[](http://mha.ohio.gov/Default.aspx?tabid=55)

**Application for Ohio State Opiate Response Funds to Provide or Expand Peer Supports Initiative for Persons in Recovery from OUD**

**Funding Period SFY 2019: September 29, 2018 – September 28, 2019**

**Mike DeWine, Governor**

**Lori Criss, Director**

**RFA PURPOSE**

The Ohio State Opioid Response (SOR) Project will focus on building a community system of care (prevention, early intervention, treatment and recovery support) that emphasizes service integration between physical health care, emergency health care, behavioral health care, criminal justice, and child welfare. The geographic area for this project is the State of Ohio. The population of focus is individuals with a diagnosis of an opioid use disorder or individuals with a demonstrated history of opioid overdose problems.

The Ohio SOR Project is intended to 1) expand prevention efforts related to naloxone distribution, provide training across systems for professionals to improve system responses to the opioid epidemic, and deploy targeted awareness messaging for communities; 2) expand access to medication-assisted treatment and a clinical workforce with the expertise to provide MAT and psychosocial treatment to individuals with an opioid use disorder, and 3) expand the use of certified peer supporters and access to recovery housing, in particular recovery housing for families; and development of employment opportunities for persons in recovery from opioid addiction. In achieving these aims, programs and services will build upon the work already established by Ohio’s 21st Century CURES State Targeted Response initiative.

*This RFA seeks applications from ADAMHS boards who will contract with partners to provide peer supporters for persons in recovery from opiate use disorder and their families in a variety of settings including, but not limited to emergency departments, courts, child welfare settings, and other non-traditional settings.*

**OHIO SOR Peer Supports Initiative Scope of Work**

*Peer Supports for persons with opiate use disorder*

*The Peer Supports initiative seeks to provide peer supports for persons in recovery from opiate use disorder (OUD). This funding opportunity* *prioritizes peer supporters placed in non-traditional settings including emergency departments, courts, child welfare settings and other settings. All peer supports and funded organizations must be accepting of persons on all forms of medication assisted treatment and cannot require discontinuing, tapering or stopping any medication that is FDA approved for the treatment of OUD.*

*Grant Goal:*

*Increase the availability of peer supports for persons in recovery from OUD and their families, including persons on all forms of medication assisted treatment for OUD. While this opportunity prioritizes provision of peer supports in non-traditional settings, this does not preclude eligibility for peer supports in community behavioral health settings.*

*Funding may be used to provide peer supports and appropriate supervision for peer supporters.*

**DATA COLLECTION AND REPORTING**

The Ohio Dept. of Mental Health and Addiction Services (OhioMHAS) will collect information and data from AWARDEES. This information and data are outlined in the Reporting Requirements, which will be distributed with the Notices of Award. These Reporting Requirements will be available on the OhioMHAS website. Required reports, such as expenditure reports and quarterly program summary reports, will be reviewed by OhioMHAS staff. Failure to comply with reporting requirements shall result in action by OhioMHAS.

Awardees will be required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Awardees will be required to report client-level data on elements including but not limited to: demographic information, length of stay, and services. Additional data elements will also be required to be reported and will be identified upon award. Awardees are required to ensure all data reported to SAMHSA are accurate. All Awardees must require their contracted provider organizations to complete data collection and report data on all persons served in whole or in part through SOR funds at the time services and/or recovery supports begin and at the time the patient is discharged or leaves the services.

Applications must demonstrate reasonable plans to require its provider organizations to include appropriate staff to conduct the required GPRA data interviews. Applications also must demonstrate reasonable plans to monitor provider organizations’ data collection for compliance with the grant requirements.

**Performance Assessment**

The AWARDEE and its contracted partners must participate in monthly performance reviews with OhioMHAS staff through phone or in-person meeting to review reporting, data collection and training events.

**PROGRAM OPERATIONS AND MANAGEMENT**

**Eligible Applicants**

Applications will be accepted from any ADAMHS board.

