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|  | **Proof Alliance**  *Preventing fetal alcohol spectrum disorders and supporting all impacted* |

**Family-Centered Long-Term Recovery Supports**

**Application Due:** May 23, 2022

**Grant Period:** June 2022 through June 2023 (with possibility of extending contract at that time)

**Total Funding Available During Grant Period:** Year 1 (through June 2022): $165,146

Year 2 (July 2022 through June 2023): $660,578

On behalf of the Minnesota Department of Human Services (DHS), Proof Alliance (formerly the Minnesota Organization on Fetal Alcohol Syndrome) is soliciting proposals from qualified applicants to establish or strengthen regional collaborations to provide community-based long term recovery supportive services for women that are pregnant or parenting with histories of alcohol use disorders and substance use disorders in order to reduce the incidence rates of fetal alcohol spectrum disorders (FASD) and other drug-related effects in children in Minnesota. An eligible regional collaborative must be a partnership between at least one local government, at minimum one community-based organization, and a family home visiting program when available. A local government may include a county or multicounty organization, a tribal government, a county-based purchasing entity, or a community health board. This funding will be available through June 2023, with the possibility of extending the term at that time.

We are accepting applications from established eligible collaboratives with demonstrated outcomes providing effective community-based recovery support services for women. We are also soliciting proposal responses from entities that provide supportive community-based recovery supports that have the ability to form a new effective collaborative quickly and demonstrate promising outcomes within the grant period. An established eligible collaborative may apply for expansion funding to further develop its current work. The collaborative must identify a service gap or expansion opportunity that will justify the need for the expansion funding requested (e.g., serving more women, increasing the length of services, additional service delivery, expanding its service area, etc. New eligible collaboratives may apply to use the grant funds to establish new formal partnerships. A new collaborative must be able to demonstrate the ability to provide effective recovery supports and convene stakeholders quickly and that demonstrate the ability to build capacity quickly and implement and launch the program within 6 months.

* Abuse of licit substances, including alcohol and opioid-containing pain relievers, and illicit drugs are not uncommon. Women comprise 40% of those with a substance use disorder.[[1]](#footnote-1) Results from the 2017 National Survey on Drug Use and Health reported that amongst pregnant women illicit drug use was 8.5% and alcohol use was 11.5%, with 5.2% binge drinking.[[2]](#footnote-2) The vast majority of women entering treatment for substance use disorders have children.[[3]](#footnote-3) These children are often at high risk of child abuse and neglect, developmental challenges, and adolescent substance use.

Alcohol use disorders are a serious issue for both the mother and her children. FASD is range of physical, neurobehavioral, and learning disabilities that result from prenatal exposure to alcohol. The most significant impact is the resulting brain injury, which is permanent and lasts a lifetime. In addition to the brain injury, prenatal alcohol exposure has also been linked infant mortality issues including an increased risk of miscarriage, stillbirth, preterm delivery, low-birth weight, growth deficits, microcephaly, birth defects, and sudden infant death syndrome.

The overall goal of this Request for Proposal (RFP) is to help support pregnant and parenting women in recovery from alcohol- and substance-use disorders in Minnesota. Grantees will promote building healthy families and prevent future births of children exposed to alcohol and drugs by providing community-based and home-based recovery maintenance services. The successful collaborative will work within its community to:

* *Assist pregnant and parenting women in recovery in obtaining support and services designed to aid them in maintaining sobriety and staying in recovery by providing long-term community-based supportive services to help resolve the myriad of complex issues related to substance use disorders.* As women transition from chemical dependency treatment programs back to the community there is a need for long term community based and in-home supportive services to support the recovery maintenance of this population. These services must be gender responsive and specific taking into account the unique characteristics of the initiation of use, the effects of the use, histories of trauma, and co-occurring mental health and physical disorders.
* *Wrap services around the extended family members and ensure that children are in safe, stable home environments and receiving appropriate and timely health care services.* We recognize that when a woman is in recovery her entire family is in recovery as substance use disorders impact the entire family unit. What constitutes “family” will be defined by each woman served through this program and can include the supportive network of relatives as well as partners, friends, and/or others whom the woman identifies as part of her family. The research is clear that relationships, especially with family and children, play an important role in women’s substance use, treatment, and relapse. Family-centered support promotes the development of healthy and stable families, well-adjusted children, and reaching economic goals.
* *Develop and sustain appropriate, effective, and culturally informed networks of community resources that will help families build and maintain healthy and economically viable households.* Collaboration is an important element of long-term community supports for women in recovery and their families. Often times these families are involved with multiple systems (e.g., child welfare, child protection, criminal justice, and social service). Histories of trauma are also very common and there is the need for trauma-informed service systems and resources to address the complex needs of these families. In order to effectively wrap services around the families there is a need for strategic engagement of collaborative partners and resources including engagement with communities of faith and volunteers.
* *Actively and effectively engage individuals in long-term recovery with relevant lived experience in the design and delivery services.* Living up to the motto of “Nothing about us, without us” will be an essential part of the work of the successful grantees. Active and effective engagement of women in recovery can help reduce substance use disorders and serve as models of hope. It is also a vehicle to preserve dignity and counter stigma, shame, and discrimination. The most successful programs have developed opportunities for peer support and engagement.
* *Prevent prenatal alcohol exposure in current and/or future pregnancies.* A priority focus of the funds will be on women with histories of alcohol use disorders and on the prevention of alcohol use during pregnancy and fetal alcohol spectrum disorders. Ultimately, the objective is to increase the number of babies born to women in recovery that are toxic-free.

