



**Kansas Department of Health and Environment (KDHE)
Opioid Overdose Crisis Response Cooperative Agreement – Request for Proposal (RFP)
Fiscal Year 2019**

Kansas Department of Health and Environment
Bureau of Health Promotion
Opioid Overdose Crisis Response Funding Opportunity
Release Date: October 15, 2018

Submission Deadline: November 9, 2018, 5:00 p.m.

Overview of the Opioid Overdose Crisis Response Funding Opportunity

APPROVED AS TO FORM:


Michael L. Fessinger
Assistant County Counselor

The Kansas Department of Health and Environment (KDHE) invites local health departments, or multi-county partnerships led by local public health departments (see Eligibility Requirements) to apply for funding, not to exceed \$75,000 per county or multi-county partnership, to support projects that address the opioid overdose crisis in Kansas. Projects will reduce the incidence of opioid misuse and abuse, opioid use disorder, and opioid-involved morbidity and mortality by implementing community-based prevention and response strategies. Proposed projects must be data-driven and adhere to project requirements.

Local health departments are required to propose and, if funded, implement activities from a list of allowable activities (see Purpose and Uses of Funding). Additionally, the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan should be used to guide local-level efforts for prevention and intervention strategies related to opioid misuse and overdose.

A. General Information

- Request for Proposal Title: Kansas Opioid Overdose Crisis Response
- Release Date: October 15, 2018
- Application Deadline: November 9, 2018
- Extenuating circumstances: In the case of extenuating circumstances, an extension of up to 12 days (November 21) will be considered. LHD administrators can email extension requests to Adrienne Hearrell (Adrienne.Hearrell@ks.gov). Extension requests are due by November 1.
- Application Instructions:
 - Please complete the application on pages 12-21
 - Please include a W-9 form to ensure timely processing of the funding (if proposal is selected).
- There will be an informational webinar on October 16, 2018 at 1:00 p.m. to review the RFP requirements. <https://wichitaccsr.adobeconnect.com/kdhe1802/>
- There will be a frequently asked questions (FAQs) webinar on October 24, 2018 at 1:00 p.m. <https://wichitaccsr.adobeconnect.com/kdhe1802/>
- Optional conference line available if needed: Conf. Line: 1-877-400-9499, Code: 3592519060
- Submission Instructions:
 - Applications must be received *via email* no later than **5:00 p.m. on Friday, November 9, 2018**. Only electronic copies will be accepted.
 - Emailed applications should be sent to: Adrienne.Hearrell@ks.gov
 - Applications must be submitted as one consolidated PDF, including the budget and if applicable, supporting documents (e.g. letters of support, estimates/quotes).
 - Incomplete applications and applications not completed in accordance with the instructions will not be reviewed.
- Questions regarding this RFP may be directed to Adrienne Hearrell by email at Adrienne.Hearrell@ks.gov.
- It is anticipated that funding awards will be announced by November 30, 2018, via email.
- The estimated project period is December 2018 through August 31, 2019.
- Development of funding agreements will be initiated upon notification of awards.
- Funded organizations will be asked to have at least one staff person attend an initial meeting on December 13 at **the Community Engagement Institute (WSU) at 238 N Mead, Wichita Kansas 67202**.

B. Kansas Opioid Overdose Crisis Response Program

- KDHE has a cooperative agreement with the Centers for Disease Control and Prevention (CDC) entitled: 2018 Opioid Overdose Crisis Cooperative Agreement. This cooperative agreement is part of the CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response.
- The objectives of the 2018 Opioid Overdose Crisis Response Cooperative Agreement are to advance the understanding of the opioid overdose epidemic and scale up statewide prevention activities to more substantively and rapidly reduce fatal and non-fatal opioid-involved overdoses.
- Please visit <https://www.cdc.gov/phpr/readiness/funding-opioid.htm> for more information regarding the CDC's 2018 Opioid Overdose Crisis Cooperative Agreement.
- Please visit www.preventoverdoseks.org for more information on opioid overdose prevention and response efforts in Kansas.

Eligibility and Funding Requirements

A. Eligible Applicants

- Kansas local health departments (LHDs) are eligible to apply for Opioid Overdose Crisis Response funding.
- Counties will only be funded through one application (county or multi-county region).
 - a. Organizations interested in applying should coordinate with one another to ensure that only one application per county is submitted.

B. Availability of Funds

- Applicants may request up to \$75,000 per county for the project period (December 2018 – August 31, 2019).
- Total Available Funding: \$1,000,000
- Number of Awards: 15-25
- Opioid Overdose Crisis Response funding opportunities are one-time, non-renewable funds.
- Funding will be allocated through a competitive process. If selected, your organization may only incur eligible expenditures when the funding agreement is fully executed.
- Funding may be used for program and personnel costs, at the discretion of the applicant, to effectively implement activities outlined in funding agreements (see Unallowable Expenses section).

