Request for Applications

Facilitate the Process of Buprenorphine Induction in Hospital Emergency Departments and Linkage to Community Based Treatment Using Peers

Research Foundation for Mental Hygiene, Inc.
150 Broadway
Menands, New York 12204

In Partnership with:
New York State Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203

Please be aware that any expenses your agency incurs in the preparation and submission of the application(s) will not be reimbursed by NYS OASAS or RFMH

http://www.oasas.ny.gov
http://www.rfmh.org
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INTRODUCTION

A. Overview and Goal:

The New York State Office of Alcoholism and Substance Abuse Services (OASAS), through its fiscal agent, the Research Foundation for Mental Hygiene, Inc. (RFMH), is a recipient of a State Opioid Response Grant (SOR) from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). Specifically, this funding opportunity is directed towards increasing the practice of buprenorphine induction in hospital emergency departments.

Hospital emergency department (ED) visits for opioid overdose rose by 30% across the country from July 2016 through September 2017 based on the Center for Disease Control (CDC) National Syndromic Surveillance program. A person who experienced one overdose is at an increased risk of experiencing a subsequent overdose(s). A 2018 editorial published in the Annals of Emergency Medicine proposes that EDs can play a vital role in reducing overdoses. The ED can employ pain management strategies that reduce the amount and type of pain medications the patient receives at discharge and they can initiate buprenorphine for individuals who have presented with an overdose, or who are found to have a current opioid use disorder.

Several EDs in New York State have implemented successful models for initiating buprenorphine within their EDs with active linkage to a peer and connection to community- based follow-up care.

Many of these successful programs report very high rates of follow-up due to both the immediate stabilizing effect of buprenorphine; which immediately lessens cravings and strong urges to continued use, and the support of a peer who has lived experience. The peer provides emotional and practical support (transportation, problem solving) within the ED setting and is able to stay connected to the patient over the following days and weeks to ensure immediate connection to services and support for longer term engagement in services. Peers and other program staff can meet with individuals in the community to support them during a crisis and stay with the person to increase connections following an ED visit.

Substance use disorder (SUD) treatment programs are simultaneously developing immediate access for individuals to MAT and peer services all over New York State. These initiatives combined serve to increase access to addiction treatment, facilitate access to MAT and to reduce overdoses and overdose related mortality in New York.
It is essential to have policies and procedures in place that identify the process for initiating buprenorphine with appropriate patients as well as discharge policies that identify the process for connecting the patient with the appropriate community-based provider. Hospitals are required to have discharge policies in place for individuals with a diagnosed substance use disorder pursuant to NYS Public Health Law § 2803(u) and Section 405.9 of Title 10 of the New York Codes, Rules and Regulations. Additional discharge policies may need to be developed in accordance with the requirements set forth below.

B. Available Funding:

OASAS, through its fiscal agent RFMH, will issue up to 5 awards with a maximum amount $350,000 for each partnership ($200,000 for ED and $150,000 for SUD program). The total amount of funding for this project is not to exceed $1,750,000. Funding for this project is made possible by the Year 1 SOR Grant through SAMHSA which ends on September 29, 2019 and is subject to second year of funding based on federal appropriations.

C. Eligible Applicants:

OASAS has identified high need areas based on current overdose data as well as identified areas of high unmet need for recovery support services inclusive of MAT. Eligible applicants are hospital emergency departments that are in the following counties: Allegheny, Bronx, Brooklyn, Cattaraugus, Chautauqua, Chenango, Delaware, Essex, Hamilton, Nassau, Richmond, Suffolk, Sullivan, Ulster, and Warren. Emergency departments must partner with an OASAS outpatient program certified pursuant to Part 822. The SUD treatment program should be in Good Standing. Good Standing is defined as having a program’s operating certificate with a current compliance rating of partial (two years) or substantial (three year) compliance. Applications that include an OASAS program that does not meet the Good Standing threshold will be reviewed and scored accordingly.

