

**District of Columbia
Department of Health
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
Pre-Application Meeting
March 26, 2019
Frequently Asked Questions (FAQs)
RFA #HAHSTA_SBIRT_03.22.19**

1. Are there other options for SBIRT Training CBA/TA providers other than those listed in the RFA?

The two SBIRT TA options presented in the RFA are merely suggestions/recommendations. Applicants may use any qualified Technical Assistance organization in the provision of SBIRT training and capacity building.

2. Is it a requirement to use 5% of budget for SBIRT towards T.A. Provider? Can you not use budget?

Agencies may use UP to 5% of their overall budget to subcontract a TA/CBA Provider; 5% is the maximum limit—this amount should be substantially less, if at all, for the second year of the budget.

3. Should the budget be pro-rated for the 5 month performance period?

Agencies should create a 5 month budget (base year) and a one year budget (option year one), each with a floor amount of \$50,000 and ceiling of \$112,500. The budget should not be pro-rated, and agencies are not to duplicate one-time start-up costs for the option year one period (i.e., full Technical Assistance).

4. Can budget cover lost provider time for SBIRT training?

The budget can be used to cover staff hours needed for SBIRT training. The allocation should be included in PS & Fringes categories or in Other Direct Costs. Staff training hours must be projected in this budget submission.

5. Can start up and planning activities count towards the two month implementation timeline, ex. training?

As long as the applicant can show that planning activities are occurring, even if this means patients have yet to be screened, start up and planning activities can be built into the implementation timeline. Examples of planning and pre-implementation activities that can occur in the first two months are having a subcontract in place for the technical assistance provider, screening tool implemented in the EHR, staff training, protocol development, etc.

6. What is the grace period for monthly reports due after getting awarded? Would they need to be turned in the tenth of that month?

Monthly reports are due on the 10th business day after the month of which the notice of grant award has been received and every subsequent month thereafter. The activities that would be reported are for the preceding month. For example, May 1-31 activities would be reported by the 10th business day of June.

7. Will the Government Performance and Results Act (GPRA) Survey be included as a deliverable/ performance measure?

- All applicants who are awarded must adhere to the SAMHSA requirement of completing a GPRAs. GPRAs must be administered to any patient/client who is “touched” by the program, including all who are screened through SBIRT.*
- 8. Will applications be reviewed for completion if submitted prior to application deadline?**
Applications will not be reviewed and returned for revisions prior to the application deadline. HAHSTA suggests applicants review proposals thoroughly before EGMS submission.
- 9. If we do not currently have an active partnership with an MAT provider, can we still apply for the funding opportunity if we outline in our proposal the strategy to establish and support such a partnership?**
If an applicant does not have an existing partnership agreement with an MAT provider, the applicant must do the following: (1) Name potential providers in the application, and (2) provide letters of commitment.
b) Also, during the pre-application meeting there was a lot of emphasis placed on the linkage to MAT treatment; is this also a required delivery of the proposed project?
Linkage to MAT is the overall goal of the SBIRT initiative and is a requirement, although HAHSTA recognizes some persons may not be effectively linked to treatment. In those instances, program staff will address such challenges in the agency’s monthly narrative report.
- 10. Is this opportunity focused exclusively on identifying individuals with opioid use disorders, or substance use disorders at large?**
The SBIRT initiative can be used to identify persons with any substance use disorder (SUD), with the understanding that the target population is those using opioids.
- 11. Do you have editable versions of the work plan and budget templates? The pages from the RFA are a flattened PDF and cannot be filled in via computer.**
*Applicants may reference the EGMS attachments or the DC Grants Clearinghouse for word versions of the work plan and categorical budget at the link below:
<https://opqs.dc.gov/page/opqs-district-grants-clearinghouse>*
- 12. If we apply for the grant ourselves, can we also be a MAT provider that people refer to? Our organization has the capacity to serve MAT clients referred from other places as well as our own internal referrals.**
Clients may be linked internally and/or externally to DATA-waived prescribers.
- 13. What if the Authorized Executive of an organization *is* the CEO? Per the language below, “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.”**
This letter should be signed by someone other than the CEO, i.e., Board of Directors President or other leadership position on the BoD.
- 14. Are agencies who are currently implementing or who have implemented SBIRT in the past eligible for grant awards?**
There is an expectation that agencies will integrate SBIRT into Electronic Health Records if currently screening or have screened in other formats.