C. Purpose and Uses of Funding

- The purpose of this one-time funding opportunity is to enhance the capacity of Kansas communities to rapidly respond to the opioid overdose crisis through improved prevention efforts.
- Funds must be used for community-based coordination and the development, implementation, and evaluation of activities that address prevention activities for opioid-related morbidity and mortality.
 - A portion of funds must be used for community-based coordination among multi-sector partners serving families.
- This is one-time funding which must be spent within the performance period. There is no provision for the payment of unliquidated obligations following the last day of the budget/performance period (August 31, 2019).

- Selected communities are required to coordinate activities occurring within their county that are funded with all other CDC-funded and federally funded opioid-related prevention and intervention activities to ensure alignment and prevent duplicity (e.g. initiatives funded by the Kansas Department for Aging and Disability Services (KDADS), including: the State Targeted Response to the Opioid Crisis and Partnerships for Success funding, as well as the KDHE’s Data-Driven Prevention Initiative).
- The Kansas Department of Health and Environment and the Wichita State University Community Engagement Institute will provide oversight, monitoring, and support of funded communities’ activities during the performance period. A schedule of technical assistance and other activities will be provided upon award.

D. Overview of Domains

Allowable activities are structured within the five domains listed in the “Allowable Activities” section below. Funded communities are expected to align budgets and work plans with respective domains.

The Opioid Overdose Crisis Response domains include:

- Domain 1 – Incident Management for Early Crisis Response
- Domain 2 – Jurisdictional Recovery
- Domain 3 – Countermeasures and Mitigation
- Domain 4 – Information Management
- Domain 5 – Biosurveillance

E. Allowable Activities

Funded organizations are required to perform **at least** one activity outlined in Domains: 1, 2, and 3. Activities in Domains 4 and 5 are optional, though funded communities are strongly encouraged to address activities within them. A list of allowable activities for each Domain is provided in the table below.

Required Domain	Domain Optional or Required	Allowable Activities
Domain 1: Incident Management for Early Crisis Response	Required	<p>- Funded communities are required to conduct high-level community needs assessments related to opioid misuse, abuse, and overdose. The needs assessments will primarily focus on determining community needs related to primary, secondary, and tertiary prevention around opioid use disorder (OUD) and opioid overdose. <u>KDHE and WSU will specify the needs assessments requirements and/or protocols upon execution of funding agreements.</u></p> <p>Needs assessments may address the following:</p> <ul style="list-style-type: none"> • Determining education and training needs around the opioid crisis for health care providers, local health department staff, first responders, and/or other professions; • Determining staffing needs for local health departments, behavioral health workforce, and/or other professions as it relates to the opioid crisis; • Determining local data needs; • Determining naloxone availability and needs (e.g. among first responders, school nurses, public health staff, and/or among other professions);

		<ul style="list-style-type: none"> • Determining local treatment capacity for those with OUD - including detoxification, inpatient, and outpatient facilities and access to medication assisted treatment (MAT) (e.g. - naltrexone, methadone, and buprenorphine); • Determining community needs related to implementing 2003-SB123 and/or drug courts; • Determining the need for supportive services (i.e. job training, job placement, childcare, transportation, housing, etc.); • Determining related to referring and linking individuals with OUD to treatment (i.e. need for implementing SBIRT and peer navigators); • Determining readiness to deploy local overdose response protocols. <p>This information must not be collected from any vulnerable populations. As previously indicated, KDHE and WSU will specify protocols for data collection upon initiation of funding agreements. The information generated may be used to develop a comprehensive plan for community-level prevention and intervention activities around opioid misuse, abuse, and overdose.</p>
Domain 2: Jurisdictional Recovery	Required	<p>- Providing, coordinating, and/or hosting trainings targeted to health care providers and other community partners from various disciplines. Topics that may be addressed include:</p> <ul style="list-style-type: none"> • Safe prescribing practices for acute and chronic pain (e.g. CDC Prescribing Guidelines). • Importance of and process for registering and using Kansas's prescription drug monitoring program (Kansas's PDMP - K-TRACS) prior to prescribing a controlled substance. • Overview of the statewide opportunity for K-TRACS integration into electronic health records and practice management software products and associated benefits of integration. • Process for OUD screening, brief intervention, and referral to treatment (SBIRT) and referral process to specialized care and treatment. • Education around medication assisted treatment (MAT). <p>- Optional Community level trainings and collaborative efforts on:</p> <ul style="list-style-type: none"> ○ Prevention of adverse childhood experiences (ACEs) ○ Building personal and community resiliency ○ Mental health awareness training <p>- Assessing the community's capacity to attend to a "surge" in opioid overdose mortality (this activity is distinct from Domain 1).</p> <p>- Identifying gaps in treatment services within the locality for Medication Assisted Treatment (MAT), with particular emphasis on treatment needs within jails and prisons (this activity is distinct from Domain 1).</p>
Domain 3: Countermeasures and Mitigation	Required	<p>- Support the establishment of policies, programming, and training to facilitate the implementation of screening, brief intervention, and referral to treatment (SBIRT) for those with a suspected substance and/or opioid use disorder (OUD) or those at risk of an overdose.</p> <ul style="list-style-type: none"> • This may include establishing processes for connecting patients with OUD and/or their peers, families, and communities with a wide range of treatment and wrap-around services. Sub-awarded funding may support the planning and implementation of SBIRT to connect individuals to care, but under this federal funding agreement, LHDs <u>cannot</u> provide any clinical treatment or care, nor can this funding support reimbursement for SBIRT. • Funded communities must implement, if not already utilizing, the Integrated Referral & Intake System (IRIS) as a tool to make, track, and complete

