**REQUEST FOR APPLICATIONS (RFA)**
**HOSPITAL OVERDOSE PREVENTION AND ADDICTION TREATMENT SYSTEMS OF CARE**
**PHASE 1: PLANNING GRANT**

## A. Introduction

As opioid overdose fatalities reach unprecedented levels, continued funding and focus on Chicago hospital capacity to better serve people with an opioid use disorder (OUD) is both necessary and urgent. The increased utilization of emergency medical services from overdose incidents, particularly in key West and South Side community areas, demands a concentrated effort to support hospitals to provide overdose prevention support, initiate medication for opioid use disorder (MOUD), and link patients to ongoing treatment services. However, hospitals cannot do it alone, and must integrate their response into a robust system of care. The reality of COVID-19 may be exacerbating the OUD crisis and putting more people at risk of overdose, underscoring the urgency of acting now to increase hospitals' capacity.

The Illinois Public Health Institute (IPHI) is seeking applications from West and South Side Chicago hospitals to participate in a capacity building program that seeks to strengthen transitions of care between hospitals and community-based MOUD providers. Many individuals with OUD cycle in and out of hospital emergency rooms, often without a clear plan for continued care beyond the hospital setting. Many community-based providers are equipped to meet many of the needs of patients with OUD being discharged from area hospitals but lack the resources to develop structured care coordination partnerships. Despite the need, limited opportunities exist to support cross-sector collaborative work. Given the overdose risk for persons with OUD following any period of abstinence or any loss of tolerance that often follows hospital admission, returning to the community with a service connection plan that also respects patient preferences is critical.

Funding support is provided by the Chicago Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC). IPHI is managing the program development, implementation, and grantee selection.

## B. Background

This RFA originates out of IPHI's 2019 Community Health Needs Assessment (CHNA) work under the Alliance for Health Equity (AHE) and the subsequent Hospital Opioid Treatment and Response Learning Collaborative (HOTR-LC) and Landscape Analysis projects. This program is also inspired by the success of the California Bridge model, a program of the Public Health Institute. The HOTR-LC, funded by both the Otho S.A. Sprague Memorial Institute and CDPH beginning in 2019, provided initial learning and capacity development support for hospitals in Cook County who were also members of the AHE. The Landscape Analysis project, funded by CDPH, was intended to identify service gaps and barriers to care for people with OUD on Chicago's West and South Sides. One of the key take-aways from both the HOTR-LC and the landscape analysis was the importance of coordinating care across service settings.

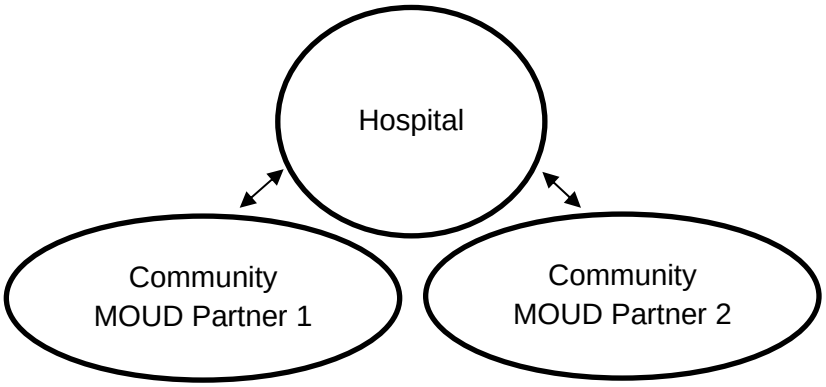
This program seeks to build on the foundation established by the last two years of programming by dedicating funding explicitly to improving hospital-to-community linkage to care for persons with OUD.

## C. Program Overview and Requirements

The purpose of the Hospital Overdose Prevention and Addiction Treatment Systems of Care (HOPATSC) program is two-fold:

1. To advance hospital infrastructure development in the emergency department around best practices (i.e. initiation of MOUD, take-home naloxone) for treating and addressing opioid use disorder (OUD), and
2. To bolster hospital-to-community collaborations to better support continuity of care (i.e. warm handoffs) outcomes for people with OUD.

The HOPATSC program will focus on expanding capacity in the city's hardest hit communities through a localized and team-based approach that includes one area hospital and at least two community-based MOUD provider partners. Teams (1 hospital, 2 community partners) will work together to develop a program that improves transitions of care from the hospital to the community. This program will utilize training and technical assistance and cross-sector peer learning to advance these goals. Hospital applicants will also focus on building internal capacity for naloxone, MOUD initiation, and warm handoffs within the emergency department (ED).




