

Request for Application

ADOLESCENT PERINATAL RESIDENTIAL PROGRAM

October 5, 2026

This announcement for funding should not be interpreted as a contract (implicit, explicit, or implied), nor does it imply any form of agreement to any potential candidate. In addition, no inference should be made that Trillium will purchase and/or implement in the future any of the programs or services proposed by the respondents.



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FUNDING OPPORTUNITY DESCRIPTION

PURPOSE

Trillium Health Resources is seeking applications from qualified nonprofit organizations to develop and operate a gender-responsive, trauma-informed residential substance use disorder (SUD) treatment program specifically designed for pregnant and parenting adolescent females. The program is intended to address a significant service gap for adolescents who require a 24-hour structured residential level of care while also addressing pregnancy, parenting, infant/child development, education, family relationships, and transition to community-based recovery.

The program shall be designed to operate consistent with North Carolina Medicaid Clinical Coverage Policy 8D-5, Clinically Managed Residential Services, effective January 1, 2026, including the Pregnant and Parenting population-specific requirements, and all applicable North Carolina licensure and facility requirements. Clinically Managed Residential Services as a 24-hour structured, safe and stable living environment for beneficiaries with significant SUD-related functional limitations and identifies pregnant and parenting beneficiaries as an eligible population.

The program will also comply with all applicable Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Women's Set-Aside requirements and other applicable federal and State requirements when SAPTBG funds are used.

EXPECTATIONS

Primary goals and objectives:

- Increase access to timely, developmentally appropriate residential SUD treatment for pregnant and parenting adolescent females who meet medical necessity and ASAM Level 3.5 criteria.
- Provide an integrated residential treatment environment that addresses SUD, co-occurring behavioral health needs, pregnancy/perinatal health, parenting, family relationships, education, independent living skills, and recovery supports.
- Strengthen the parent-child relationship and improve parenting skills, child development knowledge, and the health and psychosocial functioning of the adolescent and her child(ren).
- Increase engagement in prenatal, postpartum, primary, pediatric, behavioral health, and other medically necessary care.

- Improve continuity of care and successful transition to a lower ASAM level of care and community-based supports at discharge.
- Reduce barriers related to transportation, housing, education, childcare, family support, and other social determinants that interfere with recovery.

Program requirements:

- The program must provide 24-hour residential services, seven days per week, and must be capable of serving adolescents who meet the applicable CCP 8D-5 criteria.
- The provider must comply with the current [CCP 8D-5](#) requirements, including assessment, Person-Centered Plan (PCP), service order, documentation, staffing, clinical intervention, evidence-based practice, medication management/MAT access, naloxone access, care coordination, and transition-of-care requirements.
- The program must be designed specifically for pregnant and parenting adolescents and their children, when children are residing with the parent. The current CCP 8D-5 requires pregnant/parenting programs to support the parent-child dyad and provide or arrange for medically necessary supports for children.
- The provider must directly link beneficiaries to prenatal, postpartum, pediatric, and primary medical care and coordinate with education services, DSS when applicable, housing resources, and care management/care coordination.
- The provider must provide or arrange for evidence-based parenting interventions, trauma-informed parenting support, child-development education, nurturing-care supports, perinatal mental and physical health supports, postpartum supports, child developmental screening when indicated, independent living skills, childcare linkage, community coping skills, and therapeutic mentoring as appropriate to the beneficiary's PCP.
- At least two staff must be onsite whenever a beneficiary is present, clinical staff must be available seven days per week for clinical interventions, and staffing ratios must account for the number of adults and children residing in the program.
- The program must be located in Trillium's 46-County Region.
- The program must be located within 30 miles of an acute care hospital with 24-hour labor and delivery services to ensure timely access to obstetric and emergency medical care.

Partnerships and collaboration:

- Applicants should demonstrate established or proposed formal relationships with obstetric/perinatal providers, pediatric providers, primary care, behavioral health prescribers, hospitals, local health departments, DSS, school systems, childcare providers, housing resources, juvenile justice when applicable, care management/care coordination, and community recovery supports.
- Where CCP 8D-5 requires or supports a memorandum of agreement or memorandum of understanding, the applicant must provide executed agreements or documentation of the plan and timeline to establish them.
- The program must coordinate with the adolescent's natural supports and family, consistent with consent, legal authority, confidentiality requirements, and the beneficiary's treatment plan.

