

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 Franklin 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.

B. RFP Type: Contract with Franklin County Public Health (FCPH) based on availability of funds from the Ohio Department of Health (ODH)

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 26, 2018

I. Background/Introduction

Franklin County Public Health announces the availability of funds to address the opioid crisis in Franklin County. This funding is made possible through the Prescription Drug Overdose Prevention grant from the Ohio Department of Health. This grant was made available due in part to the fact that in 2016 Ohio was identified as 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.

FCPH is the sixth largest health district in Ohio, a separate political subdivision, and the Health Department is comprised of three divisions: environmental health, prevention and wellness, and administration. These divisions support fourteen public programs focused on achieving optimal health for all Franklin county residents. FCPH improves the health of our communities by preventing disease, promoting healthy living and protecting against public health threats through education, policies, programs and partnerships. Guided by local, state and federal mandate, FCPH collaborates with a wide variety of jurisdictions and organizations to improve the health of our communities.

FCPH provides public health services to 17 townships, 9 villages and 14 suburban cities in Franklin County, excluding the cities of Columbus and Worthington. There are 15 public

school districts within our health district. FCPH serves a population of approximately 428,976 residents in the county with a staff of 92 full time employees and a budget of \$9.1 million. In March of 2016, FCPH was declared an "Accredited Health Department" by the Public Health Accreditation Board. The total population of Franklin County in 2015 was 1,251,722 and is the second most populous county in Ohio. The demographic, economic, and social characteristics vary widely from one area of the county to another. Each community has its own distinct assets and health needs. The county is 69% White, 21% Black, 4.2% Asian and 5% Hispanic/Latino. A little over half the population of Franklin County, roughly 51%, is women. Franklin County has also experienced an increase in foreign born population living in the region which is 10.5% and 12.2% of that population does not speak English at home. While there has been no increase or decrease in the rate of births in the county, the death rate increased slightly from 2013 – 2015; the number one cause of death is Cancer. Eighteen percent of the population is below 150% of the Federal Poverty Level and 15.5% utilize food stamps. Looking at Franklin County as a whole, 18% of the adult population smokes tobacco.

II. Problem/Need

Within Franklin County, prescription drug overdose has increasingly become an issue. In just the past five years, there has been a 71% increase in the number of deaths caused by accidental overdose (Franklin County Community Action Plan, 2017). In 2016, there were over 300 deaths caused by accidental drug overdose. Franklin County currently stands as having the ninth highest number of deaths due to fentanyl in Ohio. Most notably, rates of prescription misuse, hepatitis C, and neonatal abstinence syndrome have increased in Franklin County. Poverty, homelessness, unemployment, and trauma are all important risk factors that predispose individuals to become addicted to prescription pills (Franklin County Opiate Action Plan, 2017). Additionally, evidence shows that individuals who suffer from depression and mood disorders are more likely to receive opioid prescriptions, leading to increased addiction amongst individuals suffering from mental illness (Caruso, 2017).

In 2015, FCPH conducted a needs assessment examining the rate of opiate related overdose deaths and hospital discharges. The results from the assessment were used to identify high burden zip codes for fatal and non-fatal overdoses and target first responders in those communities to encourage them to carry naloxone. Hospital discharge data using ICD10 codes for opiate poisoning were collected from the Central Ohio Hospital Council and stratified by patient residence zip code. From this FCPH were able to discern who in the county was experiencing non-fatal overdoses. Vital Statistics data for opiate-related deaths was also analyzed at the zip code level to identify where in Franklin County fatal overdoses were occurring. Reviewing these data sources in this way allowed FCPH to learn where people were dying and who is dying.

The combination of these analyses guided FCPH's naloxone distribution efforts. These efforts began with providing naloxone to first responders and making it available through our partners to lay responders free of charge. Our work has now expanded to provide hands on learning at the community level with evening naloxone trainings. FCPH has distributed 2,364 doses (1,182 kits) since June of 2016 to the community. FCPH has distributed 4,892 doses since March of 2016 to first responders with a total of 30 trained first responder's at 22 police departments and 14 fire departments. FCPH believes partnering with an Emergency Department regarding the implementation and delivery of an emergency department (ED) based Medication Assisted Treatment (MAT) program for identified individuals with Opioid Use Disorder is a natural next step in our fight against opioid overdoses.

