



Application for Ohio SBIRT Implementation Grant Participating Providers Year 3

Program Year: August 1, 2015 to July 31, 2016

Implementation Period: August 1, 2015 to June 30, 2016

John R. Kasich, Governor

Tracy J. Plouck, Director

RFP PURPOSE

The Ohio SBIRT is a five-year service implementation project designed to diffuse and sustain the practice of alcohol and other drugs, depression and tobacco screening, brief intervention, and referral to treatment (SBIRT) in medical facilities throughout the state. Grant funded providers are medical facilities that provide SBIRT services for all adult patients, i.e. 18 years old and older. In addition to working with grant funded providers, Ohio SBIRT has made a major investment in providing training, technical assistance, and support to non-grant funded facilities who are seeking to implement SBIRT.

Ohio SBIRT goals are to:

- 1) Expand the use of SBIRT in hospital and primary health care settings;
- 2) Support clinically appropriate services for people at-risk for or diagnosed with a substance abuse disorder or depression;
- 3) Enhance and expand use of current technological strategies to embed SBIRT as a clinical and business practice;
- 4) Identify and implement systems and policy changes to increase access to treatment in generalist and specialist settings; and
- 5) Expand the use of the Ohio Board of Pharmacy Prescription Management Program (OARRS, or Ohio Automated Rx Reporting System) in conjunction with SBIRT to facilitate identification of potential misuse of prescription drugs.

For more information regarding the Ohio SBIRT Project, its mission, goals and other important details please visit: <http://mha.ohio.gov/Default.aspx?tabid=665>. For more information regarding SBIRT from the Substance Abuse and Mental Health Services Administration (SAMHSA) please visit: <http://www.samhsa.gov/sbirt>.

OHIO SBIRT SERVICES

Ohio SBIRT services are to be delivered face-to-face. The universal and targeted screening tools can be administered using computer tablets or kiosks. The screening for the presence of a co-occurring mental health and substance use disorder is to be completed. The screening information is to be used to develop appropriate service approaches. The screening for the presence of a co-occurring mental health and substance use disorder (SUD) is to be completed. The presence of depression is being used as an indicator of a co-occurring disorder. Services shall be culturally and linguistically appropriate for the population served.

Screening

There are three universal screening tools that must be used for all adult patients requesting medical services: 1) The National Institute of Alcohol Abuse and Alcoholism (NIAAA) single question for alcohol 2) Modified National Institute of Drug Abuse (NIDA) Quick Screen V1.0. for other drugs (the alcohol and tobacco questions have been deleted) and 3) Physician Health Questionnaire-2 (PHQ-2) for depression. Patients who are positive on the universal screen will complete the respective targeted screen. The

targeted screens consist of: Alcohol Use Disorders Identification Test (AUDIT) for alcohol, Drug Abuse Screening Test (DAST) 10 for other drugs, and the Patient Health Questionnaire-9 (PHQ-9) for depression. All patients who complete a targeted screen will also completed the tobacco product use screen – the Fagerström Test for Nicotine Dependence. Table 1 outlines service recommendations based on targeted screening tool scores.

Table 1. Service recommendations based on targeted screening scores.

Risk Level	Service Recommendation	AUDIT*	DAST	PHQ-9**	FTND***
Low Risk	Education Reinforcement	0-4 Women 0-6 Men	0	0-9	1-2
Moderate Risk (Hazardous)	Brief Intervention	5-15 Women 7-15 Men	1-2	10-14	3-4
Moderate High Risk (Harmful)	Brief Treatment	16-19	3-5	15-19	5-7
High Risk (Severe/Dependency)	Referral to Treatment	20+	6+	15+20-27	8+

*Cut-off points are gender and age sensitive.

**Other than scoring within the low risk category, PHQ-9 scores indicate the severity of depression and services are to be based on the degree of severity.

*** Scores indicate level of dependence – low, low to moderate, moderate, and high dependence on nicotine

Brief Interventions

Brief intervention involves one to five sessions lasting 5-15 minutes for patients whose screening score on the targeted screening tool indicates hazardous alcohol and/or other drug use. Motivational interviewing is to be used for brief intervention, which is a client centered, non-judgmental approach to changing behavior by providing feedback to patients about their use and enhancing patients' motivation to change.