***Hospital Focus.***

Within hospital settings, programming will focus on the Emergency Department (ED). Deliverables will be completed across all three best practice areas: Naloxone, MOUD, and Continuity of Care. Hospital EDs, with support from community partners on continuity of care, will be expected to complete all deliverables. Refer to Appendix B in the application document for examples of infrastructure development across all three best practice areas.

Understanding the importance of coordinating care across both ED and inpatient settings, additional infrastructure development on the inpatient side will be strongly encouraged. Limited opportunities for capacity building on the inpatient side will be supported by this program in the form of training and

technical assistance. Additionally, a letter from hospital inpatient units stating a commitment to support the program is a required component of this application.

***Program Partners.***
Hospital applicants must include at least two community-based MOUD provider partner organizations in this application. While the hospital will serve as the lead applicant in this process, a letter of commitment, contact information, and a proposed budget is required from each of the community partners. Please refer to section E for more information on eligibility and application requirements.

This program is intended to improve outcomes for people with OUD and people at risk of an opioid overdose by increasing the uptake of best practices and improving hospital-to-community linkage to care. Therefore, the community partners must be able to provide evidence-based treatment known for reducing morbidity and mortality related to opioid use for persons with OUD. Community partners must include at least one licensed buprenorphine/Suboxone program and at least one licensed methadone program. If community-based partners are also providing Vivitrol/naltrexone, counseling services, or other additional services, these services will be viewed as supplemental and cannot be substituted for the requirement of having at least one buprenorphine/Suboxone maintenance program and at least one methadone maintenance program. We suggest the following:

- One Federally Qualified Health Center (FQHC) that has an established buprenorphine/Suboxone maintenance program.
- One Opioid Treatment Program (OTP) that has an established methadone program.

Hospital applicants may choose to work with more than two community partners and/or may propose an alternative model that still meets the requirements of including a methadone and a buprenorphine provider. If an alternative model is of interest, please describe this alternative model in the application and include how the alternative model meets the requirements outlined in this RFA.

Please refer to Appendices D and E for a list of potential FQHC and OTP partners.
*If your hospital needs support connecting to a program, please email the IPHI team at* MATDemo@iphionline.org *and we will do our best to help connect you.*

***Program Phases.***
The HOPATSC program will be broken up into two phases, a planning phase (Phase 1) and an implementation phase (Phase 2). The phases are sequential and intended to build off one another. Each phase requires a separate application process. This RFA is for Phase 1 planning grants only. Phase 2, implementation, is expected to begin in September 2021 and is not automatically guaranteed to grantees who receive Phase 1 planning grants.

Applicants for Phase 2 grants will be evaluated on their performance in Phase 1. In addition, fewer grantees may be awarded for Phase 2 implementation than are awarded during Phase 1 of planning. A shorter application and review process will take place at the end of Phase 1 to determine Phase 2 grantees before the next cycle begins.

**Please refer to Appendix F in the application document to learn more about Phase 2.

*Phase 1: Program Planning Activities and Deliverables*
Timeline: March – August 2021

**Goal: Plan for developing hospital-to-community collaborations to better support continuity of care outcomes (i.e. warm handoffs) for people with OUD with at least two community partners.**
Teams (includes hospital teams and community-based MOUD partner teams) will be expected to complete the following during Phase 1:

- Subcontracts, MOUs, work plans for Phase 1, team-based meeting schedule, workflow, protocol development and discharge planning based on a Plan-Do-Study-Act (PDSA) cycle.
- Participate in a program cohort collaborative. The cohort collaborative is intended to build capacity, engage participants in cross-sector peer learning, and provide critical technical assistance around best practices and infrastructure development.
- Develop work plans for Phase 2.