D. Reporting Requirements:

- The SUD treatment program will report to OASAS monthly on metrics as per all other Peer Engagement Services (PES) providers and will agree to have an executive administrator and peers employed for the project participate in OASAS’ monthly learning collaborative calls to share best practices and resolve barriers to service delivery. PES metrics include demographic information, (gender, age, race, ethnicity), in addition to any reporting requirements established by OASAS or required by SAMHSA.

- The hospital ED will be required to report monthly on OASAS identified metrics and will assign an ED representative to attend a monthly learning collaborative call to share best practices and resolve barriers to implementation. Metrics will include demographic information as stated above for PES, in addition to any reporting requirements established by OASAS or required by SAMHSA.
II. APPLICATION PROPOSAL:

A. Statement of Need/Needs Assessment (10 points)

☐ The applicant will describe the need for the service including volume of ED visits in 2017 and 2018 for opioid overdose, estimate of ED visits for other emergencies that are related to current opioid use disorder and an estimate of other visits where the patient had an opioid use disorder by history or through evaluation.

☐ Identify factors that play a significant role in the community in which services will be provided. Description of any events or any significant factors related to opioid abuse and/or the under-served population should be included.

☐ Identify the specific geographic area to be served by the program, including the community (city, town, village, neighborhood, or school district) to be served.

B. Service Delivery (25 points)

☐ Application is to identify the hospital Emergency Department lead and the SUD treatment program. The SUD outpatient treatment program must be a current provider of MAT; and, have demonstrated experience with the provision of peer services OR have a plan to develop peer capacity as part of program start up. In addition, the application must demonstrate that the SUD program has existing MOUs with other treatment providers to ensure that individuals referred to them by the ED will be able to be rapidly referred to another level of care, if needed. Application should include a clear time frame to sign an agreement to work together and a scope of work delineating role and deliverables from each. The application should include an attestation that both the ED and community Part 822 program agree to the partnership and commit to signing an agreement within 30 days of the award.

☐ Describe the SUD treatment program’s existing capacity to provide peer services that will be delivered 24–hours-a-day, 7 days a week in response to a request from the hospital emergency department. Note: Peers must be certified in New York State as Certified Recovery Peer Advocates (CRPA).

☐ Describe the SUD treatment program’s ability to provide ongoing treatment services or how the services will be available through a network of providers capable of responding and providing buprenorphine same day access.

☐ Describe the SUD’s treatment program’s capacity to provide services to family members of individuals referred to treatment. In the absence of current capacity for treatment services to family members, the SUD program must include a plan to integrate the provision of services to families within 2 months of an award.

☐ The Emergency Department will include a letter of support from the Chair of the Department and Hospital Administrator to meet the requirements of this application in the time frames designated.
The applicant will describe a plan, with timelines and identification of specific individuals that will be assigned the tasks, for training medical and other ED staff on medication assisted treatment, screening for opioid misuse, recognizing and responding to misuse of opioids, and implementing protocols developed specifically for this project. The description should include a plan for including a strategy for reducing stigma, myths, and negative views of opioid use disorder and must describe how family members will be engaged.

The ED will include a plan to monitor patients referred to treatment services at least 30 days post ED discharge and a workflow protocol for the ED to refer back to the SUD peer for follow-up.

The applicant will identify the hospital departments; and contact information for individuals within those departments, that are participating in the project.

The applicant will identify the role of nursing, social work and discharge planners in the project.

The applicant will submit a workflow and medication induction protocol or attest that these will be submitted within 30 days of the award. The applicant will revise until the workflow and induction protocol are approved by OASAS.

The applicant will identify the role of the community provider including participation in meetings to assess progress and address concerns or issues that arise. These meetings should include individuals in each setting with the authority to resolve issues. The applicant should identify specific individuals including a lead for the ED and for the community provider.

The applicant will identify an expedited process for the community partner’s peer staff to be able to obtain security clearance and badges to access the ED/hospital.

