



Application for Ohio SBIRT Problem Gambling Pilot Program

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

Implementation Period: May 1, 2016 to June 30, 2016

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. OhioMHAS is interested in replicating the SBIRT model as a means to screen and offer brief intervention and referral in the context of problem gambling.

This RFP seeks a partner to conduct a pilot of SBIRT for problem gambling in a medical setting, and at least two additional specialty treatment settings. The partner will conduct at least 1,500 screens in a medical setting and at least 1,500 total screens in the specialty treatment settings, e.g. detox, inpatient AOD treatment. Data will be collected on each patient regarding screening scores and basic demographics. For patients whose scores indicate a need for treatment, screening data regarding the Behavior Rating Inventory of Executive Function also will be collected during initial problem gambling screening. Patients who are referred to treatment will be tracked and an assessment of therapeutic alliance will be documented at their first appointment.

All data will be made available to the Ohio Department of Mental Health and Addiction Services. Through the SBIRT problem gambling pilot, OhioMHAS hopes to establish normative potential problem gambling rates in medical and specialty treatment settings.

If the applicant wishes to include staff salary to conduct data analysis on screening rates, therapeutic alliance, referral rates or other information please include an outline of the report deliverable in the application.

OHIO SBIRT SERVICES

SBIRT services are to be delivered face-to-face. The screening tools can be administered using computer tablets or kiosks. The screening for the presence of potential problem gambling is to be completed with patients age 18 and older. The screening information is to be used to develop appropriate service approaches.

Screening

All patients will be screened for potential problem gambling using the universal prescreen question developed by Elizabeth Hartney, PhD. Those who respond 'Yes' to this question will be asked the 3 additional problem gambling questions. If a patient responds 'Yes' to any of the three questions they are considered at-risk and will be referred to appropriate treatment. Patients who are at-risk will also be asked the Behavior Rating Inventory of Executive Function with the Inhibit, Plan/Organize and Emotional Control subscales and a validity check. Demographic information including age (month/year), race, gender and veteran status will be collected during the initial screening on all patients whether or not they screen positive for potential problem gambling. A minimum of 1,500 patients will be screened in a medical setting with an additional 1,500 screened in alcohol and/or other drug treatment settings. The results of all screenings, along with demographic information, will be reported to OhioMHAS for each patient.

Screening Questions

The universal prescreen question developed by Illinois SBIRT with Elizabeth Hartney, PhD will be asked of all patients.

Prescreening Question:

‘For the purpose of the next questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno. ‘

‘During the past 12 months have you gambled 5 or more times? ___ Yes ___ No’

If the patient is negative (marks No) they will be provided with positive reinforcement and further education around appropriate gambling.

If the patient is positive (marks Yes) then 3 additional questions must be asked.

DURING THE PAST 12 MONTHS:

1	Have you tried to hide how much you have gambled from your family or friends?	Yes	No
2	Have you had to ask other people for money to help deal with financial problems that had been caused by gambling?	Yes	No
3	Have you ever felt restless, on edge or irritable when trying to stop or cut down on gambling?	Yes	No

Patients who respond ‘Yes’ to any of the above questions are positive and considered at-risk for problem gambling. Each patient who is positive will be given a Brief Intervention and offered a referral to treatment. Patients who are positive will also be screened using the Behavior Rating Inventory of Executive Function with the Inhibit, Plan/Organize and Emotional Control subscales and a validity check.

Table 1. Service recommendations based on targeted screening scores.

Risk Level	Service Recommendation	Problem Gambling Screening
Low Risk	Education Reinforcement	0
Moderate Risk (Hazardous)	Brief Intervention	1
Moderate High Risk (Harmful)	Brief Treatment	2

High Risk (Severe/Dependency)	Referral to Treatment	3
-------------------------------	-----------------------	---

A 'Yes' to any of the questions counts as a score of 1, for each addition 'Yes' the score increases by 1.

Brief Interventions

Brief intervention involves one to five sessions lasting 5-15 minutes for patients whose screening score on the targeted screening tool is a 1 or more and indicates potentially harmful gambling. 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 gambling and enhancing patients' motivation to change. The Brief Intervention will focus on engaging patients in treatment if their score is a 2 or 3.

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 gambling. 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 gambling treatment services provider, or the SUB-AWARDEE can provide this service 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 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.

Additional Data Collection

Other data required to be reported includes: Number of: ▪ Problem gambling 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; and gender. SUB-AWARDEE will use the OhioMHAS GPRA web application to perform data collection.

Performance Assessment

The SUB-AWARDEE is expected to participate in a performance assessment as needed including monthly reviews with OhioMHAS staff.

PROGRAM OPERATIONS AND MANAGEMENT

The SUB-AWARDEE will ensure that the patient or legal guardian completes the appropriate consent forms 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 able to conduct gambling screening, brief intervention and referral to treatment in at least one setting focused on exclusively medical care and a minimum of two alcohol or other drug treatment settings that serve 18 years and older populations.

Permissible Use of Funds: Costs related to implementing a gambling screening, 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. Data analysis and writing costs are permitted if the application includes a written report as a deliverable.

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 through an equipment itemization form obtained from the Ohio SBIRT Project Director post-award. 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) for any referral agencies. Proposals must include the following:

A. Scope of Work

1. Face sheet (Attachment 2)
2. Abstract - Summary of how SBIRT for problem gambling services will be implemented that includes goal(s), objectives, and total amount of funding requested. (300 words or less)
3. Project Description- Provide a description of the proposed pilot project 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 for conducting screening in multiple settings, including staffing plan and proposed workflow.
 - d. Plan to provide problem gambling treatment or refer patients, as necessary to problem gambling treatment; include a list of entities to be used for referrals
 - f. Plan for coordination of collection and reporting of data, including screening results, number of patients screened, number missed, service/interventions conducted, and referrals completed etc.
 - g. If the applicant wishes to include staff salary to conduct data analysis on screening rates, therapeutic alliance, referral rates, or other information, please include an outline of the report proposed to be provided.
 - 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 for referrals to problem gambling treatment.

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 April 21st 2016 by 10:00AM** to OhioMHAS at: SBIRTGAMBLING@mha.ohio.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: SBIRTGAMBLING@mha.ohio.gov by Monday, **April 25th 2016 at 3:00PM EDT.**
2. No faxed, mailed or hand carried applications will be accepted.

D. Award

1. Awards are expected to be announced in April for project implementation to begin no later than May 1, 2016.
2. All state fiscal year 2016 funds must be obligated by June 30, 2016, no exceptions.

Review Criterion	Points Possible
Scope of Work	
Abstract: goals, objectives, and funding requested reflect a clear understanding of the SBIRT pilot problem gambling 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 pilot	5
c. Proposed staffing plan and workflow demonstrates capacity to meet target numbers of screens in both types of settings	5
d. Proposal reflects adequate capacity to provide or refer to treatment, where referral is indicated	5
e. Applicant demonstrates reasonable plan for coordination of collection and reporting of data that meets OhioMHAS data collection needs	(not scored, but used to determine whether this part of proposal is accepted)
f. (optional) Description of applicant's proposed data analysis and report meets OhioMHAS needs, and associated staff salary is reasonable	
Technical Score	Max 25
Budget: Program cost is reasonable and realistic	20
Budget	Max 20
Total Score	Max 55
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 problem gambling project throughout the duration of this pilot.
- 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 Monday, April 25th, 2016 by 3:00PM

Eastern Daylight Savings Time to:

SBIRTGAMBLING@mha.ohio.gov