The services described in this RFP will sustain and grow the current community momentum that has taken place since 2010, focusing on increasing the number of babies born to women in recovery that are toxic free. The successful applicants will participate in a kick-off orientation where time will be spent reflecting on past programmatic outcomes, lessons learned, and tips for implementation. Family-centered long term recovery support services are critical for women in returning to the community, establishing a chemical free lifestyle, and improving economic and social well-being of families. Poverty, stigma, lack of community connections, and poor employment prospects are some of the major challenges many women in recovery face reintegrating into the community. Understanding those unique challenges, grantees are expected to provide long-term supports including, but not limited to, the following services:

* Develop comprehensive care plans for the women and their families
* Assistance for women to develop a recovery support network
* The provision of relapse prevention tools and services
* Housing, employment, and community service support and referrals designed to aid in economic stability
* Provide referrals as needed to access health insurance and establish a primary care medical home
* Provide referrals and assistance for accessing behavioral health and mental health services
* Providing supportive, non-judgmental, and effective parenting support and training
* Encourage screening for Sexually Transmitted Infections
* Referrals for tobacco cessation services
* Screen or refer out screening for all children in custody for physical, behavioral, and dental needs
* Ensure all children are up-to-date on immunizations
* Arrange for transportation for health care, recreational, and other services
* Access to both community-based and home-based services and supports
* Coordination with hospital of delivery for access to birth toxicology screening and results for mothers and infants born during program participation
* Administer periodic urinary analysis to clients at entry, randomly during program, and at discharge
* Assist women and families to obtain competent, dependable, and appropriate child care
* Maintain an emergency assistance fund to support clients in maintaining sobriety
* Provide funding and access to recreational and social events

Proof Alliance will serve as the grant manager during the grant period and facilitate the process to ensure that each of the selected regional collaborative funded is working in partnership to ensure the consistency of reports, evaluation metrics, and hosting periodic grantee meetings and site visits. The successful regional collaborative will be expected to participate in periodic mandatory grant meetings to discuss program evaluation, catalog lessons learned, and share promising and emerging practices related to the project goals.

**Eligibility**

Community based agencies that serve individuals in Minnesota can apply, as long as they meet legal qualifications for receiving grants. Agencies that are past or current grantees of Proof Alliance are eligible to apply. Our preference is lead organizations that are 501(c)3 non-profit organizations, government agencies, tribal governments, schools, or educational institutions. However, for profit businesses with demonstrated experience and outcomes are also eligible to apply. Applicants who can demonstrate leveraged funding either in-kind or cash will receive additional consideration.

**Lead Agency**

The grant applicant must be part of a regional collaborative to be awarded grant funding and implement the required project services. However, there must be one lead agency identified as the fiscal agent for the grant submission. Any of the following may be a fiscal agent: a local government includes a county or multicounty organization, a tribal government, a county-based purchasing entity, or a community health board or community-based organization. The lead agency must list the partners in the collaborative and identify if the entity is a potential or confirmed partner. If the applicant is awarded the grant, a letter of support from each partner in the regional collaborative must be submitted before the grant contract is finalized acknowledging the collaboration. If there are letters of support available to submit with the grant application, they will be accepted, but are not required. The strongest proposals will have confirmed partnerships as part of its application.

**Funds Available**

The total funding for the Family-Centered Long-Term Recovery Supports grant program is approximately $165,146 in year 1 (through June 2022) and$660,578 in year 2 (July 2022-June 2023). The amount of funding awarded to each grant recipient will be dependent on various factors, such as the agency’s level of readiness and the number of women served during the grant. There is no requirement for matching funds or in-kind contributions. The amount of funding available is subject to change.

Payment will be by reimbursement only. Funds will be distributed within the contract terms after review and approval of the grantee’s submission of progress reports and invoices showing implementation activities and acceptance of these reports by the Proof Alliance authorized representative. Proof Alliance may refuse or delay payment in the event such reports are not submitted, inaccurate, or incomplete.

**Grant Requirements**

Proof Alliance representatives will serve as the grant manager for this project. As the dedicated grant manager, Proof Alliance will be responsible to convene periodic meetings, site visits and trainings. Proof Alliance will also be available to provide technical assistance throughout the grant process. The selected grantees will be expected to attend mandatory grant meetings and participate in site visits as required by the grant manager. Grantees may budget for expenses to ensure attendance at these meetings to include staff time, mileage, and lodging if located outside of the Twin Cities metro area. The successful grantees should be prepared to participate in a day-long kick-off meeting and quarterly meetings.

