Expected Timeline/Project Implementation Work Plan</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL POSSIBLE POINTS</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

IX. GRANT AWARDS:

BHA and OOCC will review selections submitted by the LHD and make award determinations based on application scores and funding availability. Applications that score above 70 will be given priority for funding. The LHD anticipates notification by BHA on January 31, 2020 contingent upon the results of the federally required risk assessment and if no additional follow-up or clarification is needed. BHA will issue all grant awards for MOTAs, Faith-Based and Community-based Organizations to the LHD.
X. **PRE and POST AWARD REQUIREMENTS:**

A federally required pre-award risk assessment must be completed by the LHD for awarded organizations and submitted to BHA for BHA/OOCC review and approval of funding. After release of funding, monthly reporting and end of grant progress reports are required by BHA and SAMHSA. Additional information regarding these requirements will be included in the contract agreement and conditions of awards provided by the LHD if awarded funding. Please refer to Table 2 for more information.

**TABLE 2: REPORTING DELIVERABLES**

<table>
<thead>
<tr>
<th>Reporting and Deliverables</th>
<th>Due Date</th>
<th>LHD Submit To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Progress Report</td>
<td>Specific due date will be provided in conditions of awards if selected for funding.</td>
<td>Email SOR Reporting to:</td>
</tr>
<tr>
<td><em>(The required template will be provided for your use.)</em></td>
<td></td>
<td><em>(If selected for funding, monthly progress reporting instructions will be provided)</em></td>
</tr>
<tr>
<td>Final Report</td>
<td>Specific due date will be provided in conditions of award if selected for funding.</td>
<td>Email to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>(If selected for funding, monthly progress reporting instructions will be provided)</em></td>
</tr>
<tr>
<td>Government Progress Reporting Act Data Collection and Reporting <em>(GPRA)</em></td>
<td>Specific due date will be provided in conditions of award if selected for funding.</td>
<td><em>(If selected for funding, monthly progress reporting instructions will be provided)</em></td>
</tr>
</tbody>
</table>

XI. **QUALITY MONITORING:**

BHA and the LHD will engage in monitoring activities to evaluate the quality of various aspects of service delivery. Some of these activities include:

a) Site visits to evaluate and document various administrative and programmatic requirements;
b) Review of data reports to evaluate programmatic outcomes;
c) Review of financial reports to evaluate financial outcomes; and
d) Review of general administrative compliance documents.
XII. GENERAL INSURANCE REQUIREMENTS:

(1) The Contractor shall not start work under this Contract until the Contractor has obtained at his own expense all of the insurance required hereunder and such insurance has been approved by the County; nor shall the Contractor allow any subcontractor to start work on any subcontract until all insurance required of the subcontractor has been so obtained and approved by the Contractor. Approval of insurance required of the Contractor and subcontractors for Prince George’s County will be granted only after submission to the Procurement Officer of original, signed certificates of insurance or, alternately, at the County’s request, certified copies of the required insurance policies.

(2) The Contractor shall require all subcontractors to maintain during the term of this Contract Commercial General Liability insurance, Business Automobile Liability insurance, and Workers’ Compensation and Employers’ Liability Insurance, in the same manner as specified for the Contractor. The Contractor shall furnish subcontractors’ certificates of insurance to the County immediately upon request.

(3) All insurance policies required hereunder shall be endorsed to include the following provision: “It is agreed that this policy is not subject to cancellation or non-renewal until thirty (30) days prior written notice has been given to Prince George’s County, Maryland.”

(4) No acceptance and/or approval of any insurance by the County shall be construed as relieving or excusing the Contractor, or its surety if applicable, from any liability or obligation imposed upon either or both of them by the provision of the Contract.

(5) **Prince George’s County, Maryland** shall be named as an additional insured under the Commercial General and, if applicable, Umbrella or Excess Liability policy(ies), and the policy(ies) must be endorsed. Coverage afforded under this paragraph shall be primary.

The following definition of the term “County” applies to all policies issued under the Contract:

Prince George’s County, Maryland and any affiliated or subsidiary Board, County, Committee, or Independent Agency (including those newly constituted), provided that such affiliated or subsidiary Board, County, Committee, or Independent Agency is either a body politic created by Prince George’s County, Maryland or one in which controlling interest is vested in Prince George’s County, Maryland.

(6) The Contractor shall indemnify and hold harmless the County, its officials, and employees, from any actual or alleged liability, damage, expense, cause of action, suit,
claim or judgment arising from injury to person including death or personal property or otherwise which arises out of the act, failure to act, error or negligence of the Contractor, part from the acts, errors or omissions of the Contractor, or any employee, agent or representative of the Contractor, in connection with or arising out of the performance of the Contract. The Contractor shall, at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising there from or incurred in connection therewith, and if any judgment shall be rendered against the County in any such action, the Contractor shall, at its own expense, satisfy and discharge same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by the Contract or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, defend and hold harmless the County as herein provided.