The SUD treatment program will commit to develop or expand a peer program that will commence in a timely manner to facilitate referrals from the ED to the SUD program.

The SUD treatment program will provide a plan for accepting same day referrals to assess the individual and continue medication, as well as make referrals and warm hand-offs to other levels of care as appropriate.

The SUD treatment program will attest that they will submit a workflow for responding to the ED referred patients and follow-up with ED referred patients until engagement in treatment is secure (60 days from ED visit).

C. Management and Staffing Plan (20 points)

Describe how the work of the hospital and the SUD treatment program will be organized around the goals of expanding buprenorphine use in emergency department settings.

Describe the SUD treatment program’s plan to identify a peer supervisor that has expertise in the 20 supervisory competencies identified by national experts. (The Peer Supervision competencies may be accessed at: Martin, Jordan, Razavi, Burnham, Linfoot, Knudson, DeVet, Hudson, & Dumas (2017). Substance Use Disorder Peer Supervision Competencies, The Regional Facilitation Center, Portland, Oregon.)
☐ Describe the SUD treatment program’s plan to provide or facilitate the provision of training to peers on motivational interviewing, seeking safety/trauma-informed care and CRAFT.

☐ SUD treatment program will identify the position (and individual if the position is occupied) of the person who will be responsible for providing oversight to the program and the schedule and process for recruiting, training, orienting and supervising peer staff.

☐ Applicants are to describe their experience in reporting grant activities to state and/or federal agencies.

D. Budget and Budget Narrative (20 points)

☐ Working within the cost parameters of $350,000 in annual funding per ED/treatment program partnership, applicants must provide a full annual budget for the proposed strategies using Attachment A. If grant funds are being requested by the ED and the SUD treatment program, then each organization is to complete Attachment A. As mentioned in the Available Funding section the breakdown of the $350,000 is $200,000 for ED and $150,000 for SUD program.

☐ Applicants must provide a Budget Narrative which is a Word document explaining a rationale for each of the line items that are budgeted in Attachment A.

• Note: SAMHSA Requirements on Indirect Cost Rate: Any non-Federal entity that has never received a negotiated indirect cost rate, except for those non-Federal entities described in paragraphs (c)(1)(i) and (ii) and section (D)(1)(b) of appendix VII to this part, may elect to charge a de Minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. The 10% is charged to the MTDC which means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, and travel. MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

☐ Applicants should adhere to OASAS Administrative and Fiscal Guidelines when developing their proposed budget including agency administration. The service category proposed must contain the expenses and net operating costs. Each budget must include the FTE of the program staff needed to provide the service.
III. PROPOSAL AND SUBMISSION:

A. Expected Timetable for Key Events:

- **Release Date: February 6, 2019**
- **Bidders’ Questions Due: February 14, 2019**
- **Responses to Bidders’ Questions: February 21, 2019**
- **Applications Due: March 7, 2019**
- **Anticipated Award: March 22, 2019**

B. Bidders’ Inquiries:

Bidders’ questions are to be sent via email to: SOR@oasas.ny.gov. All inquiries must include your name, organization, phone number, and email address. Reference the State Opioid Response—in your message and subject line.

To the degree possible, each inquiry should cite the RFA section to which it refers; OASAS will not entertain inquiries via telephone or fax. The inquiries and answers to all inquiries will become part of this RFA and any contract. Inquiries will not be responded to on an individual basis. Written responses to all inquiries submitted by the deadline date will be posted to the OASAS website on or about February 21, 2019.

C. Format of Proposal Instructions:

Only one application from an applicant organization will be accepted. The proposal should be typed and double-spaced on both sides of 8½ x 11 paper utilizing Times New Roman, 12 pt. font. Pages should be numbered. Each side of a page will count as one page, and the proposal narrative (sections I – V) is not to exceed 12 pages. Attachments do not count toward the page limit. No staples are allowed.