Target population:

- Female adolescents ages 14 through 17 who are pregnant or 12-months postpartum and have a diagnosed SUD and meet the medical necessity and ASAM Level 3.5 criteria for Clinically Managed Residential Services.
- Parenting adolescents may be served with a dependent minor child or children in the adolescent's physical custody, consistent with the facility's licensure and program capacity.
- The program should be capable of addressing co-occurring mental health conditions, trauma histories, child welfare involvement, juvenile justice involvement, educational disruption, unstable housing, and other psychosocial barriers when clinically appropriate.
- The applicant shall propose the number of adolescent beneficiaries and children to be served annually and demonstrate that the proposed capacity is realistic based on staffing, facility size, licensure, referral patterns, and available funding.

Evidence-Based Practices:

- Applicants must identify and implement evidence-based practices appropriate to adolescent SUD, trauma, pregnancy/perinatal health, parenting, and family functioning.

- The NC SAPTBG Women's Set-Aside materials identify gender-responsive models including Seeking Safety, Helping Women Recover, TREM, Beyond Trauma, and the Matrix Model with the women's supplement.
- The NC SAPTBG materials also identify evidence-based or promising parenting models including Nurturing Program for Families in Substance Abuse Treatment and Recovery, Strengthening Families, Circle of Security Parenting, Celebrating Families!, and Triple P.
- Applicants may propose other evidence-based or promising practices but must provide evidence supporting their use with the population and explain how fidelity will be monitored.

Data collection and outcomes:

- Providers must collect and report all data required by Trillium, NC DMH/DD/SUS, NC Medicaid, SAPTBG, and other applicable funding sources.
- Applicants must demonstrate the ability to collect, validate, protect, analyze, and report participant-level and program-level data without including Protected Health Information in the RFA application.
- Outcome measurement should include, at minimum, treatment engagement and retention; SUD symptom stabilization; progress toward PCP goals; use of recovery and coping skills; prenatal/postpartum care engagement; parenting skills; child-development supports; educational engagement; housing stability; successful transition to a lower level of care; and other measures established by Trillium.
- SAPTBG-funded programs may be subject to Treatment Episode Data Set (TEDS) reporting and collection of measures related to abstinence, employment, criminal justice involvement, housing, access/retention in care, social support, and use of evidence-based practices.

Operational timeframe:

- The selected provider must be fully operational and accepting admissions within 9 months of contract execution, unless Trillium approves an alternate implementation schedule.

- Applicants must provide a detailed implementation timeline addressing licensure, facility readiness, staffing, training, policies and procedures, referral development, community partnerships, school/education coordination, medical partnerships, and admission readiness.

AWARD INFORMATION

Funding amount: \$700,000. Proposed budgets may not exceed the maximum amount established by Trillium for this RFA.

Funding period: Date of Contract Execution through June 30, 2027. Funding is subject to the availability of federal, State, and/or Trillium funds and all applicable funding restrictions.

Because this opportunity may utilize SAPTBG Women's Set-Aside funds, applicants must demonstrate that proposed expenditures are allowable under applicable federal and State requirements. SAPTBG funds may not be used to supplement reimbursement for services or staff activities provided through the NC Medicaid Program, and federal funds may not be used to provide financial assistance to for-profit entities

Applicants should clearly distinguish grant-funded activities and costs from Medicaid-reimbursable services and other payer-funded services to prevent duplication or impermissible supplementation.

Infrastructure, data collection, technology, and other non-direct service expenditures must be reasonable, necessary, allocable, and allowable under the funding source.

Continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Grantees are responsible for managing the day-to-day operations of their grant. To fulfill Trillium's role in regard to the stewardship of Federal/State/Local Funds, Trillium will monitor grants to identify potential problems and areas where technical assistance or termination of the contract might be necessary. This active monitoring is accomplished through review of reports and correspondence from the grantee, audit reports, site visits, and other information available.

Funding estimates for this announcement are subject to the availability of funds and may be adjusted based on final appropriations, funding awards, and applicable State and federal requirements.

ELIGIBILITY INFORMATION

ELIGIBLE APPLICANTS

Eligible applicants are nonprofit organizations that are legally constituted and capable of meeting all applicable federal, State, Trillium, NC Medicaid, licensure, accreditation, and contractual requirements. Because SAPTBG funds may not be used to provide financial assistance to for-profit entities, for-profit organizations are not eligible for SAPTBG-funded awards.

Applicants must be capable of obtaining and maintaining all licenses, certifications, enrollments, accreditations, and contracts necessary to operate the proposed service.

