



# **Application for Ohio SBIRT Implementation Grant Participating Providers Year 4**

**Program Year: August 1, 2016 to July 31, 2017**

**Implementation Period: September 13, 2016 to June 30, 2017**

**Deadline for proposal submission:**

**Tuesday September 13, 2016, by 3:00 p.m. EDS time**

**John R. Kasich, Governor**

**Tracy J. Plouck, Director**

## RFP PURPOSE

The Ohio SBIRT is a five-year service implementation project administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Ohio SBIRT is designed to diffuse and sustain the practice of screening, brief intervention, and referral to treatment (SBIRT) for alcohol and other drugs, depression, and tobacco use in medical facilities throughout the state.

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>.

This RFP seeks partner organizations to conduct implementation of SBIRT at their medical facility or facilities.

## OHIO SBIRT SERVICES

Ohio SBIRT services are to be delivered face-to-face. The screening tools can be administered using computer tablets or kiosks. Screening for the presence of potential alcohol, other drug or depression risks is to be completed with patients age 18 and older.

### 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 considered at-risk 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. 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** |
|-------------------------------|----------------------------|------------------------|------|---------|
| Low Risk                      | Education<br>Reinforcement | 0-6 Women<br>0-6 Men   | 0    | 0-9     |
| Moderate Risk (Hazardous)     | Brief Intervention         | 7-15 Women<br>7-15 Men | 1-2  | 10-14   |
| Moderate High Risk (Harmful)  | Brief Treatment            | 16-19                  | 3-5  | 15-19   |
| High Risk (Severe/Dependency) | Referral to Treatment      | 20+                    | 6+   | 20-27   |

\*\*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.

### 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 potentials risk and enhancing patients' motivation to change. The Brief Intervention will focus on engaging patients in treatment if their scores is in the Moderate High Risk or High Risk category.

### 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 or potential depression. 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 a specialty treatment setting, 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 will 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.

### **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.

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 and may take up to 20 minutes to complete for those patients scoring in the Brief Treatment or Referral to Treatment Service Level. 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.

|   | <b>INTAKE/<br/>BASELINE</b>  | <b>DISCHARGE</b>                                | <b>6-MONTH<br/>FOLLOW-UP*</b>         |
|---|------------------------------|---|---------------------------------------|
| <b>SBIRT Service</b>  | <b>GPRA<br/>Section</b>      | <b>GPRA<br/>Section</b>                         | <b>GPRA<br/>Section</b>               |
| 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<br>(A-G) | A, B, C, D, E, F, G, J, K**<br>(A-G and J, K)   | A, B, C, D, E, F, G, I<br>(A-G and I) |
| Referral to Treatment                                       | A, B, C, D, E, F, G<br>(A-G) | A, B, C, D, E, F, G, J, K**++<br>(A-G and J, K) | A, B, C, D, E, F, G, I<br>(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](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**

Other data required to be reported 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.

### **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. Monthly meetings with the Project Director to provide assistance in implementation will take place with each SUB-AWARDEE. Monthly conference calls between all SUB-AWARDEES are also used to address implementation and sustainability performance successes and difficulties.

## **PROGRAM OPERATIONS AND MANAGEMENT**

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 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, health clinics 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 implementation period. Travel and food expenditures are not permitted.

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.

## **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) 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. (500 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, and ethnicity.
  - c. Plan to embed screening tools into the EMR/HER. (please note if currently embedded)
  - d. Description of capacity to connect to a Health Information Exchange or other electronic system to exchange health information with other medical and/or behavioral health providers or current connections.
  - e. Plan for coordination of collection and reporting of data including GPRA interview, patient satisfaction survey, screening results, number of patients screened, number missed, service/interventions conducted, referrals completed etc.
  - f. Describe the staffing for SBIRT services and the organization's capacity to provide the services
  - g. Describe how the program will be sustained after funding period ends.
  - h. Budget Expenditure Form (Appendix 1) and Budget Narrative (Appendix 2) documenting implementation period funds. Proposals must include a budget and budget narrative that identifies all costs to complete the project as described in the proposal, as well as how OhioMHAS funds, and other resources will be used.
4. Include any formal Memoranda of Understanding (MOU) with defined roles and responsibilities to document partnership and collaboration as a referral entity.

### B. RFP Questions and Updates

1. 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>

2. All questions must be submitted electronically no later than **Thursday September 8, 2016 by 10:00AM** to OhioMHAS at: [SBIRT@mha.gov](mailto:SBIRT@mha.gov)

3. 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.

4. 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.

C. Proposal Submission

1. All proposals must be submitted electronically to: [SBIRT@mha.gov](mailto:SBIRT@mha.gov) by, **Tuesday September 13, 2016 3:00PM EDT.**

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

D. Award

1. Awards are expected to be announced in September for project implementation to begin no later than September 20, 2016.

2. All state fiscal year 2017 funds must be obligated by June 30, 2017, no exceptions.

| Review Criterion   | Points Possible |
|--|-----------------|
| Scope of Work  |                 |
| Abstract: goals, objectives, and funding requested reflect a clear understanding of the SBIRT project  | 5               |
| Project description components:  |                 |
| a. Description of need for the services reflects understanding of population served.   | 5               |
| b. Target population is appropriate to meet OhioMHAS goals for SBIRT implementation project.   | 5               |
| c. Applicant demonstrates capacity to embed screening tools into the EMR/HER, or that tools are currently embedded.  | 5               |
| d. Applicant demonstrates capacity to connect to a Health Information Exchange or other electronic system to exchange health information with other medical and/or behavioral health providers or that current connection exist. | 5               |
| e. Applicant demonstrates reasonable plan for coordination of collection and reporting of data that meets OhioMHAS data collection needs.  | 5               |
| f. Applicant demonstrates adequate capacity to provide SBIRT services and to refer as needed.  | 5               |
| g. Describe how the program will be sustained after funding period ends.   | 5               |
| Technical Score  | Max 35          |

|  |   |
|--|---|
| Budget: Program cost is reasonable and realistic | 30  |
| Budget   | Max 30  |
| Total Score                                      | Max 65  |
| 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.   |

### 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 including monthly status meetings with the project director.
- 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 Tuesday, September 13, 2016, by 3:00 p.m.**

**Eastern Daylight Savings Time to:**

**[SBIRT@mha.ohio.gov](mailto:SBIRT@mha.ohio.gov)**