(7) The Contractor shall be responsible for the work performed under the Contract Documents and every part thereof, and for all materials, tools, equipment, appliances, and property of any and all description used in connection with the work. The Contractor assumes all risks for direct and indirect damage or injury to the property or persons used or employed on or in connection with the work contracted for, and of all damage or injury to any person or property wherever located, resulting from any action, omission, commission or operation under the Contract, or in connection in any way whatsoever with the contracted work, until final acceptance of the work by the County.

(8) Insurance coverage required in these specifications shall be in force throughout the Contract term. Should the Contractor fail to provide acceptable evidence of current insurance within seven (7) days of written notice at any time during the Contract term, the County shall have the absolute right to terminate the Contract without any further obligation to the Contractor, and the Contractor shall be liable to the County for the entire additional cost of procuring performance and the cost of performing the incomplete portion of the Contract at time of termination.

(9) The Contractor shall assume all on-the-job responsibilities as to the control of persons directly employed by it and of the subcontractor and any persons employed by the subcontractor.

(10) Nothing contained in the specifications shall be construed as creating any contractual relationship between any subcontractor and the County. The Contractor shall be as fully responsible to the County for the acts and omissions of the subcontractors and of persons employed by them as it is for acts and omissions of persons directly employed by it.

(11) Precaution shall be exercised by the Contractor at all times for the protection of persons, (including employees) and property. All existing structures, utilities, roads, services, trees and shrubbery shall be protected against damage or interruption of service at all times by the Contractor and its subcontractors during the term of the Contract, and the
Contractor shall be held responsible for any damage to property occurring by reason of its operation on the property.

(12) If the Contractor does not meet the insurance requirements of the specifications, alternate insurance coverage, satisfactory to the Procurement Officer, may be considered. Written requests for consideration of alternate coverages must be received by the Procurement Officer at least ten working days prior to the date set for receipt of bids or proposals. If the County denies the request for alternate coverages, the specified coverages will be required to be submitted. If the County permits alternate coverage, an amendment to the insurance requirements will be prepared and distributed prior to the time and date set for receipt of bids or proposals.

(13) All required insurance coverages must be acquired from insurers that are licensed to do business in the State of Maryland and acceptable to the County.

(14) The County will consider deductible amounts as part of its review of the financial stability of the Contractor. Any deductibles shall be disclosed by the Contractor, and all deductibles will be assumed by the Contractor.

INSURANCE REQUIREMENTS: The Contractor shall provide the County with evidence of its Contractor’s commercial insurance coverages for the following exposures:

WORKER’S COMPENSATION: An insurance policy complying with the requirements of the statutes of the jurisdiction(s) in which the work will be performed, and if there is any exposure to the Contractor or any of the Contractor’s personnel due to the U.S. Longshoremen’s and Harbor Workers’ Act, Jones Act, Admiralty Laws or the Federal Employers’ Liability Act, the Contractor shall provide coverage for these exposures on an “if any basis.” The coverage under such an insurance policy or policies shall have limits not less than:

<table>
<thead>
<tr>
<th>Worker’s Compensation</th>
<th>Statutory Limit’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s Liability: Each Accident</td>
<td>$500,000</td>
</tr>
<tr>
<td>Disease Policy Limits</td>
<td>$500,000</td>
</tr>
<tr>
<td>Disease - Each Employee</td>
<td>$500,000</td>
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</table>

COMMERCIAL GENERAL LIABILITY INSURANCE (CGL): An insurance policy covering the liability of the Contractor for all work or operations under or in connection with this Contract; and all obligations assumed by the Contractor under this Contract. Products, Completed Operations and Contractual Liability must be included, in addition to coverage for explosion, collapse, and underground hazards, wherever required.
The coverage under such an insurance policy or policies shall have limits not less than:

**BODILY INJURY AND PROPERTY DAMAGE LIABILITY** $1,000,000 / $3,000,000 per occurrence / aggregate

**PREMISES MEDICAL PAYMENTS** $5,000

**FIRE LEGAL LIABILITY** $1,000,000

**PERSONAL INJURY/ADVERTISING** $1,000,000 or combined single limit not less than $2,000,000

Prince George’s County, Maryland must be included as an additional insured under the general liability insurance coverage with respect to activities related to this Contract.

