

NEW JERSEY DEPARTMENT OF HEALTH  
STATE FISCAL YEAR 2018

Request for Applications (RFA) Notice

**A PROGRAM FOR  
INTEGRATED OPIOID TREATMENT SERVICES: EXPANDING TREATMENT AND  
RECOVERY FOR PREGNANT WOMEN AND NEW MOTHERS**

**Important Dates:**

Letter of Intent Due Date: October 10, 2017

Application Open Date: October 12, 2017

Application Close Date: October 30, 2017

Anticipated Notification Date: November 13, 2017

Anticipated Start Date: December 4, 2017

Anticipated Project End Date: June 30, 2018

## INTRODUCTION

Over the last several years, there has been a significant rise in the proportion of infants who have been exposed to opioid drugs, such as heroin or prescription pain relievers (e.g. oxycodone, hydrocodone) at birth. For example, between 2000 and 2009, opioid use among women who gave birth increased in the United States from 1.19 to 5.63 per 1,000 hospital births per year.<sup>1</sup>

During pregnancy, addiction treatment can mean the difference between having a healthy child and losing a baby or giving birth to an infant with serious developmental challenges. Although many pregnant women and teens fear the repercussions of having their drug or alcohol use exposed, recovering from substance abuse is much safer than giving birth while actively addicted. Drugs and alcohol can cause serious complications with pregnancy, as well as harm to the physical and cognitive development of the fetus.

The complications caused by drug and alcohol use do not end after childbirth. Neonatal abstinence syndrome, or NAS, occurs when an infant is born addicted to drugs, especially opioids. Since 2011, New Jersey has witnessed between 500 to 630 addicted babies born annually with NAS. Within 24-72 hours after birth, newborns with NAS can experience severe withdrawal symptoms as their brain and nervous systems adjust to the absence of drugs. As they grow older, babies born exposed to opioids before birth are more vulnerable to developmental delays, learning problems, and behavioral disorders. They may also have a higher risk of premature death from sudden infant death syndrome (SIDS) and other causes.

Getting help for substance abuse can benefit both a mother and her unborn baby in numerous ways. In addition to reducing the risk of miscarriage and birth defects, a residential treatment program and sober living arrangement can help restore the mother's physical and psychological health. Pregnant women and new mothers in those settings have access to a psychosocial support system that consists of doctors, nurses, therapists, social workers, and others in recovery. Pregnant women need access to affordable prenatal services, as well as referrals to obstetricians, nutritionists, and pediatricians. After birth, they may need assistance to avoid relapse and help with housing, transportation, childcare, and occupational counseling. After the baby is born, continued support from a sober living program can ensure the health and well-being of mother and baby.

Residential treatment of pregnant women and new mothers in a specialized, integrated program will promote long-term recovery while offering ongoing support for women who have taken on the challenging task of parenting while working to overcome addiction.

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<sup>1</sup> Patrick, S.W., Schumacher, R.E., Benneyworth, B.D., Krans, E.E., McAllister, J.M., & Davis, M.M. (2012) Neonatal abstinence syndrome and associated health care expenditures: United States, 2000-2009. *Journal of the American Medical Association*, 307(18), 1934-1940.

## **PURPOSE**

Under the leadership of Governor Chris Christie, New Jersey has responded to the state's opioid crisis with numerous, innovative initiatives. Opioid use does not discriminate in terms of its impact on individuals regardless of race, ethnicity or socio-economic status. As Governor Christie poignantly stated in his 2017 State of the State Address: "Our fellow citizens who are facing the disease of addiction do not deserve to be stigmatized.... They do not deserve a life without hope.... They are our husbands and wives. They are our brothers and sisters. They are our sons and daughters. We have the capacity to give them the tools they need to recover and we cannot fail to do so."

Through this RFA, the New Jersey Department of Health (NJDOH) will provide funding to support integrated opioid treatment services by expanding residential treatment programs, recovery options and sober living arrangements for pregnant women, new mothers and babies. This expansion will include the integration of a variety of services, including obstetric and pediatric, for pregnant women and new mothers. This approach to residential treatment of pregnant women and new mothers in a specialized, integrated program will promote long-term recovery while offering ongoing medical care and support services for women who have taken on the challenging task of parenting while working to overcome their addiction.

## **FUNDING AVAILABILITY AND OBLIGATIONS**

### **RFA Eligibility & Funding**

Five million dollars (\$5,000,000) shall be made available for the expansion of integrated opioid treatment services, including residential treatment programs and sober living arrangements (more than 30 days), and other services, for pregnant women, new mothers and babies.

