**REQUEST FOR PROPOSAL**

**Kansas Overdose Data to Action Program**

**Background and Instructions**

**January 2020**

**Introduction**

The Kansas Healthcare Collaborative (KHC), in partnership with the Kansas Department of Health and Environment (KDHE), is soliciting applications from hospitals and health systems interested in participating in a project to identify provider needs related to implementing evidence-based interventions and implementing evidence-based opioid overdose protocols, policies and procedures with an emphases on patients demonstrating signs and symptoms of substance use disorder or risk of an overdose and/or post-overdose patients. Actions may include:

1. Training and education on Screening, Brief Intervention and Referral to Treatment (SBIRT),
2. Training and education on Medication-Assisted Treatment (MAT) models of care that involve screening and initiation of MAT in the emergency department (ED),
3. Linking post-overdose patients to evidence-based treatment, and/or other community-based resources.

KHC expects to fund up to two pilot projects in year one (2020).

**Background**

The Kansas Overdose Data to Action Program is rooted in a three-year Centers for Disease Control and Prevention (CDC) cooperative agreement that began in September 2019 called “Overdose Data to Action.” The CDC cooperative agreement focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. KDHE is a recipient of this CDC-funded agreement and has contracted with KHC as the quality improvement organization in Kansas to support two pilot projects in 2020.

Drug overdose deaths—including those involving opioids—continue to increase in the United States. Information regarding the overdose problem, including Kansas-specific data:

* CDC general information: [www.cdc.gov/drugoverdose/data/analysis.html](https://www.cdc.gov/drugoverdose/data/analysis.html)
* CDC prescribing rate by county: <https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>
* KDHE data resources : [www.preventoverdoseks.org/ser.htm](http://www.preventoverdoseks.org/ser.htm)  
   [www.preventoverdoseks.org/kpdo\_data.htm](http://www.preventoverdoseks.org/kpdo_data.htm)

### Eligibility and Funding

KHC expects to fund two projects for the first grant cycle (2020). Kansas hospitals or health systems may apply for funding, not to exceed $13,000 per project to support training, education and implementation of policies, procedures and protocols that engage ED staff and community partners in quality improvement, change concepts, policy development, implementation and evaluation to address program strategies to increasing referrals to evidence-based treatment and community resources.

Awardees will receive 25% of funds upon notification of acceptance. The remaining funds will be paid to the hospital or health system upon completion of the project. Only one application per hospital or health system will be considered.

Funding can be used for allowable expenses associated with training, protocol development and implementation, data collection and analysis and evaluation. Funding *can* be used for office supplies (within reason – no medical supplies).

The following are not unallowable expenses in this RFP:

a. Research

b. Provision of medical/clinical care for patients

c. Direct assistance

d. Medications (e.g., Buprenorphine, Naloxone/Narcan)

e. Drug disposal programs and/or units including medication drop-boxes, disposal bags or other devices, and/or take-back events

f. Furniture or equipment

g. Capital acquisitions

h. Food and beverage items

i. Incentives and promotional items

j. Supplanting existing funding from Federal, State, or private sources

k. Direct enforcement of policies

l. Publicity and propaganda (lobbying)

m. Funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships.

### Project Timeline

Application due: March 27, 2020

Grant Award Notification: April 6, 2020

Initial Planning Period: April 6 to April 30, 2020

Intervention Period: May 1 to August 3, 2020

Wrap Up Period: August 3 to August 28, 2020

**Review Criteria**

Proposal will undergo an initial administrative review by KHC and will be scored based on documented need, hospital and physician leadership support, project workplan details, data collection and reporting, and budget justification. Consideration will be given to letters of support documenting commitment of the board and staff to the project and commitment of collaborating organizations.

**Application Process**

Complete the attached application including appendix A & B. Applications including supplemental documentation, must be received by the Kansas Healthcare Collaborative no later than March 27, 2020. Awardees will be notified by phone and/or email on April 6, 2020. Applications with supplemental documentation can be submitted to: [rrutkowski@khconline.org](mailto:rrutkowski@khconline.org), or by mail:

Kansas Healthcare Collaborative

Rosanne Rutkowski, MPH, RN

623 SW 10th Ave, Topeka, KS 66612

### Questions

### Please contact KHC Program Director Rosanne Rutkowski at (785) 235-0763 or email: [rrutkowski@khconline.org](mailto:rrutkowski@khconline.org)

**APPLICATION**

**Kansas Overdose Data to Action Program**

**Contact Information**

|  |  |
| --- | --- |
| Organization’s legal name |  |
| Contact name and title |  |
| Street address |  |
| Mailing address (if different) |  |
| Phone number |  |
| Email address |  |
| Tax ID |  |

**Background Information on Organization**

Describe the geographic area served and the need within the community for this project.

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Describe the administrative structure of the organization—including key staff who will conduct the project and their training and expertise. Staff assigned to project shall include at a minimum a project lead and a physician leader.

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Describe key elements that show organizational capacity to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) and Medication-Assisted Treatment (MAT) models care in the ED and linking patients to community resources.

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Describe current programs and services your organization provides and the organization’s capacity to serve the targeted population.

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Please attach an organizational chart to include staff that will have a key role in project. Staff assigned to project shall include at a minimum a project lead and a physician leader.

**Budget Proposal — Appendix A**

Please provide a budget justification and expense details. Awardees will receive 25% of project funds upon notification of acceptance. The remaining funds will be paid to the health system upon completion of the project. Only one application per health system will be considered. Funds may be used to support staff time to implement interventions, training, and education. Funds may not be used for food or beverage items, equipment, or supplies.

**Work Plan Template — Appendix B**

Please complete the follow work plan. As part of the project, the hospital or health system will work with KHC staff to develop a study design and data collection/analysis plan during the initial planning period. The provider will be required to collect data on a sample of patients according to the study design. The data collected must include documentation of how the organization will implement the proposed intervention (process measure) and number of patients referred (outcome measure) to treatment or other community-based resources.

**Kansas Overdose Data to Action Program**

**Appendix A**  
(Please complete attached spreadsheet: KHC-opioid-RFP-Appendix-A.xlsx)

**Kansas Overdose Data to Action Program**

**Appendix B**

**Work Plan Template**

|  |
| --- |
| Goal 1 |
| Insert Goal 1 |

|  |
| --- |
| Measure 1 (output) — Define successful completion of this goal/activity |
|  |

|  |
| --- |
| Objective 1.1 |
| Insert Objective 1.1 |

|  |  |  |
| --- | --- | --- |
| Activity Description | Estimated Completion Date | Responsible Party |
| Insert activity for Goal 1, Objective 1.1 | Insert an estimated complete date | Insert responsible party for this activity |
|  |  |  |
| *Add as many rows as needed for additional activities.* |  |  |

|  |
| --- |
| Objective 1.2 |
| Insert Objective 1.2 |

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| --- | --- | --- |
| Activity Description | Estimated Completion Date | Responsible Party |
| Insert activity for Goal 1, Objective 1.2 | Insert an estimated complete date | Insert responsible party for this activity |
|  |  |  |
| *Add as many rows as needed for additional activities.* |  |  |

|  |
| --- |
| Goal 2 |
| Insert Goal 2 |

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| --- |
| Measure 2 (output) — Define successful completion of this goal/activity |
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| Objective 2.1 |
| Insert Objective 2.1 |

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| --- | --- | --- |
| Activity Description | Estimated Completion Date | Responsible Party |
| Insert activity for Goal 2, Objective 2.1 | Insert an estimated complete date | Insert responsible party for this activity |
|  |  |  |
| *Add as many rows as needed for additional activities.* |  |  |

|  |
| --- |
| Objective 2.2 |
| Insert Objective 2.2 |

|  |  |  |
| --- | --- | --- |
| Activity Description | Estimated Completion Date | Responsible Party |
| Insert activity for Goal 2, Objective 2.2 | Insert an estimated complete date | Insert responsible party for this activity |
|  |  |  |
| *Add as many rows as needed for additional activities.* |  |  |

*Add as many tables as needed for each additional Goal(s) as well as the associated Measures, Objectives, and Activities.*