Referral to Treatment

Referral to treatment includes Brief Treatment and Referral to Treatment. Brief treatment involves up to 12 sessions to help patients identify and develop needed skills and resources to change and should be offered to patients whose screening score on the targeted screening tool indicates harmful alcohol and/or other drug use. Brief Treatment can be based on motivational and cognitive approaches and can include a standardized assessment. Patient-centered goal setting and strategies focused on change that can be accomplished quickly are paramount to Brief Treatment. Patients can be referred to an alcohol and other drug provider for this service, or the SUB-AWARDEE can provide this service at its own expense if the facility and/or staff meet State of Ohio qualifications. Patients referred to Brief Treatment also receive Brief Intervention as a means of engagement, to help with resistance issues or for care coordination purposes.

Patients whose screening score indicate high risk, i.e. severe or dependency are to be referred to the patients' local publicly funded or private, specialty treatment, i.e. alcohol and other drug treatment system, or the SUB-AWARDEE can provide this service at its own expense if the facility and/or staff meet State of Ohio qualifications. Patients referred to specialty treatment also receive brief intervention and/or brief treatment as a means of engagement, to help with resistance issues or for care

coordination purposes. The SUB-AWARDEE must refer patients to specialty treatment if patients may qualify for a diagnosis of substance use disorder and patients are non-responsive to an initial Brief Intervention or Brief Treatment.

Patients Using Tobacco Products

The SUB-AWARDEE must promote abstinence from all tobacco products. For patients currently using tobacco products the SUB-AWARDEE will encourage patients to quit and provide information or resources to patients who would like help quitting, including, but not limited to access to a local tobacco cessation program if available. The SUB-AWARDEE will set annual targets for the reduction of past month (30-day) tobacco use (measured by the Fagerström Test for Nicotine Dependence screening tool) among patients who complete a targeted screen.

DATA COLLECTION AND REPORTING

As authorized in Ohio Revised Code Section 5119.61, the Ohio Dept of Mental Health and Addiction Services (OhioMHAS) will collect information and data from SUB-AWARDEEs. This information and data are outlined in the Reporting Requirements, which will be distributed with all the Notice of Sub-Awards. These Reporting Requirements will be available on the OhioMHAS website. Reporting requirements, such as expenditure reports and quarterly program summary reports, will be reviewed by OhioMHAS staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS.

Health Information Technology

SAMHSA's Center for Substance Abuse Treatment (CSAT) SBIRT program is currently being driven by health information technology (HIT).

HIT includes embedding screening tools into EHR/EMR at the medical facilities to improve care coordination, support evidence-based practices, improve workflow, reduce provider burden and/or improve coordination of billing and reimbursement with a focus on developing sustainable practices. In addition EHR/EMR upgrades support consent management and the exchange of health records that are subject to 42 CFR Part 2 using the health information exchange system, CliniSync, managed by the Ohio Health Information Partnership.

The SUB-AWARDEE may be issued computer equipment to use for patient screenings. The OhioMHAS issued computer equipment will include the screening tools and will be configured to imbed the questions and responses directly into the SUB-AWARDEE's current EHR/EMR, in a manner consistent with current industry-standard methods, i.e. encryption, to facilitate security and protection of patient data. The SUB-AWARDEE is responsible for securing and maintaining the computer equipment in working order. The Department will not replace damaged, lost or stolen computer equipment. The SUB-AWARDEE must replace any damaged, lost or stolen computer equipment at the SUB-AWARDEE's cost. The computer equipment remains the property of the Department, and will be returned to the Department at the conclusion of the award period.

The SUB-AWARDEE shall have a contingency plan as a back-up for administering screenings, as well as scoring, and making recommendations for services, collecting and reporting the Government Performance and Results(GPRA) data, and documenting services for cost reimbursement purposes in the event of malfunction of the EHR/EMR system.

Government Performance and Results Act

The Government Performance and Results (GPRA) Act data collection and reporting is required for all patients. The GPRA interviews are to be conducted face-to-face. GPRA interviews cannot be conducted through mail or email. The SUB-AWARDEE will be trained at no cost on data collection and reporting. Table 2 outlines what GPRA data are to be collected and when.

Table 2: GPRA requirements for SBIRT services.