The award is subject to the availability of funds to the Department.

The Department shall not be held liable for any breach of this agreement due to the absence of an available funding appropriation.

All grantees that meet the minimum requirements shall undergo a review process as described below. Grants shall be awarded to the applicants that are rated highest in the review process.

Grant applications shall be submitted electronically through the Department's System for Administering Grants Electronically (SAGE).

The New Jersey Department of Health may exercise its sole discretion to extend the application deadline or reissue the RFA or portions thereof, if insufficient qualified

applications are received. Applications that are incomplete or received after the due date shall be subject to disqualification.

## **Health Information and Privacy**

The grantee shall abide by all applicable State and Federal laws and regulations governing the privacy, security and confidentiality of each participant's individual health information. The grantee agrees to ensure that any agent acting on its behalf in the implementation of this grant that creates, receives, collects, transmits, and/or maintains individual health information in any form, shall conform to the same restrictions and conditions with respect to such information.

The laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Patient Safety and Quality Improvement Act of 2005 (PSQIA).

## **Criteria for Funding**

The application shall be evaluated, and funding shall be determined, based on the following criteria:

1. A complete and accurate application, with complete and supported application narratives.
2. Documentation of the applicant's ability to provide integrated opioid treatment and related services to pregnant women, new mothers and their babies.
3. Budgeted line-items that are reasonable and necessary to provide integrated opioid treatment services, recovery options, sober living arrangements, and other services.

## **Criteria for Eligibility and Program Elements/Objectives**

### **Eligibility**

- Eligible applicants shall be:
  - New Jersey Hospitals or New Jersey Health Systems;
  - New Jersey Community or Faith-Based Providers of Opioid Addiction Treatment Services;
  - New Jersey Federally Qualified Health Centers (FQHCs);
  - New Jersey State University providers of behavioral health services

### **Program Elements**

- Because a "one-stop" model of service coordination and delivery can lead to more effective outcomes for the clients who will be served through this

initiative, the applicant, wherever possible, should clearly outline the implementation of a “one-stop” model through which as many essential services as possible will be co-located at a particular site. (If any services are not co-located, applicants should clearly identify how referrals will be effectively handled. Letters of support from key service provider partners must be included in the submitted application.)

- The applicant shall schedule appointments (same-day whenever possible) for clients with treatment programs, recovery options and sober living arrangements to serve the clients’ health needs. If pregnant women, new mothers and their babies have other needs (e.g. specialty health needs, housing, employment, transportation and legal services), the applicant shall make efforts to connect them to the appropriate services.
- The applicant shall propose a residential timeframe (e.g. three months) for residential treatment, recovery options and sober living arrangements. The selected treatment phase shall be consistent with the applicant’s experience with, and knowledge of, the population it serves within the community. A woman’s length of stay in the residential treatment and/or sober living program shall be guided by her individual health and social service needs.

## Objectives and Payment Structure

- Awardee(s) shall be required to submit a quarterly report during the grant period to the NJDOH. The quarterly report shall detail achievement of the objectives outlined below. The report should include: methodologies used and effectiveness of those methodologies; number of clients served; success stories and testimonials; obstacles, barriers and challenges in accomplishing objectives; and a summary of the effectiveness of the program. Based on achievement of the objectives, the payment schedule shall be a quarterly cost reimbursement.
- Objectives for the initiative shall include:
  - **Objective 1:** Prepare and submit a **work plan** that identifies the health needs of pregnant women and new mothers who need opioid residential treatment services, recovery options, sober living arrangements, and other services. The work plan should include proposed services and service coordination, proposed outreach strategies, and proposed retention strategies to ensure long-term recovery.
  - **Objective 2:** The number of unduplicated women who are screened and assessed for pregnancy and substance use disorders.

- **Objective 3:** The number of unduplicated pregnant women and new mothers who receive residential treatment, recovery options and sober living arrangements.
  - **Objective 4:** The number of unduplicated pregnant women and new mothers who receive primary care, obstetric, and pediatric services.
  - **Objective 5:** The number of unduplicated pregnant women and new mothers who receive other services (e.g. housing, transportation, occupational counseling, employment, childcare, legal services).
  - **Objective 6:** The number of unduplicated pregnant women and new mothers who successfully complete a treatment program or sober living program.
  - **Objective 7:** The number of unduplicated pregnant women and new mothers who remain sober for 2, 3, 4, and 6 months after discharge from a treatment program or sober living program.
  - **Objective 8: An end-of-program evaluation** is required. Each awardee shall allocate a certain portion of their award to fund the evaluation and outline how the end-of-program evaluation shall be conducted.
- **Performance-based incentive payments** will be made available to awardees, as follows:
    - Treatment Retention: If a client successfully completes treatment, payment will be \$250.
    - Relapse Prevention: If a client remains sober for 6 months after discharge from a treatment program or sober living program, payment will be \$1,000.

