**EXHIBIT A**

# RESPONSE CONTENT FORM

**Name of individual/ organization completing RFR Response:** Click here to enter text.

**Address** Click here to enter text.

**City/State/Zip** Click here to enter text.

**Phone** Click here to enter text.

**Email** Click here to enter text.

**Category of Responder: (please check)**

**Service Provider: Not for Profit ☐ or For Profit ☐**

**Professional or Provider Association ☐**

**Consumer/Peer or Consumer/Peer Group☐**

**Family Member or Family Group☐**

**Advocacy Group ☐**

**Other (please specify):** Click here to enter text.

**Project Narrative/Design**

The project narrative may not be any longer than ten (10) pages in total with a font size of no less than twelve (12) point font, and margins no less than one (1) inch.

**Section A - Understanding the issues and need**

1. While keeping in mind the priority and target populations listed on pages one and two, please describe other specific populations that you believe are currently underserved with SUD services in PCWA.
2. Please describe specific SUD prevention or treatment strategies you believe should be employed or expanded in PCWA.
3. Please provide details on strengths and barriers these identified populations might face. Include any suggestions for programs, strategies, or geographic and cultural considerations that could assist in addressing these barriers.
4. Please describe any specific programs that fall within the realm of best practice identified by the National Institute of Drug Abuse or other clinically researched best practices that you would like to see brought to the Pierce County Washington region.
5. Please describe any proposals or suggestions for increasing access to medication assisted treatment (MAT) as a response to counter Opioid addiction. Suggestions for opioid response should fall be consistent with the Governor’s [Statewide Opioid Response Plan](https://www.doh.wa.gov/Portals/1/Documents/1000/140-182-StateOpioidResponsePlan.pdf) that is aligned with the recent [Center for Disease Control (CDC) Guidelines for Prescribing Opioids for Chronic Pain.](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
6. Please provide any suggestions for educational programs that would benefit the community. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, and stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community at large.
7. Please describe SUD and recovery programs or solutions your may have seen employed elsewhere and would like to see brought to PCWA. Are there any specific reasons these solutions/programs have not yet been carried out?
8. Describe innovative suggestions for marketed services to community stakeholders as well as governmental and community agencies, including but not limited to probation, drug court, school system, child welfare, community agencies and faith based organizations.

**Section B – Specific Provider Proposals**

1. Are you a provider interested in delivering a specific SUD or recovery program or service?

*Indicate:* Yes [ ]  / No [ ]

1. If Yes,
	1. Please provide a brief program description that summarizes your overall proposed program model to meet the performance specifications for this service, including the number of hours per month and the geographic regions served. Be sure to indicate whether your model of care addresses child or adult service needs, or both.
	2. Describe the curriculum and Evidence-Based Practices (EBP) that will be utilized within the program.
	3. Describe how your program approach is within the realm of best practice identified by the National Institute of Drug Abuse or other clinically researched best practices.
	4. Please describe how your organization is well qualified to provide this service and a rationale for why you are best positioned to provide this service in the region in which you want to offer this service. Include your organization’s experience and expertise specifically related to the given service and any specialized expertise. *Please note:* We are interested in hearing about any service array targeting the priority populations. Feel free to include any ideas within your response.
	5. If your organization did not receive Block Grant funding, how would it impact your project/program?
	6. If funding would be used to fund a position or other administrative costs, describe how that would directly benefit the community/clients?
	7. How will your project/program increase equity in the community?

**Exhibit B**

**Federal SABG Block Grant Funded Service Descriptions**

|  |  |  |  |
| --- | --- | --- | --- |
| **COLUMN A** | **COLUMN B** | **COLUMN C** | **COLUMN D** |
| **Service Category** | **Description** | **Priority Ranking**(1 most important; 5 least important) | **Recommended Funding Allocation** (put a % in each row; should add to 100%) |
| 1. Prevention & Wellness
 | Preventive services, such as drug use prevention and early intervention, are critical components of wellness. |  |  |
| 1. Engagement Services
 | Assessment/admission screening for SUD to determine appropriateness of admission and levels of care. Education Services may include information and referral services for available resources, information and training concerning availability of services and other supports. Educational programs can include parent training, impact of alcohol and drug problems, anxiety symptoms and management, stress management and reduction. Education services may be made available to individuals, groups, organizations, and the community in general. This is different than staff training. Treatment must meet criteria as in WAC 182-538C. |  |  |
| 1. Outpatient Services
 | Services provided in a non-residential SUD treatment facility. Outpatient treatment services must meet the criteria as set forth in WAC 182-538C. |  |  |
| 1. Community Support (Rehabilitative)
 | Consist of support and treatment services focused on enhancing independent functioning. i.e. **Case Management; recovery housing, supported employment** |  |  |
| 1. Other Support (Habilitative)
 | Structured services provided in segments of less than 24 hours using a multi -disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client. **i.e. housing support, supported education** |  |  |
| 1. Intensive Support Services
 | Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less intensive outpatient, case management, and/or other recovery based services. **i.e. targeted interventions for youth or sobering services** |  |  |
| 1. Out of Home Residential Services
 | 24 hour a day, live-in setting that is either housed in or affiliated with a permanent facility.  A defining characteristic is that they serve individuals who need safe and stable living environments in order to develop their recovery skills. Treatment services must meet the criteria as set forth in WAC 182-538C**. i.e. sub-acute detox, crisis residential, intensive inpatient residential, long-term residential, recovery house** |  |  |
| 1. Acute Intensive Services
 | 24-hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization. Services must meet the criteria as set forth in WAC 182-538C. **i.e. detox** |  |  |
| 1. Recovery Supports
 | A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery. **i.e. child care services, transportation, interim services** |  |  |