	INTAKE/ BASELINE	DISCHARGE	6-MONTH FOLLOW-UP*
SBIRT Service	GPRA Section	GPRA Section	GPRA Section
Universal Screening Only or those positive on PHQ-9 or FTND	A	None	None
Brief Intervention	A, B	A, J, K+	A, B, I
Brief Treatment	A, B, C, D, E, F, G (A-G)	A, B, C, D, E, F, G, J, K** (A-G and J, K)	A, B, C, D, E, F, G, I (A-G and I)
Referral to Treatment	A, B, C, D, E, F, G (A-G)	A, B, C, D, E, F, G, J, K**++ (A-G and J, K)	A, B, C, D, E, F, G, I (A-G and I)

*Complete Sections A and I when a follow-up interview is not conducted.

**Complete only Sections A, J and K when a discharge interview is not conducted.

+No face-to-face discharge interview is required.

++No face-to-face discharge interview is required after a patient/client failed to show up for 30 days.

This information will be used to report on the GPRA performance measures: ▪ Abstinence from use; ▪ Housing status; ▪ Employment status; ▪ Criminal justice system involvement; ▪ Access to services; ▪ Retention in services; and ▪ Social connectedness. The GPRA tool for discretionary services can be viewed at:

http://www.samhsa.gov/sites/default/files/GPRA/SAIS_GPRA_Client_Outcome_Instrument_final.pdf

Only patients who have a positive targeted screen and receive Brief Intervention, Brief Treatment or Referral to Treatment can be in the 6-month follow-up sample pool. Ten percent of patients will be randomly sampled, i.e. patients in this pool have an equal chance of being selected for the 6-month follow-up interview. Wright State University will complete follow-up interviews with patients who are randomly assigned to the follow-up pool. The “Locator Form” completed by patients during their initial appointment is to be used to assist in locating patients for the follow-up interview.

Additional Data Collection

Additional data collection and reporting, to assist with the preparation of the semi-annual reports to maintain funding and for performance management purposes, include the core outcome data: number served (unduplicated) and percent of service recipients who: ▪ Have no past month substance abuse use; ▪ Have no or reduced alcohol or illegal drug consequences; ▪ Are permanently housed in community/living in stable housing environment; ▪ Are employed/in school; ▪ Have no or reduced criminal justice involvement; ▪ Have increased social connectedness; and ▪ Have good or improved health and mental health status.

Other data needed includes: Number of: ▪ Universal screens completed; ▪ Brief Intervention sessions (and length of sessions); ▪ Brief Treatment sessions (and length of sessions); and ▪ Referral to Treatment by admitting level of care. Data will be reported by race; ethnicity; gender; and by other subpopulations

as applicable: ▪ Older adults (65 or older); ▪ Pregnant women; and ▪ Military status (service member or veteran).

Patient Satisfaction Survey

The SUB-AWARDEE will have a procedure for surveying patients' satisfaction related to SBIRT services and will submit to the Department, as part of the quarterly report, key learning's or results from the patient satisfaction survey that may serve as a basis to improve SBIRT services. SUB-AWARDEE will submit its proposed patient satisfaction survey and reporting plan to the Department for approval.

Performance Assessment

The SUB-AWARDEE is expected to participate in a performance assessment as needed. The performance assessment is used to assist in determining if program goals, objectives and outcomes are being achieved and whether adjustments or improvements need to be made. Barriers encountered and efforts to overcome these barriers are also to be part of the performance assessment as well as policy and system change, funding and access, training and TA barriers and the expansion of the continuum of care for patients with a SUD. Unidentified information from patient satisfaction surveys may be used.

PROGRAM OPERATIONS AND MANAGEMENT

Any use of funds for equipment (including electronic devices such as computers, tablets and cell phones), furniture or computer software (including licenses) must be justified in terms of the relationship of the equipment, furniture or computer software to the program or activity. Justification to purchase equipment, furniture, computer software must be submitted to OhioMHAS for prior approval and include consideration of how the equipment, furniture or computer software will be used, why the purchase is necessary, what alternatives were considered, how the cost was determined and why the program considers the cost reasonable. Funds cannot be expended for equipment, furniture or computer software until approved by the Department.

Equipment, furniture or computer software purchased under a grant is the property of OhioMHAS. A list of equipment, furniture and computer software, including serial numbers must be submitted to the Community Funding unit. See Item #10 in the general assurances and agreements in the event of termination or non-renewal.