D. Instructions for Submissions:

Proposals must be received by 5:00 p.m. EST on Thursday, March 7, 2019. Proposals not received by 5:00 p.m. EST may be opened at the sole discretion of Research Foundation for Mental Hygiene and the Office of Alcoholism and Substance Abuse Services.

ONE ORIGINAL and FOUR COPIES of complete application in a sealed envelope(s) must be mailed, sent via delivery service or hand delivered by the organization or the organization’s representative to address below. Each sealed envelope must also have ONE USB STORAGE DEVICE CONTAINING PDF SEARCHABLE ELECTRONIC COPIES OF ALL APPLICATION REQUIREMENTS. The application should be addressed to:

Ayo Obashoro  
Division of Outcome Management and System Information  
New York State Office of Alcoholism and Substance Abuse Services Fourth Floor
IV. Administrative Information

A. Cancellation of Awards:

The Research Foundation for Mental Hygiene and The New York State Office of Alcoholism and Substance Abuse Services reserve the right to cancel any tentative award where the applicant fails to meet contracting time frames, experiences significant contract execution issues related to vendor responsibility, or if any other issue impedes the timely implementation of services.

B. Reserved Rights:

NYS OASAS, through its fiscal agent, RFMH, reserves the right to

- Reject any or all proposals received in response to this RFA;
- Not make an award to any applicant who is not in good standing at the time of award;
- Withdraw the RFA at any time, at the agency’s sole discretion;
- Make an award under this RFA in whole or in part;
- Make awards based on geographical or regional consideration in a culturally competent and ethnically diverse manner to best serve the interests of the State;
- Make multiple awards within a geographic area;
- Negotiate with the successful bidder within the scope of the RFA in the best interests of NYS;
- Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of this RFA;
- Seek clarifications and revisions of applications;
- Use application information obtained through site visits, management interviews and the State’s investigation of an applicant’s qualifications, experience, ability or financial standing, and any material or information submitted by the applicant in response to the agency’s request for clarifying information as it becomes available;
- Prior to the bid opening, amend the RFA to correct errors or oversights, or to supply additional information as it becomes available;
- Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFA amendments;
- Change any of the scheduled dates;
- Eliminate any mandatory, non-material specification that cannot be met by all the prospective bidders;
- Waive any requirement that is not material;
- Negotiate with the successful bidder the scope of the RFA in the best interests of the State;
• Conduct contract negotiations with the next responsible bidder, should the agency be unsuccessful in negotiating with the selected bidder;
• Accept submissions after the due date, if OASAS through RFMH in its sole discretion, determines there is good cause shown for the delay in the submission(s)/letter(s);
• Utilize any and all ideas submitted in the applications received; and
• Require correction of simple arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a bidder’s application and/or to determine a bidder’s compliance with the requirements of the solicitation.

C. Compliance Requirements:

All activities performed with funds from this solicitation must be carried out in a manner that complies with all applicable federal and New York State laws and regulations.
Attachment A: Instructions for Completing the Initiative Funding Request Form (IFR) (Annual Operating Budgets)

### PROVIDER INFORMATION

1. **Printed Legal Name of Applicant Entity** – Print the incorporated or legal name of the agency submitting the Initiative Funding Request on the IFR and on any additional pages that are attached. **Do not enter the common name or acronym.**

2. **Printed Name of Local Governmental Unit, if Applicable** – Print the complete name of the County or City of New York Local Governmental Unit (LGU) that administers the Applicant Entity’s local State Aid contract agreement. **Applicants that have a direct contract with OASAS for State Aid funding should leave this blank.**

3. **Applicant’s OASAS Provider Number, if Applicable** – Enter the unique five-digit number that identifies the agency and that is used for reporting purposes to OASAS. This number is the same as the **Agency Code number** used when submitting Consolidated Fiscal Report (CFR) documents.