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**Grant Application Instructions**

Grant proposals must be submitted by 5:00 pm on May 23, 2022 to ensure consideration. Due to staff working remotely, we are only accepting electronic copies. To submit electronically, email the proposal to [sarah.brown@proofalliance.org](mailto:sarah.brown@proofalliance.org). Make sure to include all items listed in the proposal checklist. If some documents are very large, the grant proposal can be sent using multiple emails and/or compressed zip files.

Any questions regarding the application process can be sent to Sarah Brown at [sarah.brown@proofalliance.org](mailto:sarah.brown@proofalliance.org) or by calling the Proof Alliance office at 651-917-2370. The answers to frequently asked questions will be posted on the Proof Alliance website.

**Application Check List**

* Cover letter signed by the Executive Director
* Narrative, not to exceed 7 pages
* Reference Face Sheet (fillable form)
* Required Statements: Anti-Discrimination Agreement and Contract Agreement (fillable form)
* Project Budget and Narrative (Excel spreadsheet with two tabs)
* Project Financial Support/Other Sources of Funding (if applicable)
* Organization’s current year operating budget with most recent actual expenses compared (budget to actual)
* Proof of tax exempt status (if applicable)
* Most recent year-end financial statements
* Most recent tax return (example: Form 990)

**Proof Alliance  
Family-Centered Long-Term Recovery Supports Grant**

**Application Form**

**Application Narrative**

Please prepare your narrative using these headers. The document should be formatted with 1” margins with text in 12-point font. The total maximum page limit for the narrative portion of the application is 7 pages.

**Applicant Background**

* Are you applying as a new regional collaborative or existing regional collaborative? Applicants are asked to rate where they currently are on the continuum described below. During the grant periods, organizations and partners will be expected to move to a higher level of the continuum:
  + Level 1 ‑ Beginning: Know each other and can call as needed; may include only a single organization with informal partnerships with other sectors.
  + Level 2 ‑ Progressing: Informal or formal arrangements among at least three independent organizations; may include data sharing agreements.
  + Level 3 ‑ Intermediate: Mixture of formal and informal arrangements across at least three independent organizations; includes decision-making, resource allocation, data sharing.
  + Level 4 ‑ Advanced: Clearly documented roles, relationships, responsibilities, ongoing regular meetings supported by resources, and formal partnerships across three or more organizations. These arrangements include decision making, shared governance, data sharing, and some shared financial arrangements.
* Describe the lead agency and its current scope of work. Describe the geographical region and population currently served by the agency.
* Describe the experience you have working with women in recovery providing community and home recovery maintenance and supportive services.
* Describe the partners in your regional collaborative using a table like the one depicted below. Identify if each partner is potential or secured.

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| **Organization/Entity** | **Role** | **Proposed or Secured** |
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**Description of Program**

* Describe the target population you anticipate serving, including socioeconomic status, racial demographics, geographic location(s), age range of the children, and approximately how many women your collaborative estimates that it will have capacity to serve during the grant period.
* Services Provided:
  + Describe in detail the services that will be provided for the women and the services that will be provided for their children. Identify which services your collaborative has the capacity to provide in-house and the services that will be referred out to other organizations.
  + If you are an existing regional collaborative applying for expansion funding, describe the current gap in services and provide justification to support the need for expansion funds.
* How will your program actively engage individuals with lived experience?
* Present your proposed evaluation plan. How will you know that the project made a difference? Describe the methods used to measure these outcomes.

**Timeline**

* Provide a detailed timeline of project activities. Keep in mind that the grant will run through two fiscal years, and you will need to account for both in your application. Your budget worksheet should also reflect this timeline.

**Leadership, Roles, and Staffing**

* Describe the key personnel involved in carrying out this program or expansion. Include staff qualifications, any licenses, and applicable prior experience.
* Explain how the grant-funded work will be staffed, with particular attention to leadership and accountability.

**Capacity**

* What resources does your organization have to complete the proposed program or expansion (such as staff, consultants, and technology)?
* Committed funds: list committed sources and amounts of funding for this project.
* Present prospects for sustainability after the grant ends. How will you incorporate this program or expansion into your organization as a whole? How will the work carry on after the end of this grant period?
* Reflect on any challenges you anticipate in implementing your proposed program or expansion. Include possible solutions to these challenges.

1. Forray A. Substance use during pregnancy. *F1000Res*. 2016;5:F1000 Faculty Rev-887. [↑](#footnote-ref-1)
2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report [↑](#footnote-ref-2)
3. Villegas NA, Chodhury SM, Mitrani VB, Guerra J. Mothers in substance abuse recovery: Perspectives on motivators, challenges and family involvement. *Int J High Risk Behav Addict*. 2016;6(1):e32558. [↑](#footnote-ref-3)