

Notice of Funding Opportunity
Medications for Opioid Use Disorder Treatment -
Access Expansion through Community Partnerships

As part of the Kentucky Opioid Response Effort (KORE), the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) will award up to eight Medications for Opioid Use Disorder (OUD) Treatment Access Expansion through Community Partnerships grants. Despite FDA-approved medications for OUD (MOUD) being the standard of care, individuals in many areas of Kentucky have little to no access to evidence-based treatment. The purpose of the Treatment Access Expansion grants is to increase access to and utilization of the three FDA-approved medications for OUD, reduce unmet treatment need, and reduce opioid overdose related deaths. Treatment Access Expansion grants will support eligible agencies to implement or expand an evidence-based service delivery model using FDA-approved medications for OUD.

Evidence-based models: Examples of evidence-based models that may be adopted, include the Office-Based Opioid Treatment, Collaborative Opioid Prescribing, Massachusetts Nurse Care Manager, Hub and Spoke, One Stop Shop, Emergency Department Initiation of Office-Based Opioid Treatment (for more information, see TIP 63 link below). *Collaborative community partnerships between behavioral health providers and primary care offices are strongly encouraged to provide a “whole-patient” approach to the treatment of OUD.*

Eligible organizational settings: Settings for Treatment Access Expansion grants can include primary care offices, behavioral health treatment providers, Opioid Treatment Programs, Office-Based Opioid Agonist Treatment programs, hospitals, and jails.

Applicant organizations proposing other models of MOUD Expansion or in a novel setting may be considered if the applicant organization proposes evidence-based models that support positive treatment outcomes and long-term recovery, provides evidence of readiness to implement, and proposes a feasible sustainability plan.

To learn more about example evidence-based models to increase access to MOUD, please reference the following resources:

TIP 63: Medications for Opioid Use Disorder

https://store.samhsa.gov/system/files/sma18-5063fulldoc_0.pdf

Primary Care-Based Models for the Treatment of Opioid Use Disorder: A Scoping Review

<https://annals.org/aim/fullarticle/2589794/primary-care-based-models-treatment-opioid-use-disorder-scoping-review>

Principles of Community-based Behavioral Health Services for Justice-Involved Individuals

<https://store.samhsa.gov/product/Principles-of-Community-based-Behavioral-Health-Services-for-Justice-involved-Individuals-A-Research-based-Guide/sma19-5097>

Project OBOT

<https://projectobot.com/>

Massachusetts Model of OBOT

https://www.uab.edu/medicine/dom/images/files/MassachusettsModel_OfficeBasedOpioidTreatment.pdf

Federal standards and best practices for MOUD:

Grant funding requires that only evidence-based treatments, practices, and interventions for OUD be utilized. SAMHSA requires that FDA-approved medications for OUD be made available to those diagnosed with OUD. FDA-approved medications for OUD include methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/ naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone. Medical withdrawal (detoxification) is not the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If medical withdrawal is performed, it must be accompanied by injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes.

Competitive applications will provide evidence of the following:

- Capacity to establish or expand access to FDA-approved medications for OUD in accordance with the above SAMHSA guidelines
- Proposal of an interdisciplinary team to directly provide, co-locate, or coordinate effective referrals with community partners for other medical, behavioral health, and evidence-based social services/community resources to provide a Recovery-Oriented System of Care
- Linkage with at least two prescribers with DATA 2000 waiver (or willingness to obtain and use license within 60 days of Notice of Award)
- Overdose prevention training and naloxone distribution
- Proposal of an implementation team with clear roles, responsibilities, and timelines to implement new, or enhance existing, clinical workflows and policies to support access to FDA-approved medications for OUD
- Proposal of community participation in development of implementation action plan. Key community partners should include DATA-waivered prescribers, behavioral health providers, and individuals and families impacted directly by OUD
- Demonstration of funding need and current lack of access to MOUD
- Effective utilization of one-time funds to develop a sustainable MOUD Treatment Access Expansion Project
- Consideration of how the voice and experiences of individuals with OUD and those in recovery will be included in decision-making and the implementation process

Eligibility:

- Lead applicant must be a nonprofit organization with 501c3 status. For-profit agencies may partner as a sub-awardee or sub-recipient of the nonprofit organization
- Behavioral health treatment providers (including Community Mental Health Centers) must be dually licensed as an AODE and BHSO facility
- Must have at least two (2) years of experience serving individuals experiencing OUD and their families
- For Community Mental Health Centers, funds awarded under this grant mechanism must be used to provide services in locations within the counties for which your Board is duly recognized as the Regional Community Mental Health Center

Award Information:

- Federal Funding Source: The Substance Abuse and Mental Health Services Administration (SAMHSA; TI-81-704)
- Funding Mechanism: Grant funding from KDBHDID
- Award Ceiling: \$500,000
- Budget: Submit a 12-month budget with an anticipated start date of October 1, 2019
- Cost Sharing/Match Requirement: No
- Service Delivery Data: To begin no later than 30 days from receipt of contract.
- Reporting Requirements: Awardees must submit monthly progress reports and agree to participate in program- and client-level longitudinal data collection using the Government Performance and Results Act (GPRA).

Funding parameters:

Grant funds may pay for the following:

- Non-billable or start-up staff time and recovery support services.
- Supplement existing activities. “Supplement” is defined as adding new programmatic components or capacity to existing activities.
- Pay for a building lease, but not beyond the project period.

Grant funds may not pay for the following:

- Supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
- Pay for the purchase, construction, or renovation of any building or structure to house any part of the program.
- Support non-evidence-based treatment approaches.

Multi-Tiered Review and Selection Process:

- Proposals will be screened to ensure minimum eligibility requirements have been met. Proposals meeting minimum eligibility requirements will be assessed by the KORE review panel and funded on a competitive basis.
- Please be prepared to provide the following within 7 business days of award notification:
 - A Vendor Code from the Finance Cabinet
<https://finance.ky.gov/services/eprocurement/Pages/doingbusiness.aspx>
 - A Kentucky Secretary of State Vendor Code

<https://onestop.ky.gov/Pages/default.aspx>

Proposal Submission Format:

- Include a cover letter on agency letterhead.
- All materials must be submitted in a combined PDF titled **KORE_MOUDAE2019** and **the name of your agency** by email to Rhonda.Riddle@ky.gov no later than 5pm ET on **July 17, 2019**. For example, **KORE_MOUDAE2019_AgencyABC**.
- Proposals must be double-spaced using Times New Roman 12-point font.
- Project narratives must address each of the elements in the proposal guidelines and should be organized and labeled such that each section is clearly identifiable to the reviewers (e.g., B-1, B-2, etc.)
- Pages must be numbered consecutively from beginning to end of the Proposal Narrative. The page limit for the Proposal Narrative is 10 pages, excluding the cover page and attachments. Any narrative information that exceeds the 10-page limit will be excluded from the review process.

Questions:

Please submit questions regarding proposals to Rhonda Riddle at Rhonda.Riddle@ky.gov who will direct questions to appropriate staff.

Content and Form of Application Submission

Applicant organizations must provide the following information.

A. Organization Qualifications (20 points).

The purpose of this section is for the applicant to provide a description of the organization's experience and qualifications generally, and specifically to the provision of treatment services for OUD.

1. Provide a brief description of your organizations' experience and qualifications to reach the population(s) of focus and provide the proposed services. *Note minimum experience stated in above Eligibility section.
2. Provide a brief description of the composition of the treatment and recovery support team, indicating each member's role in service delivery, credentials, and whether or not they are currently employed or contracted through your organization.
3. Describe the implementation team, advisory structure(s), and feedback loops that will be put into place to implement this expansion initiative and improve through continuous quality improvement. Include the role of individuals receiving services and/or family members of individuals to inform the implementation process.
4. Identify and describe the necessary community partners/organizations to provide a Recovery-Oriented System of Care, which will ensure access to the full continuum of trauma-informed services, as needed, including services such as outpatient, medication-assisted treatment, individual, group, family, intensive outpatient, peer support, crisis (mobile and residential), case management, and residential services. Include letters of commitment from community partners who will provide treatment and recovery supports.

B. Population of Focus and Statement of Need (20 points).

The purpose of this section is to identify the geographic area(s) in which the organization plans to deliver the treatment access expansion and the sites at which these services will be provided. If the applicant proposes to provide expanded treatment services in multiple distinct geographic areas, provide this information for each area.

1. Identify the geographic area(s) in which you plan to deliver the proposed expanded services, the physical location(s) at which these services will be delivered, and the current licensure status, if any, of the physical location(s).
2. Describe the need to expand the organization's MOUD services in the proposed geographic service area(s).
3. Describe the target population(s) (e.g., pregnant women, transition-age youth, justice-involved individuals).
4. State the number of persons with OUD served annually and the proposed increase in number served if awarded.

C. Description and Implementation of Program Services (40 points)

The purpose of this section is to assess readiness for implementation and to provide the following information regarding the proposed expanded treatment services.

1. Describe the project goals and state the measurable objectives of this proposed project. The following link provides guidance on writing goals and objectives
<https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf>.
2. Describe the plan for implementation of the new or expanded OUD treatment including:
 - 2a. Activities: Planning/development, staff training, evidence-based practices.
 - 2b. Responsible organization and staff members: For each activity, list the organization and/or staff members responsible for implementing it.
 - 2c. Implementation timeline: For each activity, list the specific time-period during which it will occur.
3. Describe methods for generating and sustaining adequate patient volume and identify community partners who will serve as referral agents. Include letters of commitment from community partners who will provide referrals.
4. Describe how you support clients in their recovery, whether that be linkage to self-help programs, recovery coaching, or other recovery support services and the necessary partners/organizations. Include letters of commitment from community partners who will provide recovery supports (e.g., LHD, public library, career centers, faith-based organizations, adult learning, law enforcement, social services, record expungement etc.).

D. Implementation and Sustainability (10 points)

The purpose of this section is to provide evidence of a feasible sustainability plan and dissemination procedures.

1. Describe a sustainability plan that supports the delivery of treatment services beyond the 12-month award period.
2. Describe the applicant's plan for disseminating information to participating entities, the target service area, and the broader public regarding the applicant's program's activities, lessons learned, and success stories.

E. Performance Data Collection and Reporting (10 points)

To ensure accountability at all levels of service provision, the articulation and achievement of measurable outcomes is critical to help ensure that we are carrying out the most effective programming possible. At a minimum, applicants will be expected to collect and report data indicators and measures as described in this NOFO.

1. Describe your organizational procedures for collection, maintenance, and reporting of client demographic and service data specified in this Notice of Funding Opportunity (GPRA).
2. Describe how you will use data for planning, evaluation, and quality improvement purposes.

F. ATTACHMENTS (No page limit, not counted towards allowable page total) Not Scored

1. Attachment 1: One-page abstract/summary of the proposal.
2. Attachment 2: Detailed budget using provided Budget Detail Worksheet & Summary template.
3. Attachment 3: Attestation to supporting the use of FDA-approved medications for OUD as part of a treatment and recovery plan in compliance with above stated federal standards.
4. Attachment 4: Letters of Commitment from all partnering providers and organizations that will assist in increasing access to MOUD and a Recovery-Oriented System of Care.*Please note these letters should explicitly state commitment to partner with applicant in providing services.
5. Attachment 5: Copy of the 501(3)(c) IRS letter indication non-profit status