4-6. **Applicant Address** – Enter the mailing address, including zip code, where the administrative office of the applicant entity is located.

7. **Date Prepared** – Enter the date the Initiative Funding Request Form (IFR) was prepared.

8-10. **Applicant Contact Person** – Enter the printed name and title, and the telephone number (including area code) of the person who can answer questions concerning the information provided on the IFR.

### PART II – OPERATIONAL FUNDING REQUEST

1. **Date Initiative Expected to be Operational** – Enter the date, in the MM/DD/YYYY format, that the proposed initiative is expected to be operational and will require Aid to Localities funding from OASAS. During the implementation of the initiative, OASAS reserves the right to establish and approve an operational start date later than proposed by the successful applicant to accommodate available funding and capacity needs.

**Requested Operating Budget for Proposal**

Requested operating budget amounts must represent:

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<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>B</td>
<td><strong>ANNUAL OPERATING BUDGET</strong>: The 12-month, full annual costs, revenues, net deficit and OASAS State aid funding requested. Awards to the selected applicants will be prorated for the first fiscal period based on the initiative start date</td>
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identified above. The full annual budget may be pro-rated based on the approved start date of the initiative.

**ALL AMOUNTS REQUESTED FOR THE ADDITIONAL INITIATIVE FUNDING MUST BE ROUNDED TO THE NEAREST HUNDRED DOLLARS.**

2. **Gross Expense Budget** – Applicants should refer to the Consolidated Fiscal Reporting (CFR) Manual for a more detailed general description of the following expense items which should be entered in Columns A and B:

- Personal Services
- Fringe Benefits
- Non-Personal Services (i.e. Other than Personal Services (OTPS))
- Equipment
- Property/Space
- Agency Administration

3. **Revenue Budget** – Applicants should refer to the CFR Manual for an explanation of each revenue category, and enter applicable start-up and annual projected amounts that they anticipate receiving to offset costs attributable to the initiative in Columns A and B.

If the applicant does not anticipate receiving any additional revenue to offset costs of its proposal it should so indicate by entering $0 for each category in Columns A and B.

4. **Net Operating Cost** - Enter the amount obtained by subtracting **Total Revenue Budget** from **Total Gross Expense Budget in Column A and B**.

5. **Grant Funding Requested** – Enter the amount of Grant funding being requested for the initiative in Columns A and B. This amount should equal the **Operating Budget Net Deficit** amount.

6. **Full-Time Equivalent (FTE) Staff Requested** – Enter the number of FTE’s requested as part of this initiative in Columns A and B.

**Applicant Official** – Enter the printed name and title of the applicant agency representative submitting the IFR proposal.

**Signature and Date** – The IFR must be signed and dated by the applicant agency representative.
**PART II – OPERATIONAL FUNDING REQUEST**

1. Date Initiative expected to be operational:

<table>
<thead>
<tr>
<th>REQUESTED OPERATING BUDGET FOR PROPOSAL</th>
<th>PROPOSED START-UP OPERATING BUDGET</th>
<th>ANNUAL OPERATING BUDGET</th>
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<td><strong>2. Gross Expense Budget</strong> (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Personal Services</td>
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<td>Fringe Benefits</td>
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<td><strong>TOTAL GROSS EXPENSE BUDGET</strong></td>
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<td><strong>3. Revenue Budget</strong> (see instructions for details): Round Amounts to the nearest $100.</td>
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<td>Patient Fees</td>
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<td>SSI and SSA</td>
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<td>Public Assistance (Safety Net &amp; TANF)</td>
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<td>Food Stamps</td>
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<td>Closely Allied Entity Contributions</td>
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<td>Donations</td>
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<td>Other: Specify:</td>
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<td><strong>TOTAL REVENUE BUDGET</strong></td>
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4. NET OPERATING COST

5. OASAS State Aid Funding Requested

6. Full-Time Equivalent (FTE) Staff Requested:

Applicant Official:
Printed Name: Printed Title: