**Emergency Department (ED) Coordinated Care Program**

**August 2018**

**Request for Proposals**

|  |
| --- |
| **A. Eligible Applicants:** Organizations with proven, documented outcomes in the implementation and delivery of emergency department (ED) based Medication Assisted Treatment (MAT) programs for identified individuals with Opioid Use Disorder. The organization must have the ability to immediately identify at least one Emergency Department within Summit County ready to implement this pilot project. Only organizations with a proven track record and the ability to begin immediately should consider responding to this request for proposals. This is not a development grant. **The Summit County ADM Board has reviewed, and is in agreement with, the deliverables set forth by the Ohio Department of Health under this solicitation.** |
| **B. RFP Type:** Contract with Summit County Public Health based on availability of funds from Ohio Department of Health |
| **C. Number of Awards:** 1 |
| **D. Total Project Period Funding:** $1,000,000 |
| **E. Number of Years of Award:** Approximately 1 year |
| **F. Approximate Date When Awards will be Announced:** September 10, 2018 |

**I. Background/ Introduction**

Summit County Combined General Health District announces the availability of funds to address the opioid crisis in Summit County. The Ohio Department of Health, Violence and Injury Prevention Program was notified of a one-time, one-year, increase in funding through the 2018 Opioid Overdose Crisis Cooperative Agreement, CDC-RFA-TP18-1802.

Summit County is an urban county in northeast Ohio with a population of 541,372 people. It is the fourth most populous county in the state of Ohio with the majority of the population in the county seat, Akron. According the U.S. Census (2010), the county population is 541,943. Racial and ethnic minorities include African Americans at 14.8% of the population; Asians make up 2.8%, and Hispanic/Latinos making up 1.8%, not including undocumented residents. Summit County has been a refugee resettlement area since 1979. According to the 2016, 5 year American Community Survey estimates, there are 13,262 foreign born residents living in Summit County. Approximately 80% of those individuals speak a language other than English. The median income for a household in the county was $51,562, and the median income for a family was $82,350. About 10.4% of families and 14.3% of the population were below the poverty line, including 20.5% of those under age 18 and 6.9% of those age 65 or over. Summit County is also home to the University of Akron (UA), a large public university with over 25,000 students. Student ethnicity is diverse with 74% Caucasian, 11% African-American, 4% Multiracial, 3% non-resident aliens, and 2% Hispanic (The University of Akron, 2016).

In 2016 Ohio became a prime location for opiate overdoses having the second highest rate of drug overdoses in the country with more than 4,000 residents dying from overdoses. Additionally, in 2016 Ohio had almost 32,000 residents seen in the emergency department (ED) due to overdoses. Summit County was attributing to Ohio’s rates by being the third highest county for overdose fatalities with 55 overdose-related deaths per 100,000 population, and the fourth highest county for overdoses ED visits with 4.5 overdose related ED visits per 1,000 people. Although there was a slight dip in overdose and overdose deaths from 2016 to 2017, trends continued to remain high. From 2016 to 2017 on average, one Summit County resident visited an ED for an accidental overdose every 4 hours. From 2016 to 2017 deaths due to overdoses was highest in ages 25 to 34 (27%) followed by those 45-54 (25%) and 45-54 (21%) (Summit County Medical Examiner’s Office, SCPH). There have been 653 overdose emergency room visits thus far in 2018 with approximately 90% of cases being white and 7% of cases being black. Additionally, almost 60% of overdose ED cases in 2018 have been from Akron (Ohio Department of Health, EpiCenter).

**II. Program Infrastructure and Organizational Capacity**

Applicants must describe their organizational capacity to carry out the activities, strategies, performance measures, and evaluation requirements outlined in the RFP. SCPH anticipates that all applicants will demonstrate capacity to carry out the activities and evaluation over the 1-year project period.

* Maintain appropriate staffing to support the program:
* Identify a qualified staff person or equivalent responsible for managing the planning, implementation, monitoring, and reporting of the program, with management experience in population-based interventions relevant to the selected strategies.
* Provide support for planning and implementation, monitoring of short-term outcomes, and evaluation of an innovative strategy, if applicable, that is based on evidence and/or best practice.
* Establish and maintain other qualified staff, contractors, and consultants, as needed, sufficient in number and expertise to ensure project success and who have demonstrated skills and experience in partnership development, community engagement, health equity, and other competencies related to the strategies supported by the RFP over the course of the project period.