		<p>referrals within a <i>Connected Communities/Connected Families</i> approach. Communities will be required to include multi-sector partners serving individuals and families in their community in the planning and implementation of a <i>Connected Community/Connected Families</i> model. IRIS is a web-based, HIPAA compliant communication tool for this model to help organizations connect individuals they serve to the needed resources in their community. Funding necessary to implement this activity will be provided in addition to the total award, at no cost/impact to the community's funding request. Technical assistance on readiness to implement the approach and tool will be provided through the KU Center for Public Partnerships and Research. Funded communities must identify a Community Champion who will facilitate implementation with technical assistance from KU, as well as at least one user who will have the IRIS Community Manager administrative system role allowing within-community organization and user management.</p> <p>- Clear emergency department protocols are needed for discharge management among individuals who are treated for a drug overdose. Funded communities may work with local emergency departments to identify and implement promising emergency department opioid overdose protocols, policies, and procedures.</p> <ul style="list-style-type: none"> Emergency department overdose protocols may include (but are not limited to) these components: medical management standards, buprenorphine induction, patients receiving a naloxone script, referrals to MAT and/or mental and behavioral health services, providing "warm hand-offs" to community-based recovery organizations, and linking patients to peer navigators and/or treatment. <p>For more information, and an example of an ED protocol, please visit: http://preventoverdoseri.org/wp-content/uploads/2016/07/ED_Hosp_standards_RI_v3.pdf</p> <p>- Facilitate trainings for clinicians to obtain their Drug Addiction Treatment Act (DATA-2000) waiver to prescribe buprenorphine for medication assisted treatment (MAT) in coordination with substance abuse prevention partners.</p> <p>For more information, please visit these websites: https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/buprenorphine-waiver https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/training-materials-resources/qualify-np-pa-waivers</p> <p>- Engage local treatment providers who are not certified for 2003-SB123, to facilitate the development of the implementation plan, per KDOC protocol, to be approved through the Kansas Department of Corrections.</p> <ul style="list-style-type: none"> 2003-SB123 is the Alternative Sentencing Policy for Non-Violent Drug Possession Offenders. SB123 provides certified substance abuse treatment for offenders convicted of K.S.A 21-5706 (drug possession), who are nonviolent adult offenders with no prior convictions of drug trafficking, drug manufacturing or drug possession with intent to sell. The purpose of the 2003 Senate Bill 123 (SB123) is to provide community supervision and drug treatment to offenders with substance abuse problems to reserve correctional facility capacity for more serious, violent offenders.
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		<ul style="list-style-type: none"> The implementation plan must be developed following this protocol: https://www.doc.ks.gov/SB123/implementation_2018.pdf <p>For more information, please visit this website: https://sentencing.ks.gov/sb-123/sb-123-eligibility</p>
Optional Domain	Domain Optional or Required	Allowable Activities
Domain 4: Information Management	Optional	<p>- Develop and implement locally-driven public awareness campaign(s) around the risks associated with misusing/abusing prescription and/or illicit opioids.</p> <ul style="list-style-type: none"> Campaigns may be implemented by tailoring the CDC's Rx Awareness Campaign and/or the Ad Council's Truth About Opioids Campaign, or, communities may also propose to develop community-tailored campaigns with appropriate partners that address topics such as: community-level resources, reducing the stigma of opioid use disorder, education around effective substance use treatment modalities and reducing stigma around medication assisted treatment (MAT), harm reduction messaging, information regarding Kansas-specific treatment and recovery resources (i.e. detoxification, MAT, inpatient and outpatient facilities, sober living facilities, etc), and/or other topics. <p>CDC Rx Awareness: https://www.cdc.gov/rxawareness/index.html</p> <p>- Leverage information from existing or new data reports/sources to create local action plans to educate and engage partners in addressing "hot spots," particular service sectors, or high-risk populations.</p>
Domain 5: Biosurveillance	Optional	<p>- Engage hospitals in conducting rapid testing of biological specimens in emergency department settings as part of drug overdose assessment and medical management. E.g., provide rapid test strips to detect fentanyl contamination in urine.</p>