### **PROOF OF ELIGIBILITY**

Applicants are required to submit financial documents, in accordance with the NJDOH Cost Controlling Initiatives and Terms and Conditions. **Failure to provide required documentation by the date of application submission shall result in the application being deemed non-responsive.** Please attach the requested documents in Word or PDF to your application through the NJDOH System for Administering Grants Electronically (SAGE):

1. Valid Internal Revenue Service (IRS) 501 (C) (3) tax exempt status.

2. Statement of total gross revenue and/or annual report (if applicable). If grant is less than \$100,000 and agency doesn't receive any other funds from the state or federal government an audit report is not required. An Agency should submit the Statement of Total Gross Revenue to determine if an audit report is required.
3. Tax Clearance Certificate. – Applications for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml>.
4. NJ Charities Registration – If your organization is registered with the NJ Charities Registration then each year a “Letter of Compliance” from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. More information, contact and forms can be found at: <http://www.state.nj.us/lps/ca/charity/charfrm.htm>.

## **APPLICATION PREPARATION AND SUBMISSION**

The anticipated schedule for this RFA is provided below.

Chart 1: Anticipated Integration of Opioid Treatment Services for Pregnant Women, New Mothers and Babies

<b>Date</b>	<b>Activity</b>
September 19, 2017	Publication of Request for Application (RFA)
October 10, 2017 by 3:00 PM	Letter of Intent
October 12, 2017 by 8:00 AM	Application Open Date
October 30, 2017 by 3:00 PM	Application Close Date
November 13, 2017	Anticipated Notification Date
December 4, 2017	Anticipated Start Date
June 30, 2018	Anticipated Project End Date

### **PRIMARY CONTACT**

Trischa Zumbach, Grants Management Officer  
 NJ Department of Health  
 PO Box 360  
 Trenton, NJ 08625-0360  
[trischa.zumbach@doh.nj.gov](mailto:trischa.zumbach@doh.nj.gov)

### **LETTER OF INTENT**

A 1-2-page letter of intent on organizational letterhead is mandatory for any organization interested in potentially submitting an application. Although a letter of intent is not binding and does not enter the review of the subsequent application, the information that it contains allows NJDOH staff to estimate the potential review workload and plan the review.

The letter of intent must include the following information:

1. Federal Employer Identification Number (FEIN)
2. Organization address
3. Name and contact number of person entering application information in SAGE
4. Brief overview of project (1-2 pages)

Interested applicants must submit a letter of intent on organizational letterhead by 3:00 PM EST on October 10, 2017 via email to: [trischa.zumbach@doh.nj.gov](mailto:trischa.zumbach@doh.nj.gov)

## PROPOSAL SUBMISSION AND DELIVERY

To be considered, applicant proposals must be responsive to all the requirements of this RFA. Incomplete grant applications will not be accepted. All proposals must be submitted via the SAGE system no later than 3:00 PM on October 30, 2017. Paper submissions will not be considered. SAGE can be accessed beginning at 8:00 AM on October 12, 2017 at the following link: <https://njsage.intelligrants.com/logout.aspx>.

**Please note: The NJDOH may, in its sole discretion, reissue the RFA and add another application period if insufficient qualified applications are received. Applications not submitted by the due date and time will be deemed nonresponsive and, therefore, subject to rejection.**

Applications should be succinct, self-explanatory, and organized in the order outlined below:

- A. **Executive Summary:** A description of the proposed project (including the process that will be used to achieve the objectives identified in the RFA) should be included under the Needs and Objectives project page in SAGE.
- B. **Proposal:** A description of the process to achieve the integration among providers, including how any off-site providers will participate in the treatment planning, service delivery, quality improvement, monitoring and evaluating effectiveness of opioid treatment services. A statement of need, specific aims, methodology and a demographic profile of the population to be served in terms of race, ethnicity, language, age and socioeconomic status. A description of the approach and plans for accomplishing the work and objectives that shows the applicant's understanding of the requirements of this RFA and its ability to successfully complete the project within the timeframe. This information should be included under the Needs and Objectives project page in SAGE.
- C. **Organizational Capacity:** A description of the applicant's organizational capacity to achieve the objectives as detailed in this RFA. The applicant should describe the core project management to execute the award including the roles and responsibilities of project staff. The applicant should identify its Project Manager's ability to lead and manage the project to successful execution; monitor the project's ongoing progress; prepare and submit plans, reports and performance measurements; and facilitate communication with partners. This

information should be included under the Needs and Objectives project page in SAGE.