III. 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. FCPH anticipates that over the 1-year project period, all applicants will demonstrate their capacity to carry out the following activities including an evaluation component:

- Ensure the ED maintains 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, 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, addressing the social determinants of health (SDOH) and other competencies related to the strategies supported by the RFP over the course of the project period.

IV. Project Information

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

1. Identification and Screening for Opioid Use Disorder (OUD)
 - a. 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
 - a. Establish ED protocols for patients presenting post-opioid overdose or with OUD related issues.

- b. Provide onsite and online academic detailing to medical providers to begin appropriate medications (including MAT) post overdose/when indicated.
 - c. Optimize distribution of naloxone to high impact points in the community; including ED's.
 - d. Work with healthcare system to establish OUD treatment algorithms in the acute healthcare setting (hospitals) where appropriate and agreed upon.
 - e. Provide on-call addiction specialist hotline where appropriate and agreed upon with healthcare system.
 - f. Provide a secure platform for physicians to discuss patient care.
3. Transition Patients from the ED
 - a. Including the development/support of a real-time local treatment finder for referrals and warm handoffs.
 - b. Develop capacity and systems for peer support and identify and link patients to comprehensive harm reduction services.
 - c. Connect patients to the appropriate SDOH interventions where applicable.

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 above 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 above and the integration between the three components.

V. Deliverables

1. Provide documentation regarding the Program Components which include, but are not limited to, the following:
 - a. Submit a detailed work plan that identifies the total cost for each deliverable and components of this project proposal to be approved by FCPH and in accordance with the Ohio Department of Health guidelines and restrictions.
 - b. Develop policies and procedures for every component of the project, specialized to health systems and customized to each Emergency Department (ED).
 - c. Develop or identify appropriate screening tools for each component.

- d. The integration of all aspects of inpatient management into ED workflows.
 - e. The integration of transfer management of patients to outpatient settings (if referred to in-system provider).
 - f. The integration of transfer and linkage activities into ED workflows for external setting referrals.
 - g. Develop systems for each of the three components above to flow seamlessly between each other in the ED workflow
 - h. Upgrade electronic health records to update work flows and order sets
 - i. Educate and train staff members (physicians, APNs, pharmacists, Nurses, and Case Workers)
 - j. Hire adequate staffing to ensure the project deliverables are met including, but not limited to a project manager to oversee the workflow
2. Comply with all applicable federal and state regulations, rules, statutes and guidelines regarding the expenditure of funds and program requirements.
3. Submit a Monthly invoice with documentation of the completion of each deliverable referenced in section V by the 10th day of the month.
4. 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.

VI. Elements of Proposal

Narrative should be no more than 20 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 requirements detailed in sections **III. Program Infrastructure and Organizational Capacity IV. Project Information** and **V. Deliverables** of the RFP
- Budget
- Evaluation Plan

VII. Timeline

- This Agreement shall be in effect from 10/1/2018 through 9/31/2019
- Request for Proposal timeline
 - **August 14, 2018** – FCPH Board of Health RFP approval
 - **August 17, 2018** – RFP published

- **August 24, 2018** – RFP published for a 2nd time
- **August 27, 2018** – Organizations will submit questions regarding the RFP no later than 5:00p.m. Close of Business electronically.
 - **Send Questions to:**
Joemazzola@franklincountyohio.gov
- **August 31, 2018** – FCPH will post on its website and publish responses to all questions received by the deadline.
- **September 7, 2018** – A hard copy of all proposals must be delivered to FCPH before 12:00p.m. (noon). Proposals will be time stamped upon receipt.
 - **Deliver proposals to:**
Franklin County Public Health
ATTENTION: Joe Mazzola
280 East Broad Street
Columbus, Ohio 43215-4562

All submissions must be received by: September 7, 2018
- **September 8, 2018 – September 11, 2018** - A committee comprised of the FCPH, Health Commissioner, Medical Director, Assistant Health Commissioner/Director of Prevention and Wellness, Director of Health Systems and Planning and Director of Finance and Operations will review and score proposals submitted by the deadline.
- **September 11, 2018** – FCPH Board of Health will be provided an update of the RFP process.
- **September 12, 2018** – A vendor will be selected by the FCPH Committee.
- **September 13, 2018 - September 24, 2018** – Finalize Contract
- **September 25, 2018** – A resolution to award the project via a contract will be taken to a Special Board Meeting.
- **September 26, 2018** – An award announcement will be made.
- **October 1, 2018** – Contract period begins.

VIII. 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.
- See **Attachment B** to review the draft contract template.
- All work must be completed by August 31, 2019.