The SUB-AWARDEE will ensure that the patient or legal guardian completes the appropriate consent forms and the locator form relating to SBIRT services, collection and reporting of GPRA data, and exchange of information.

The SUB-AWARDEE will maintain a workflow for SBIRT services consistent with that submitted with the Application and approved by OhioMHAS.

The SUB-AWARDEE shall provide to the Department documentation of a formal agreement with each referral entity, and shall keep the Department informed of changes with referral entities.

Eligible Applicants

Applications will be accepted only from 501 (c) 3 non-profit organizations that are a Federally Qualified Health Center (FQHC), primary care or other community health settings such as hospitals, emergency departments and university health centers serving 18 years and older populations.

Permissible Use of Funds: Costs related to implementing SBIRT services, including, but not limited to EHR/EMR updates, infrastructure and equipment for data collection and reporting purposes, staffing, supplies and printing during the 6-month implementation period.

PROPOSAL GUIDELINES

Proposal page limit is eight, single-spaced pages in 12 point Times New Roman font. This page limit does NOT include the budget narrative or budget expenditure form (Appendices 1 and 2), workflow diagram or any Memoranda of Understanding (MOU). Proposals must include the following:

A. Scope of Work

1. Face sheet (Attachment 2)
2. Abstract - Summary of how SBIRT services will be implemented that includes goal(s), objectives, and total amount of funding requested in 300 words or less
3. Project Description- Provide a description of services that includes the following:
 - a. The need for the services
 - b. Target population - Include information about total number of patients to be served during funding period and include information about patients' gender, race, ethnicity, cultural and linguistic and literacy factors and socio-economic status
 - c. Capacity to embed screening tools into the EMR/EHR (please note if currently embedded)
 - d. Capacity to connect to a Health Information Exchange or other electronic system to exchange health information with other medical and/or behavioral health providers
 - e. Total amount of program funding for the 6- month implementation period (including OhioMHAS and other sources)
 - f. Coordination of collection and reporting of data including patient satisfaction survey, screening results, number of patients screened, number missed, service/interventions conducted, referrals completed etc.
4. Organizational Capacity Workflow
 - a. Describe the staffing for SBIRT services and the organization's capacity to provide the services
 - b. Complete the workflow diagram (appendix 3) with clear responses to who, what, where, when and how SBIRT services will be conducted along with a clear plan to record and store data. (Workflow diagram does not count towards page limit)
 - c. List the entities patients will be referred to such as tobacco cessation program, brief treatment and specialty treatment for alcohol and other drug use, and depression
 - d. Capacity for conducting the Data Collection Interview face-to-face with each patient
5. Sustainability Plan
 - a. Describe how the program will be sustained after funding period ends.

b. If applicable, describe how your organization will diffuse the implementation practices across multiple sites beyond those supported by grant funds such as dental, OB, other locations or units (inpatient floors, emergency department, urgent care, etc.)

5. Budget Expenditure Form (Appendix 1) and Budget Narrative (Appendix 2) documenting 6 month implementation period funds.

6. Any formal Memoranda of Understanding (MOU) with defined roles and responsibilities to document partnership and collaboration.

B. The Request for Proposal, accompanying documents and all questions and answers will be posted on the OhioMHAS website at: <http://mha.ohio.gov/Default.aspx?tabid=725>

C. All proposals must be submitted electronically to: OhioMHASGrantOpportunity@mha.ohio.gov by Monday, **September 28th at 3:00PM EDT.**

D. No faxed, mailed or hand carried applications will be accepted.

E. All questions must be submitted electronically no later than **Friday September 18th by 10:00AM** to OhioMHAS at: OhioMHASGrantOpportunity@mha.ohio.gov

F. No questions will be answered after the deadline. You may **NOT** contact any OhioMHAS staff member directly with questions regarding this RFP. Contacting staff directly with questions could result in disqualification of a proposal.

G. Responses to all frequently asked questions (FAQ) will be posted to the OhioMHAS website at <http://mha.ohio.gov/Default.aspx?tabid=725> and will be updated frequently.