**Goal: Planning to advance hospital infrastructure development in the emergency department around best practices (i.e. initiation of MOUD, take-home naloxone) for treating and addressing opioid use disorder (OUD)**
In addition to the work with your community partner teams, hospitals will be expected to complete the additional following deliverables during Phase 1:

- Submit a Phase 1 report that includes completion of a baseline readiness assessment.
- Host a presentation (virtual) on the evidence base for hospital OUD treatment and response for hospital leadership and administrators (to be scheduled with IPHI).
    - Suggested Leadership Attendees: Emergency Medicine Department Chair, Emergency Department Nursing Director/Clinical Director, Inpatient Director, Hospitalist Director or Chief of Staff, Internal Medicine Department Chair, Family Medicine or Psychiatry Department Chair, Pharmacy Director, Behavioral Health Supervisor, and Clinical Supervisor/Manager of substance use disorder treatment services
- Participate in X-waiver training supported by the UI Health Team (grantees and IPHI program team will set a goal for training additional providers after the baseline assessment is completed).
- Hospital-specific workflows and protocol development for naloxone dispensing and MOUD initiation based on a Plan-Do-Study-Act (PDSA) cycle.

| Phase 1 Meetings and Time Commitment | | | | |
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| **Meeting Type** | **Required Stakeholders** | **Meeting Purpose** | **Duration** | **Frequency** |
| Internal Hospital Team Meetings | • Hospital Team assigned to program | Develop hospital-specific workflows for naloxone and MOUD initiation; Engage in discharge planning; Participate in workflow testing for quality improvement (QI) | TBD by your internal team | As needed; **recommended weekly to bi-weekly |
| Program Team Meetings | • Hospital Team assigned to program<br>• Community Partner 1 Team assigned to program<br>• Community Partner 2 Team assigned to program | Develop linkage workflows; Engage in team-based planning and implementation work; Participate in workflow testing for QI | TBD by your program team | Once per month |
| Program Cohort Collaborative | • All awarded hospitals and community partners | Participate in a learning and technical assistance collaborative | 90 minutes | Every other month |
| ***Please note that teams are expected to meet as often as is needed to accomplish program goals. It is understood that each hospital will need to commit varying amounts of time to this program depending on the needs and existing capacity of the hospital.* | | | | |

**D. Funds Available and Uses**

Approximately $340,000 is available to fund up to 4 program teams consisting of 1 hospital and at least two community partners from March 2021 – August 2021.

Amounts will depend on the number of teams selected.

- Each hospital will be eligible to receive $30,000-$40,000
- Community partners will be eligible to receive $40-50,000 (e.g. 2 community partners = $20-25,000 each)

Approximately $360,000 in additional funding will be available in the form of continuation grants to fund eligible program teams for Phase 2 Implementation (September 2021 – August 2022). A separate and shorter application and review process will take place in August 2021 to determine grantees. Only program teams who received Phase 1 Planning grants will be eligible to apply for Phase 2 Implementation grants. Fewer teams may be selected to participate in Phase 2.

Funding can and should be used to cover staff time for executing the allowable activities listed below. In addition, because this is a time-limited grant, using the funds to cover the cost of hiring a new staff member exclusively for this program is discouraged.

Funding May Support:

- Personnel that initiate harm reduction and MOUD services (i.e. hours spent doing this work), but **not** the cost of the actual medications, co-pays, treatment fees, etc.
- Planning and implementation meetings
- Workflow development
- Quality improvement projects related to the three best practice interventions (Naloxone, MOUD, and Continuity of Care)
- Change management activities to build internal support
- Partnership development and integration activities
- Training and other infrastructure or capacity building efforts
- Transportation (i.e. bus cards or taxi vouchers) to support patients in the warm handoff process

Funding May Not Support:

- Supplies such as: Naloxone/Narcan, syringes, fentanyl test strips, furniture, or equipment
- Drug disposal. This includes implementing or expanding drug disposal programs or drug take back programs, drug drop box, drug disposal bags
- The provision of medical/clinical care or the direct funding for the provision of substance use disorder treatment
- Fees associated with obtaining a state medical license nor those associated with registration with the Drug Enforcement Administration (DEA) to prescribe controlled substances
- Research

## E. Eligibility and Application Requirements

Given that this process is collaborative and requires a commitment on the part of the community partners to participate, completing this application in its entirety does require some communication and coordination between hospitals and community partners. However, hospitals are not expected to come to this application with strong community partner relationships from the outset. Instead, this program is intended to serve as the conduit for building new partnerships and strengthening existing ones. Hospital applicants are expected to take the lead in this application process.