- D. **Readiness to Implement:** A description of the applicant’s readiness to design, develop, implement, and measure the opioid treatment services, recovery options, sober living arrangements, and other services for pregnant women, new mothers and babies. This information should be included under the Method(s) and Evaluation project page in SAGE.
- E. **Evaluation:** A description of how the applicant will conduct an end-of-program evaluation. This information should be included under the Method(s) and Evaluation project page in SAGE.
- F. **Budget:** Only actual costs incurred for the activities, objectives and services outlined in this RFA will be reimbursed. This information should be included under Schedule A, Schedule B, Schedule C and the Cost Summary pages in SAGE. Based on the estimate of unduplicated clients served, the budget should include an estimate of the amount of performance-based incentives the applicant expects to receive. (This information should be included in Schedule C.) Please attach the following chart (Chart 2) in SAGE under the Miscellaneous Attachment page. Chart 2 must be completed.

**CHART 2: INTEGRATED OPIOID TREATMENT SERVICES  
PREGNANT WOMEN, NEW MOTHERS AND BABIES**

OBJECTIVE	ESTIMATED COMPLETION DATE	APPROXIMATE OBJECTIVE COST
<b>Objective 1:</b> A work plan, as outlined on page 5.		
<b>Objective 2:</b> The number of unduplicated women who are screened and assessed for pregnancy and substance use disorders.		
<b>Objective 3:</b> The number of unduplicated pregnant women and new mothers who receive residential treatment, recovery options and sober living arrangements.		
<b>Objective 4:</b> The number of unduplicated pregnant women and new mothers who receive primary care, obstetric, and pediatric services.		

<p><b>Objective 5:</b> The number of unduplicated pregnant women and new mothers who receive other services (e.g. housing, transportation, occupational counseling, employment, childcare, legal services).</p>		
<p><b>Objective 6:</b> The number of unduplicated pregnant women and new mothers who successfully complete a treatment program or sober living program.</p>		
<p><b>Objective 7:</b> The number of unduplicated pregnant women and new mothers who remain sober for 2, 3, 4, and 6 months after discharge from a treatment program or sober living program.</p>		
<p><b>Objective 8:</b> An end-of-program evaluation is required. Each awardee shall allocate a certain portion of their award to fund the evaluation and outline how the end-of-program evaluation shall be conducted.</p>		

**Criteria for budget review and award of funding**

- A. All line-items must have adequate and clear justifications.
- B. Each application’s budget must not exceed \$1,500,000.
- C. All costs must be reasonable and necessary to obtain the programmatic objectives.
- D. All Schedules must be complete, clear, and reasonable.

- E. If Schedule B is completed, professional services contracts must be uploaded as a required attachment in the grant application. If the contract is not available, a draft may be uploaded, or the funds shall be budgeted in Schedule C in the Reserve line-item.
- F. Sub-grants must be uploaded as a miscellaneous attachment in the grant application. If the sub-grant agreement is not available, a draft may be uploaded, or the funds shall be budgeted in Schedule C in the Reserve line-item.
- G. Indirect costs are disallowed for this initiative and shall not be included in the budget.
- H. A list of any proposed equipment purchases must be uploaded as a miscellaneous attachment.

Other funds shall not be included as part of this application.

## **ORGANIZATIONS ON SAGE**

If you are a first time NJDOH applicant whose organization has never registered in the NJDOH SAGE, you must contact the SAGE System Administrator, Cynthia Satchell-Gore, [cynthia.satchell-gore@doh.nj.gov](mailto:cynthia.satchell-gore@doh.nj.gov) (609) 633-8009, complete a New Agency form, and submit it to the NJDOH. The Department will review the documents to ensure applicants have satisfied all the requirements. When approved, the organization's status will be activated in SAGE. The SAGE System Administrator will grant permission via email or phone call to the organization's Authorized Official informing them they are authorized to access the application in SAGE. You will not have access to an application in SAGE until all documents are received and all procedures are satisfied.

## **PROPOSAL EVALUATION**

In scoring applications, eligible applications will be evaluated against the following criteria during review:

- A. Applicant's proposal and its compliance with RFA requirements. (60 points)
- B. Applicant's organizational capacity and readiness to perform the work required by the RFA, as presented in its proposal. (30 points)
- C. Applicant's cost proposal. (10 points)