For this RFA, applicants must:

- Be a contracted Trillium provider in good standing with Trillium, or demonstrate that all requirements to become a contracted provider can be completed before service implementation.
- Not have Type A or Type B violations or pending sanctions with DHSR that would prevent participation.
- Not have a current investigation of Medicaid fraud or a judgment involving Medicaid fraud within the past five years that would constitute grounds for disqualification.
- Comply with all applicable NC Medicaid requirements, including CCP 8D-5, and all applicable North Carolina laws and rules governing SUD residential services.
- Comply with the applicable NC Division of Health Service Regulation requirements. For the pregnant/parenting residential service described in CCP 8D-5, the facility must be licensed under 10A NCAC 27G .5600, Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children, with an approved rule waiver when applicable.
- Obtain and maintain national accreditation as required by NC Medicaid and applicable law. CCP 8D-5 requires a provider to achieve national accreditation within one calendar year of enrollment as a Medicaid provider.
- Maintain all required provider certifications and staffing qualifications described in CCP 8D-5.

- Accept and serve individuals who meet the admission criteria for the program and who are clinically appropriate for the service, without inappropriate exclusion based on diagnosis, pregnancy, parenting status, race, ethnicity, disability, or other protected status.
- Comply with 42 CFR Part 2 and all other applicable confidentiality and privacy requirements. The SAPTBG materials specifically identify 42 CFR Part 2 confidentiality requirements for federally assisted SUD programs.

PROVIDER STAFFING AND CREDENTIALING REQUIREMENTS

At minimum, applicants must demonstrate the ability to staff the program in accordance with CCP 8D-5, including the population-specific Pregnant and Parenting requirements. Required positions include Program Director, Program Manager, Licensed Clinical Staff, Certified Clinical Staff, Child Family Specialist, Recovery Supports/Certified Peer Support Specialist, Support Staff, and Health Services Coordinator, as applicable to the program design and current policy.

The current CCP 8D-5 specifies population-specific qualifications for these roles, including NC licensure/certification, relevant experience, and population-specific training. The applicant must submit a proposed staffing plan that identifies each position, FTE level, credentials, required experience, coverage by shift, and backup/consultation arrangements.

Training must meet the current CCP 8D-5 requirements, including crisis response, opioid antagonist administration, harm reduction, pregnancy and SUD, protocols for accessing medical services for prenatal care/labor/delivery, reproductive planning and health education, child development and positive parenting, family therapy, ASAM Criteria, trauma-informed care, co-occurring conditions, PCP instructional elements, motivational interviewing, community case management, and annual continuing education in evidence-based treatment practices, trauma-informed care, co-occurring conditions, and cultural competency, as applicable to the role.

BUDGET INFORMATION

Applicants must submit a detailed budget and budget narrative for the full funding period. The budget must identify all requested grant costs and clearly identify other payer sources and existing resources. The budget form provided must be utilized.

- Grant funds may only be used for allowable, reasonable, necessary, and allocable costs associated with the approved project.

- Grant funds may not duplicate Medicaid reimbursement or other payer reimbursement.
- The budget must separately identify direct program costs, administrative costs, personnel, contracted services, training, technology/data costs, supplies, and other proposed expenditures.
- The applicant must describe how the program will remain operational and financially sustainable beyond the initial funding period.
- Applicants must identify any in-kind contributions, matching resources, or leveraged community resources, even if they are not required as a condition of the award.
- Applicants must provide a budget narrative explaining the purpose and calculation of each major cost category.

COST SHARING OR MATCHING REQUIREMENTS

There are no cost sharing or matching requirements for funding unless otherwise specified in the final award terms. Applicants are encouraged to identify leveraged resources and community partnerships that will strengthen program sustainability.

EVIDENCE OF EXPERIENCE AND/OR CREDENTIALS

Applicants must demonstrate at least 2 years' experience providing SUD treatment and/or residential services to adolescents and/or 2 years' experience serving pregnant or parenting individuals. Preference will be given to applicants with demonstrated experience integrating SUD treatment with perinatal health, trauma-informed care, parenting interventions, child development, family services, and care coordination.

Applicants must demonstrate experience operating a licensed residential behavioral health or SUD program, or provide a credible implementation plan demonstrating how all licensure, accreditation, staffing, and operational requirements will be met before admissions begin.