**COMMERCIAL AUTOMOBILE LIABILITY INSURANCE:** An insurance policy covering the use of all owned, non-owned, hired, rented or leased vehicles bearing license plates appropriate for the circumstances for which they are being used, as required by the motor vehicle laws of the District of Columbia, Maryland or Virginia, and not covered under the Contractor’s aforementioned Commercial General Liability Insurance.

The coverage under such an insurance policy or policies shall have limits not less than:

**BODILY INJURY AND PROPERTY DAMAGE LIABILITY**  
(Vehicle Liability)  
$1,000,000 Combined Single Limit

In addition, “Prince George’s County, Maryland” shall be designated as the Certificate Holder and as an Additional Insured of the Certificate of Insurance. Contract employees are not permitted to operate any vehicle owned by the Prince George’s County Government whether in commission of the Contract or outside of same.

**SPECIAL PROVISIONS FOR INSURANCE:**

1. The Health Department shall forward to the County Office of Risk Management the Contractor’s certificate(s) of insurance indicating the insurance and any special provisions required under the foregoing provisions. Such certificate(s) shall be in a form satisfactory to the County and shall list the various coverage’s and limits. Insurance companies providing the coverage must be acceptable to the County, rated by A.M. Best and carry at least an “A” Rating VII. In addition to the aforementioned provisions, such insurance policies shall not be changed or canceled and shall be automatically renewed upon expiration and continued in full force and effect until completion and acceptance of all work covered by the Contract, unless the County’s Office of Risk Management is given thirty (30) days written notice before any change or cancellation is made effective. If requested, the Contractor shall directly furnish the
Risk Management Office with a certified copy of each insurance policy upon request.

(2) The initial and subsequent certificates of insurance shall include a description of the Contract work and the assigned contract number. Prior to beginning any project work, the insurance requirements as outlined by the Risk Management Office must be approved in writing.

(3) All insurance shall be procured from insurance or indemnity companies acceptable to the County and licensed and authorized to conduct business in the District of Columbia, State of Maryland and Commonwealth of Virginia. The County's approval or failure to disapprove insurance furnished by the Contractor shall not release the Contractor of full responsibility for liability for damage and accidents.

(4) If at any time the above required insurance policies should be canceled, terminated or modified so that the insurance is not in full-force and effect as required herein, the County reserves the right to terminate this Contract.

(5) The Contractor shall require each subcontractor, at all tiers, to provide evidence of insurance coverage specified herein and such evidence of coverage shall be provided to the County Office of Risk Management prior to commencement of work. Such coverage shall remain in full force and effect during the performance of activities under this Contract.

(6) In the event the required certificates of insurance as specified herein are not furnished prior to the execution of the Contract, the Contractor shall not be permitted to enter upon the property to perform the duties outlined in the Contract until all required insurance certificates or evidence of self-insurance has been received.

All certificates of insurance should be sent to:

Prince George's County Maryland
Office of Central Services
Contract Administration and Procurement Division
1400 McCormick Drive, Suite 200
Largo, Maryland 20774
Appendix A: Project Narrative

Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)

Application for SOR Grant for
MOTAs, Faith-Based and Community-based Organizations

Title of Opportunity: MOTAs, Faith-Based and Community-Based Organizations SOR Initiative

Application Due Date: 4:00pm on January 6, 2020

Grant/Award Period: September 30, 2019 - September 29, 2020

Jurisdiction: Prince George’s County, Maryland

Applicant’s Name:

Project Title:

Total Project Cost:

Amount of SOR Funding Requested:

1. Project Description/Narrative:
   Please include the following information: (1) overview of the proposed project; (2) the specific need the project will address in the community and jurisdiction; (3) the implementing organization(s); and (4) the intended audience or target population(s) for the proposed services and (5) how the project will impact the opioid crisis in your community.

2. Evidence-Based Practices to be Implemented:

3. Identify which BHA/OOCC SOR Goal(s) this project most closely aligns:

BHA’s SOR and OOCC GOALS:

Goal 1: Increase access to Medication Assisted Treatment (MAT);

Goal 2: Reduce unmet treatment need; and

Goal 3: Reduce opioid related deaths through prevention, treatment and recovery using evidence-based practices. Some examples of evidence-based prevention activities include
Naloxone Distribution and Outreach (Harm Reduction). Examples of evidence-based treatment are: Medication Assisted Treatment (MAT); Emotional Behavioral Therapy (EBT) or Cognitive Behavioral Therapy (CBT); Examples of Recovery Support Services (RSS) are clinical case management, housing and transportation assistance, family engagement, vocational and educational services, childcare, and financial services.