**Eligibility:**

- Hospital applicants must be located on Chicago's West or South Side.
    - West Side boundaries: N/S: North Ave to 31st St.; E/W: Western Ave to the western Chicago border with the suburbs.
    - South Side boundaries: N/S: Roosevelt Rd. to 138th St.; E/W: Lake Michigan/Indiana border to the western Chicago border with the suburbs.
- Hospital applicant must include at least 2 community-based MOUD providers in their application (one buprenorphine provider and one methadone provider). Hospital applicants

may choose to work with more than two community partners and/or may propose an alternative model that still meets the requirements of including a methadone and a buprenorphine provider. If an alternative model is of interest, please describe this alternative model in the application and include how the alternative model meets the requirements outlined in this RFA.

- Commitment of leadership across the three funded institutions (e.g. hospital and 2 community-based partners), program team leads, and other relevant team members, to participate in the program planning, training and technical assistance activities.

**Application Requirements:**

1. Completed application submitted by the application deadline: Monday, February 1st, 2021, 5:00pm CST.
2. Letters of commitment from each of the community-based MOUD providers who will partner with your hospital on this program and participate in planning and implementation activities with your team.
3. Budgets and budget narratives of how funds will be spent from each organization (e.g. Hospital and 2 community partners = 3 budgets). Please refer to section D. Funds and Available Uses for guidance on how to develop your budget and Appendix C in the application document for a budget template.
4. If the hospital's ED medical services are provided by an outside contractor, a letter of commitment from the ED physician group is required that includes a commitment from at least one ED physician who will participate in the program.
5. A letter of commitment from the hospital's Inpatient Director, Hospitalists Director or Chief of Staff stating a commitment to work with the program team to support development within the ED and any subsequent transitions of care to the inpatient floor. The letter should state that the inpatient floor will continue medication initiated in the ED for any patients who are admitted and that the inpatient team will ensure a smooth transition to a community partner for continued care and medication management upon hospital discharge.

Completion of this application will require some initial collaboration between hospitals and community partners. Hospitals and community partners are encouraged to convene virtually to clarify aspects of the application. Please refer to Appendix H in the application document for a program description intended for hospital applicants to share with community partners as the application for this planning grant is completed.

## F. Submission of Application

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| Submit applications via email to: | MATDemo@iphionline.org<br>Subject: HOPATSC Planning Grant Application |
| Application deadline: | Monday, February 1, 2021<br>5:00pm Central Standard Time |

Applications must be submitted via email only to MATDemo@iphionline.org. Hard copies of applications will not be accepted. Applications received after the above deadline may not be considered. If you have any questions regarding the application, please email the IPHI team at MATDemo@iphionline.org.

## G. Timeline

Illinois Public Health Institute (IPHI) intends to follow the timeline below for review and awarding of funds under this RFA:

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| RFA released | December 4, 2020 |
| Deadline to submit application questions | January 25, 2021 |
| Final FAQ is posted on the IPHI website<br>*(FAQ will be updated periodically throughout the application period)* | January 27, 2021 |
| Application deadline | February 1, 2021, 5:00pm CST |
| Review of applications, by Review Committee | February 2-16, 2021 |
| Grantees announced | Mid-late February, 2021 |
| Funding period for Phase 1 | March - August 2021 |
| Application & Review Process for Phase 2 Funding | July - August 2021 |
| Funding period for Phase 2 | September 2021 - August 2022 |

The above timeline is subject to change to best meet programmatic needs and funder requirements, as applicable.

## H. Application Review and Criteria

IPHI will convene a Review Committee to provide expert guidance for planning and implementation of program deliverables, and to coordinate and align with other local resources and efforts. The committee will review complete and timely applications submitted in response to this RFA. *Incomplete or late application submissions will not be accepted or reviewed for consideration*. Safety-net hospitals, especially those experiencing the highest burden of overdose, will be prioritized for funding.

The committee intends to select a cohort with the greatest potential to inform practice and respond to Chicago's overdose crisis. The following criteria will be used to evaluate applications:

- Volume of patients with opioid-related diagnoses, visits, and admissions

- Hospital patient characteristics
- Program plan and anticipated project impact
- Proposed use of funds, including leveraging of existing resources
- Description and commitment of staff who will carry out program deliverables
- Agreement to participate in this program from 2 community-based MOUD providers

## I. Availability of Funds

This program is dependent upon the successful completion of a contract with our funder. We reserve the right to make changes to this program at any time during the program period.

## J. Questions

All questions pertaining to this RFA must be submitted via email to MATDemo@iphionline.org. Potential applicants are encouraged to submit any questions by Monday, January 25th to ensure resolution. A FAQ will be posted on the IPHI website and updated periodically with all final answers by Wednesday, January 27th.


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