APPLICATION AND SUBMISSION INSTRUCTIONS

FACT SHEET

Applicants must complete the electronic application with organizational information including legal name, employer/taxpayer identification number, address, leadership contact information, and other information requested by Trillium.

ABSTRACT

The abstract must be no longer than 35 lines and must include:

- Project name.
- Population to be served, including adolescent age range, pregnancy/parenting status, clinical characteristics, and whether children will room-share with the parent.
- Residential service model and key interventions.
- Project goals and measurable objectives, including proposed annual and total unduplicated number of adolescents served.
- Geographic location and proposed capacity.

PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION

Section A: Population of Focus and Statement of Need

- Describe the demographic and clinical characteristics of pregnant and parenting adolescent females in the proposed service area.
- Describe the current gap in residential SUD treatment for this population, including barriers related to pregnancy, parenting, child placement, education, transportation, housing, and family support.
- Describe disparities in access, utilization, engagement, and outcomes.
- Provide data supporting the need for the proposed capacity and geographic location.

Section B: Proposed Evidence-Based/Promising Practice

- Describe the clinical model and evidence-based/promising practices to be implemented.

- Explain how the model is developmentally appropriate for adolescents and responsive to pregnancy, parenting, trauma, and family needs.
- Describe how the program will maintain fidelity to selected evidence-based practices.
- Describe how SUD treatment, co-occurring mental health treatment, parenting, perinatal health, and recovery supports will be integrated.

Section C: Proposed Implementation Approach and Budget

- Describe the residential setting, proposed capacity, hours of operation, and admission process.
- Describe how adolescents will be identified, referred, screened, admitted, retained, and transitioned to lower levels of care.
- Describe the plan for children residing with parenting adolescents, including child safety, developmental needs, pediatric care, education, childcare, and family supports.
- Describe partnerships with medical providers, DSS, schools, juvenile justice when applicable, care management/care coordination, housing, childcare, and community recovery resources.
- Provide a detailed implementation timeline from contract execution through full operation.
- The Budget Template must be utilized. All costs associated with the project must be included in the proposed budget. Applicants must provide a narrative justification for requested costs and identify existing resources and other support.

Section D: Staff and Organizational Experience

- Describe the applicant's experience with adolescent SUD treatment, residential services, pregnancy/perinatal populations, parenting, trauma, and family-centered care.
- Provide a complete staffing plan and identify required credentials, experience, FTEs, shift coverage, supervision, and backup coverage.
- Describe the organization's quality improvement and risk management infrastructure.

Section E: Data Collection and Performance Measurement

- Describe the data systems and processes that will be used to collect required clinical, utilization, quality, and outcome information.
- Describe how the provider will monitor admission, engagement, retention, discharge, transition, and outcome measures.
- Describe how data will be used for continuous quality improvement.
- Describe how the provider will protect confidentiality and comply with 42 CFR Part 2 and other applicable privacy requirements.

APPLICATION SUBMISSION REQUIREMENTS

Applications are due by 5:00 p.m. Eastern Time on November 6, 2026. Applications must be submitted electronically through Trillium's designated solicitation portal.

- All proposals must be submitted electronically through [Trillium's Solicitation Portal](#).
- Ensure that all information provided DOES NOT include Protected Health Information.
- The five required Project Narrative sections (A-E) must be used and information must be placed in the correct section and labeled accordingly.

APPLICATION REVIEW INFORMATION

EVALUATION CRITERIA

Applications will be reviewed for responsiveness to the mandatory requirements of this RFA and scored according to the quality and completeness of the proposed program.

- Demonstrated need and understanding of the target population – 20 points
- Clinical model, evidence-based practices, and alignment with CCP 8D-5 – 20 points
- Implementation plan, partnerships, and ability to become operational – 20 points
- Organizational capacity, staffing, experience, licensure, and accreditation – 20 points
- Data collection, performance measurement, sustainability, and budget – 20 points

Applications that fail to meet mandatory experience, eligibility, licensure, accreditation, or funding requirements may be deemed non-responsive and eliminated from further review.

The application that is most advantageous to Trillium and its constituents, taking into consideration the evaluation factors and available funding, will be recommended for contract award. Recommendations are made to Executive Management, which has final decision-making authority.

TRILLIUM CONTACT INFORMATION

Questions related to this RFA must be submitted via this [Questions Form](#) by 5:00 p.m. Eastern Time on October 24, 2016. The Q & A will be posted on Trillium's website.

All timelines related to this RFA are subject to change.