**OOCC overdose response goals are:**

Goal 1: Prevent problematic opioid use;

Goal 2: Reduce opioid-related morbidity, mortality and trauma;

Goal 3: Enhance statewide systems to inform strategy;

Goal 4: Ensure access to substance use disorder treatment;

Goal 5: Expand the behavioral health workforce & workforce competencies;

Goal 6: Ensure access to recovery support services;

Goal 7: Reduce illicit drug supply;

Goal 8: Expand access to substance use treatment in the criminal justice system; and

Goal 9: Expand alternatives to incarceration or diversion for individuals with substance use disorder.

4. **Project Performance and Outcome Measures:**

Identify Performance and Outcome Measures that your organization will use to evaluate the project’s success and the targeted number of individuals to be served over the award/grant period. An Example of Measures are included in Appendix C.

<table>
<thead>
<tr>
<th>Performance</th>
<th>Expected Outcomes/Results</th>
<th>Target/Estimate for Award Period</th>
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<tbody>
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**If you have any questions related to the submission of this RFA, please email CLMurphy@co.pg.md.us.**
5. **Timeline/Project Implementation:**

6. **Plan for Sustainability:** Please describe your plan to sustain the project when SOR funds end.

7. **Detailed Budget & Budget Narrative:** Please provide an itemized line by line budget for each position or service proposed. This includes a breakdown for salary, fringe, travel, equipment, supplies, training, indirect cost, and other. The budget narrative should provide a description of the services and/or duties of the staff providing the services for each budgeted line item. *(Your budget should reflect work performed March 1, 2020 through September 29, 2020)*
**Appendix B: Documented Community Partnerships Form**

**Jurisdiction:** Prince George’s County, Maryland

**Organization requesting funds:**

List and describe the scope of work for the agency/agencies/community partners that your organization has established relationships with to assist in meeting your organizational goals and objectives.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Agency/Community Partner Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Behavioral Health System <em>(PBHS)</em></td>
<td></td>
</tr>
<tr>
<td>Hospitals</td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>Criminal Justice System <em>(Courts, Parole and Probation, Detention Centers/Jails)</em></td>
<td></td>
</tr>
<tr>
<td>Human Services/Social Services</td>
<td></td>
</tr>
<tr>
<td>Public Education/Higher Education</td>
<td></td>
</tr>
<tr>
<td>Other Faith-Based and Community-Based Organizations</td>
<td></td>
</tr>
</tbody>
</table>

PRINT : ______________________________________             _______________
Authorized Organization’s Official or Designee     Date

Signature: ___________________________________________             _______________
Authorized Organization’s Official or Designee     Date
Appendix C: Examples of Performance and Outcome Measures with Examples of Activity Types

Example of Metrics for Grant Program

State Opioid Response (SOR)

SOR helps states to address the opioid crisis by increasing access to medication assisted treatment using the three FDA-approved medications for the treatment of opioid use disorders, reducing unmet treatment need, and reducing opioid use disorder overdose related deaths through the provision of prevention, treatment, and recovery activities for individuals who have been diagnosed with an opioid use disorder (OUD). This SOR grant is intended to enhance outreach to individuals who have an opioid use disorder through minority outreach technical assistance teams, and community and faith-based organizations. To assess the effectiveness of outreach activities to participants, the Maryland Behavioral Health Administration (BHA) has established qualitative and quantitative metrics. These metrics consist of process and outcome measures. An example is found below:

Metric:
# of SOR participants engaged in recovery services for opioid use disorders

<table>
<thead>
<tr>
<th>Type of Metric</th>
<th>Goal</th>
<th>Program measure</th>
<th>Time period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>75% of SOR participants will engage in recovery programs within six months of participation of the program.</td>
<td># of participants with opioid use disorders participating in a recovery program with an opioid use disorder.</td>
<td>six months after entry in a SOR outreach activity</td>
</tr>
<tr>
<td>Outcome</td>
<td>30% of SOR participants attain sobriety for at least six months after one-year participation in SOR.</td>
<td># of participants with an opioid use disorder who have not used illicit substances for at least six months after participation in SOR at least one year.</td>
<td>Participation in SOR for no less than 12 months</td>
</tr>
<tr>
<td>Process</td>
<td>90% of participants are proficient in their knowledge of Naloxone and how to acquire it if needed</td>
<td># of participants with opioid use disorders who participate and demonstrate knowledge of appropriate use of Naloxone.</td>
<td>Participation in SOR within three months</td>
</tr>
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<tr>
<td>Structural</td>
<td>100% of SOR grantee programs offer substance abuse treatment or referral to substance use treatment.</td>
<td># of programs that have a defined substance use treatment program and/or referral process to track participants referred for treatment/the total number of SOR programs</td>
<td>Presence of treatment services or a comprehensive referral program at the time of program acceptance of participants.</td>
</tr>
</tbody>
</table>