**III. Project Information**

It is the expectation that the following components will be implemented into the Emergency Department setting as comprehensively and seamlessly as possible with the following activities:

1. Identification and Screening for Opioid Use Disorder (OUD)
   1. including identifying evidence-based screening tools, secure screening platforms as needed, electronic health record modifications and order sets developed;
2. Emergency Department Management of Opioid Withdrawal/Related issues
   1. Establish ED protocols for patients presenting post-opioid overdose or with OUD related issues
   2. Provide onsite and online academic detailing to medical providers to begin appropriate medications (including MAT) post overdose/when indicated
   3. Optimize distribution of naloxone to high impact points in the community; including ED’s
   4. Work with healthcare system to establish OUD treatment algorithms in the acute healthcare setting (hospitals) where appropriate and agreed upon
   5. Provide on-call addiction specialist hotline where appropriate and agreed upon with healthcare system
   6. Provide a secure platform for physicians to discuss patient care.
3. Transition Patients from the ED
   1. Including the development/support of a real-time local treatment finder for referrals and warm handoffs
   2. Develop capacity and systems for peer support and identify and link patients to comprehensive harm reduction services

Around *each* of the topics below, the applicant needs to have the capacity and expertise to work *alongside* the ED staff to:

* Develop policies and procedures for each component, specialized to health system and customized to each ED
* Develop or identify appropriate screening tools for each component
* Integrate all aspects of inpatient management into ED workflows
* Integrate transfer management of patients to outpatient settings (if referred to in-system provider)
* Integrate transfer and linkage activities into ED workflows for external setting referrals
* Develop systems for each of the three components below to flow seamlessly between each other in the ED workflow
* Upgrade electronic health records to update work flows and order sets
* Once developed, educate and train staff members (physicians, APNs, pharmacists, Nurses, and Case Workers) on each component below and the integration between the three components

**IV. Deliverables**

1. Document and deliver the Program Components which include, but are not limited to, the following:
   1. Submit a detailed work plan that identifies the total cost for each deliverable and components of this project proposal to be approved by SCPH and in accordance with the Ohio Department of Health guidelines and restrictions.
   2. Develop policies and procedures for every component of the project, specailized to health systems and customized to each Emergency Department (ED)
   3. Develop or identify appropriate screening tools for each component
   4. Integrate all aspects of inpatient management into ED workflows
   5. Integrate transfer management of patients to outpatient settings (if referred to in-system provider)
   6. Integrate transfer and linkage activities into ED workflows for external setting referrals
   7. Develop systems for each of the three components below to flow seamlessly between each other in the ED workflow
   8. Upgrade electronic health records to update work flows and order sets
   9. Educate and train staff members (physicians, APNs, pharmacists, Nurses, and Case Workers)
   10. Hire adequate staffing to ensure the project deliverables are met including, but not limited to a project manager to oversee the workflow

1. Comply with all applicable federal and state regulations, rules, statutes and guidelines regarding the expenditure of funds and program requirements.
2. Submit a monthly invoice with documentation of the completion of each deliverable referenced in section V by the 10th day of the month.
3. Grantee must follow and meet contract performance requirements. Discrepancies in data, compliance and/or site reviews will require a “corrective action plan.” The Grantee further understands that their present allocation and/or future allocations will be determined based on the Grantee’s success in fully meeting the Contract Performance Requirements**.**

**V. Elements of Proposal**

Narrative should be no more than 5 pages, double-spaced, 12 point font one inch margins

* Narrative
  + Evidence of previously measured impact and program outcomes
  + Proposed strategies/activities for this project
  + Plan to address sections requirements detailed in sections ***III. Project Information*** *and* ***IV. Deliverables*** of the RFP
* Budget
* Evaluation Plan

**VII. Timeline**

* This Agreement shall be in effect from 10/1/2018 through 9/30/2019
* Request for Proposal timeline
  + August 9, 2018 – SCPH Board of Health RFP approval
  + August 13, 2018 – RFP Released
  + August 23, 2018 – Organizations will submit questions regarding the RFP no later than 4:00 pm Close of Business electronically.

Send Questions to:

[jpollard@schd.org](mailto:jpollard@schd.org)

* August 30, 2018 – SCPH will post on its website and publish responses to all questions received by the deadline.
* August 31, 2018 – Proposals must be submitted electronically or by hard copy to SCPH by **4:00 pm**. Proposals will be time stamped upon receipt. Deliver proposals to:

**Summit County Public Health**

**ATTENTION: Jackie Pollard**

**1867 W. Market Street**

**Akron, Ohio 44313**

[jpollard@schd.org](mailto:jpollard@schd.org)

**All submissions must be received by 4:00pm on August 31, 2018**

* September 6 – 10, 2018 - A committee comprised of SCPH Senior staff will review and score proposals submitted by the deadline.
* September 13, 2018 – A contract to award the project will be taken to the SCPH Board of Health for approval.
* September 14, 2018 – The award announcement will be made.

**VII. Additional Information**

* All projects must be in compliance with federal and state guidelines for funding through the 2018 Overdose Crisis Cooperative Agreement, CDC-RFA-TP18-1802.
* Please see Attachment A to review the scoring criteria.
* All work must be completed by August 31, 2019.

**Send proposals to:**

**Summit County Combined General Health District**

**ATTENTION: Jackie Pollard**

**1867 West Market Street**

**Akron, Ohio 44313**

[**jpollard@schd.org**](mailto:jpollard@schd.org)

**All submissions must be received by: August 31, 2018**