F. Unallowable Expenses

- Research
- Purchase of any medication, including naloxone
- Purchase of syringes
- Drug disposal programs and/or units including medication drop-boxes, disposal bags or other devices, and/or take-back events
- Clinical care
- Duplicate efforts from existing funding from federal, state, or private sources
- Capital acquisitions
- Indirect costs
- Food and beverage items
- Providing incentives and promotional items
- Direct enforcement of policies
- Publicity and propaganda (lobbying)
 - 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.

Proposal Process

A. Application Requirements

Please complete the application on pages 12-21. Please include responses in the text boxes and tables, and adhere to the word limits provided (if applicable).

The application consists of nine sections (see Selection Criteria).

Review and Selection Processes

A. Review Panel

Eligible applications will be evaluated and scored by a team of reviewers. Reviewers will evaluate applications to ensure that the information included is clear, reasonable, and achievable, as well as consistent with program requirements. The reviewers' ratings serve as a guide for selecting proposals for funding.

Points will be allocated as indicated in the Selection Criteria section of this RFP. KDHE will base final selection of funded agencies on quality of application and community risk factors.

B. Selection Criteria

A scoring guide will be used for reviewing proposals. The scoring guide has a 100 point total scoring system, composed of:

- Applicant Information Form (0 points)
- Personnel (5 points)
- Organizational Background and Capacity (5 points)
- Assessment of Need (15 points)
- Collaboration and Community Support (15 Points)
- Project Description (30 points)
- Project Evaluation and Action Plan (10 points)
- Sustainability Plan (10 points)
- Budget (10 points)

It is anticipated that awards will be announced by November 30, 2018. KDHE will notify selected communities electronically via email. Funding agreements will be effective starting in December 2018 through August 31, 2019.

Post-Award Requirements

A. Contractual Agreements and Reporting Requirements

In addition to the contents within this RFP, the selected applicants shall also adhere to the following requirements. Additional information will be provided about each.

- Selected applicants are strongly encouraged to have at least one staff person attend an initial meeting on December 13 at **the Community Engagement Institute (WSU) at 238 N Mead, Wichita KS 67202.**

- Selected applicants will be expected to perform process evaluations of implemented activities, and participate in evaluation activities coordinated by KDHE and WSU staff, and/or as requested from the CDC.
- Two comprehensive progress reports will be required. More information, including deadlines, will be provided to successful applicants.
- Year-end report: Funded communities shall submit a final report summarizing the results of the project by September 20, 2019.

Helpful Resources

1. Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan
2. KDHE's Prescription Drug Overdose/Misuse Prevention Website:
<http://www.preventoverdoseks.org/>
3. Kansas Epidemiological Data Dashboard: http://www.preventoverdoseks.org/kpdo_data.htm
4. Kansas Behavioral Health Indicators Dashboard: <http://www.kbhid.org/>
5. Centers for Disease Control and Prevention Opioid Overdose information:
<https://www.cdc.gov/drugoverdose/index.html>
6. Centers for Disease Control and Prevention Rx Awareness Campaign:
<https://www.cdc.gov/rxawareness/index.html>
7. CDC Guideline for Prescribing Opioids for Chronic Pain:
<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
8. CDC Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain QI toolkit:
<https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf>
9. The Truth About Opioids <https://www.adcouncil.org/Our-Campaigns/Health/The-Truth-About-Opioids>
10. K-TRACS information <https://pharmacy.ks.gov/k-tracs-responsive/home>
11. Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit: <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
12. SBIRT: Screening, Brief Intervention, and Referral to Treatment
<https://www.integration.samhsa.gov/clinical-practice/sbirt>
13. SAMHSA Center for the Application of Prevention Technologies (CAPT) Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose:
<https://www.samhsa.gov/capt/sites/default/files/resources/capt-resources-support-opioid-misuse-overdose-prevention.pdf>
14. What is IRIS? <http://connectwithiris.org/what-is-iris/>
15. Addiction as a Disease—Not a Moral Failure: <https://www.samhsa.gov/capt/tools-learning-resources/addiction-as-disease-not-moral-failure>
16. SAMHSA Behavioral Health Treatment Services Locator: <https://findtreatment.samhsa.gov/>
17. Apply for a physician waiver to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000). <https://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management/apply-for-physician-waiver>
18. What is 2003-SB123? <https://www.doc.ks.gov/SB123/what-is-2003-sb123>
19. AmeriCorps VISTA: <https://www.nationalservice.gov/programs/ameriCorps/ameriCorps-programs/ameriCorps-vista>
20. Kansas Substance Use Disorder Treatment Referral Line: 1-866-645-8216
21. SAMHSA's National Helpline 1-800-662-HELP (4357), 1-800-487-4889 (TTY)
<https://www.samhsa.gov/find-help/national-helpline>