H. Awards are expected to be announced in November for project implementation to begin no later than January 1, 2016.

I. All state fiscal year 2016 funds must be obligated by June 30, 2016, no exceptions.

Review Criterion	Points Possible
Scope of Work	
1) Abstract	1-5
4) Project description components:	
a. The need for the services	1-5
b. Target population - Include information about total number of patients to be served during funding period and include information about patients' gender, race, ethnicity, cultural and linguistic and literacy factors and socio-economic status	1-5
c. Capacity to embed screening tools into the EMR/EHR (please note if currently embedded)	1-5
d. Capacity to connect to a Health Information Exchange or other electronic system to exchange health information with other medical and/or behavioral health providers	1-5
e. Total amount of program funding for the 6- month implementation period	1-5

(including OhioMHAS and other sources) f. Coordination of collection and reporting of data including patient satisfaction survey, screening results, number of patients screened, number missed, service/interventions conducted, referrals completed etc.	1-5										
Scope of Work	Max 35										
Organizational Capacity											
7) Clear SBIRT staffing model and identified capacity to provide SBIRT services	1-5										
8) Complete workflow diagram that identifies who, what, where, when and how services will be delivered	1-5										
Clear plan to store and collect data	1-5										
9)Description or list of the entities patients will be referred to for tobacco cessation program, alcohol and/or other drug use and/or depression treatment	1-5										
10) Documentation of capacity for conducting the Data Collection Interview face to face with each patient	1-5										
Organizational Capacity Technical Score	Max 25										
Sustainability Plan											
11) Clear description of plans regarding how the program will be sustained after funding period ends	1-5										
12) If applicable, describe how your organization will diffuse the implementation practices across multiple sites within your organization beyond those supported by grant funds – such as dental, OB, other locations or units (inpatient floors, emergency department, urgent care, etc.)	1-5										
Sustainability Plan Technical Score	Max 10										
Budget											
14) Program cost is reasonable and realistic	1-5										
Budget	Max 5										
Total Score	Max 75										
<table border="0"> <tr> <td>Rating</td> <td>Explanation</td> </tr> <tr> <td>0</td> <td>Is Not Addressed. Proposal does not comply with the requirement and/or does not address expectations.</td> </tr> <tr> <td>1-2</td> <td>Weak. Proposal does not substantially meet the requirement and/or does not substantially meet expectations.</td> </tr> <tr> <td>3-4</td> <td>Meets. Proposal meets the requirement, and meets expectations.</td> </tr> <tr> <td>5</td> <td>Exceeds. Proposal exceeds the requirement and exceeds expectations.</td> </tr> </table>		Rating	Explanation	0	Is Not Addressed. Proposal does not comply with the requirement and/or does not address expectations.	1-2	Weak. Proposal does not substantially meet the requirement and/or does not substantially meet expectations.	3-4	Meets. Proposal meets the requirement, and meets expectations.	5	Exceeds. Proposal exceeds the requirement and exceeds expectations.
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Conditions of Award

- Awardee will work with OhioMHAS and other stakeholders on all aspects of the SBIRT grant throughout the duration of this project.
- Awardee will attend required training, technical assistance and/or meetings as per SAMHSA and/or OhioMHAS request.
- As authorized in Ohio Revised Code Section 5119.61, OhioMHAS will collect information and data from awardee. Awardee will provide required information and data electronically, through the GPRA and other online reporting systems. All information and data will be

- reviewed by project staff. Failure to comply with reporting requirements shall result in further action by OhioMHAS, which may include withholding of funds.
- The Department reserves the right to make no award, make an award for a lesser amount, make an alternative award for the specified project or make an award for a shorter duration. The Department reserves the right to ask clarifying questions, issue conditional awards, and negotiate a best and final proposal with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the proposal. Errors and omissions may result in lower evaluation scores or rejection of the proposal.
 - Awardee will be solely responsible for reporting, withholding, and paying all employment related taxes, payments, and withholdings for his/her self and any personnel, including but not limited to: Federal, State, and local income taxes, social security, unemployment or disability deductions, withholdings, and payments.
 - Awardee must execute OhioMHAS Agreement and Assurances upon notice of award. (For reference, a copy of the Agreement and Assurances can be found in Attachment 1).

**Deadline for submission of all proposals is Monday, September 28, 2015 by
3:00PM Eastern Daylight Savings Time to:
OhioMHASGrantOpportunity@mha.ohio.gov**