**Substance Abuse Block Grant Expenditures**

**Prevention & Wellness- Preventative Services such as drug use prevention and early intervention are critical components of wellness.**

Outreach Brief Intervention (Include SBIRT Screening) Drug Screening Tuberculosis Screening

**Engagement Services- Assessment/admission screening related to SUD to determine appropriateness of admission and levels of care.**

Assessment

Engagement and Referral

Interim Services

Educational Programs (DO NOT INCLUDE ADIS)

**Outpatient Services- Services provided in a non-residential SUD treatment facility.**

Outpatient Group Therapy

Outpatient Individual Therapy Brief Outpatient Treatment Medication Assisted Therapy (MAT)

Opiate Substitution Treatment

**Other Support (Habilitative) -Structured services provided in segments of less than 24 hours using a multi-disciplinary team approach to develop treatment plans that vary in intensity of services and the frequency and duration of services based on the needs of the client.**

PPW Housing Support Services

**Intensive Support Services- Services that are therapeutically intensive coordinated and structured group-oriented. Services stabilize acute crisis and clinical conditions, utilizing recovery principles to help return individuals to less outpatient, case management and/or other recovery based services.**

Therapeutic Intervention Services for Children Sobering Services Sub-Acute Withdrawal Management Crisis Services Residential/Stabilization Intensive Inpatient Residential Treatment Long Term Residential Treatment Recovery House Residential Treatment Involuntary Commitment Family Hardship Room and Board

**Acute Intensive Services-24 hour emergency services that provide access to a clinician. The range of emergency services available may include but are not limited to direct contact with clinician, medication evaluation, and hospitalization.**

Acute Withdrawal Management

**Recovery Supports -A process of change through which individuals improve their health and wellness, live in a self-directed life, and strive to reach their full potential. Recovery emphasizes the value of health, home, purpose, and community to support recovery.**

Transportation Childcare Services Recovery Coach

**Other SABG activities- any activity necessary to plan, carry out, and evaluate this SABG plan, including Continued Education/ training, logistics cost for conferences regarding SABG services and requirements, capacity management, infrastructure, and conducting needs assessments.**

Naloxone Continued Education/Training (for staff) Alcohol/Drug Information School Interpreter Services

**Exhibit C**

**Federal SABG Block Grant Funded Program Rules**

1. If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program may:
	* Retain the authority over its internal governance;
	* Retain religious terms in its name;
	* Select board members on a religious basis;
	* Include religious references in the mission statements and other governing
	* documents; and
	* Use space in its facilities to offer Block Grant-funded activities without removing religious art, icons, scriptures, or other symbols.
2. If the program is an SABG Block Grant-funded program that is part of a faith-based organization, the program **CANNOT** use SABG Block Grant funds for inherently religious activities such as the following:
	* Worship;
	* Religious instruction; and
	* Proselytization.

3. The program may only engage in religious activities listed under 2 above if both of the following conditions are met:

* + The activities are offered separately, in time or location, from Block Grant-funded activities; and
	+ Participation in the activities is voluntary.

4. In delivering services, including outreach activities, SABG Block Grant-funded religious organizations ***cannot*** discriminate against current or prospective Members based on:

* + Religion;
	+ Religious belief;
	+ Refusal to hold a religious belief; and
	+ Refusal to actively participate in a religious practice.

5. If an otherwise eligible member objects to the religious character of the program, the program shall refer the member to an alternative provider within a reasonable period of time of the objection.

6. If the program is a religious organization, the program shall:

* + Use generally accepted auditing and accounting principles to account for SABG Block Grant funds similar to other nongovernmental organizations.
	+ Segregate Federal funds from non-Federal funds.
	+ Subject Federal funds to audits by the government.
	+ Apply Charitable Choice requirements to commingled funds when State/local funds are commingled with Block Grant funds
1. Faith based providers shall have Members admitted to their facility sign an agreement stating they understand the above statements. This document shall be placed in the Member’s clinical record.

**Federal Block Grant Prohibited Expenditure List:** Funds received under this award(s) ***shall not*** be used:

1. To purchase inpatient hospital substance abuse services.
2. To purchase or improve land, purchase, construct, or permanently improve a building or other facility, or purchase major medical equipment.
3. To satisfy a requirement for the expenditure of non‐federal funds as a condition for the receipt of federal funds.
4. To provide financial assistance to any entity other than a public or non‐profit private entity.
5. To make payments to intended recipient of health services.
6. To carry out a hypodermic needle or syringe program to injecting drug users.
7. To spend funds for lobbying activities.
8. Pay salaries in excess of Level I of the Federal Senior Executive pay scale.