Opioid Overdose Crisis Response Application

A. Applicant Information Form (0 Points)

Please complete the applicant information form.

Organization Name:	
Project/Program Manager:	
Mailing Address:	
City:	Zip:
Telephone:	Fax:
E-mail:	
Fiscal Agency:	FEIN#:
Fiscal Officer/Grants Manager:	
Telephone:	
E-mail:	
Primary County/Community Served (where the contract funds will be used):	
Other Counties Served (if applicable):	
Total Amount Requested:	

B. Personnel (5 points)

List the staff who will be involved with this project and briefly describe their relevant experience. Add or delete rows as needed.

Name	Title	Experience
1.		
2.		
3.	IRIS Community Champion	

C. Organizational Background and Capacity (5 points)

Please describe your organization and its qualifications for funding, including leading successful community collaborations. Include any history of work addressing substance use disorder prevention. (500 word limit).

D. Assessment of Need(s) (15 points)

Include a description of community needs related to opioid misuse and overdose prevention. Provide an overview of community-level data and include any other pertinent information as it relates to the need for implementing this project in your community. (500 word limit)

E. Collaboration and Community Support (15 Points)

Please list community partners collaborating on this project and describe how the proposed project will improve collaboration between local stakeholders and/or engage new stakeholders. Describe steps that will be taken to ensure that efforts are not duplicated among organizations within the community. (500 word limit)

F. Project Description (30 points)

Describe your proposed project. Detail how this project will address the organization and community's needs. Identify which activities from the list of Allowable Activities are included in the project. There is no word limit for this section, but please try to be concise.

G. Project Evaluation and Action Plan (10 points)

Describe how you will evaluate your project. What is/are the outputs and the short-term outcome(s) of the project (e.g., products developed and disseminated, estimated reach)? How will you measure progress? Please include an overview of evaluation methods in the text box (300 word limit). Please complete the action plan below the text box to summarize. Add or delete rows in the action plan as necessary.

H. Project Evaluation and Action Plan (10 points)

Describe how you will evaluate your project. What is/are the outputs and the short-term outcome(s) of the project (e.g., products developed and disseminated, estimated reach)? How will you measure progress? Please include an overview of evaluation methods in the text box (300 word limit). Please complete the action plan below the text box to summarize. Add or delete rows in the action plan as necessary.

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Domain	Proposed Activity	Anticipated Output(s)	Anticipated Outcome(s)	Measure of Progress	Timeline	Staff Responsible
3	<u>Example:</u> Coordinate at least three Buprenorphine trainings for providers, to facilitate attainment of the Drug Addiction Treatment Act (DATA) waiver for the treatment of opioid use disorder (OUD).	Number of providers who participated in Buprenorphine trainings.	Increased knowledge among providers in the provision of medication assisted treatment for OUD.	Number of providers who obtained their 2000 DATA-waivered license to prescribe Buprenorphine for the treatment of OUD.	June 2019	Project Manager Project Coordinator

I. Sustainability Plan (10 points)

Please describe how the project will be financially sustained in the long-term, including how your organization will leverage funding from other sources. Applicants that demonstrate a commitment to sustain projects beyond contractual requirements will be scored at a higher level. (300 word limit)

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J. Budget (10 points)

Please list and briefly describe your proposed budget. Please include hourly rate and total number of hours for all staff time listed. The maximum allowable budget is \$75,000 per county. Add or delete rows as needed.

Item/Staff	Amount	Justification
1. <u>Example</u> : Rx Awareness campaign – purchasing of advertising space and materials for signage.	\$5,000	Cost of materials and advertising space for Rx Awareness messaging. \$500 * 10 signs = \$5,000
2	\$	
3.	\$	
4	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
TOTAL	\$	