**Permissible Use of Funds**

Any use of funds for equipment (including electronic devices such as computers, tablets and cell phones must be justified in terms of the relationship of the equipment to the program or activity. Justification to purchase equipment must be submitted to OhioMHAS for prior approval and include consideration of how the equipment 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 until approved by the Department.

SOR funds shall be used to fund services and practices that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.

SOR funds for treatment and recovery support services shall be utilized only to provide services to individuals with a diagnosis of an opioid use disorder or individuals with a demonstrated history of opioid overdose problems.

All funded projects must accept persons, in treatment and on staff, who are on Medication Assisted Treatment (MAT) using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone). For projects that do not directly provide MAT, a written explanation of how the services provided will expand access to MAT for program participants, and a plan or policy demonstrating acceptance into services of persons without restriction on MAT is required. Peer Recovery Supports or housing programs are examples of project types that must explain how they will expand access to MAT for program participants and demonstrate acceptance into services of persons on all forms of MAT.

Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine.) Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Awardees must assure that clients will not be compelled to refrain from using MAT as part of the conditions of any programming if use is consistent with a licensed prescriber’s recommendation or valid prescription.

Funds may not be used for travel expenses outside of charges associated with direct services provision. Funds may not be used to pay for training or conference attendance.

Please review the funding restrictions for peer supports projects included in the funding opportunity announcement to ensure the application meets the requirements.

**APPLICATION GUIDELINES**

Application 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). Applications must include the following:

A. Scope of Work

1. Face sheet (Attachment 2)

2. Abstract - Summary of how all peer supports for individuals with a diagnosis of an opioid use disorder or individuals with a demonstrated history of opioid overdose problems 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 project that includes the following:

a. Demonstration that the Applicant prioritizes peer supporters placed in non-traditional settings including emergency departments, courts, child welfare settings and other settings.

b. Demonstration that peer supports projects support persons in recovery through efforts including but not limited to encouraging sobriety, self-determination, self-advocacy, well-being, and independence.

c. Reasonable business plan to sustain Peer Supporter project after grant funding ends.

d. Reasonable plan to collect required data.

e. Demonstration that peer supporters will be appropriately supervised.

f. Demonstration that partner organizations or host settings are appropriately trained, or will be trained prior to implementation, on the role of peer supporters.

g. Budget Expenditure Form and Budget Narrative documenting implementation period funds. Proposals must include a budget and budget narrative that identifies all costs to complete the project as described in the application, as well as how OhioMHAS funds, and other resources will be used.

B. RFA Questions and Updates

1. The RFA, accompanying documents and all questions and answers will be posted on the OhioMHAS website at: https://mha.ohio.gov/Funding/Funding-Opportunities

2. All questions must be submitted electronically no later than **May 3rd, 2019 by 5:30PM EDT** to OhioMHAS at: [SORTreatment@mha.ohio.gov](mailto:SORTreatment@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 RFA. Contacting staff directly with questions could result in disqualification of an application.

4. Responses to all questions (FAQ) will be posted to the OhioMHAS website at https://mha.ohio.gov/Funding/Funding-Opportunities and will be updated frequently.

C. Application Submission

1. All applications must be submitted electronically to: [SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov) by **Friday May 10th, 2019 at 5:30PM EDT.**

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

D. Award

1. Awards are expected to be announced by May 17th2019 for project implementation to begin no later than May 31st, 2019.

2. Services funded by SOR grant dollars must be provided prior to 9/29/19. The disbursement request for those funds must be received by 11/7/19.

*3. Grant awards will not exceed $150,000 per awardee in SFY 2019.*

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| **Review Criterion** | **Possible Points** |
| **Scope of Work** | |
| Abstract: Summary of how all peer supports for individuals with a diagnosis of an opioid use disorder or to individuals with a demonstrated history of opioid overdose problems will be implemented that includes goal(s), objectives, and total amount of funding requested. | *10* |
| ***Project Description Components:*** |  |
| Demonstration that the Applicant prioritizes peer supporters placed in non-traditional settings including emergency departments, courts, child welfare settings and other settings. | *10* |
| Demonstration that peer supports projects support persons in recovery not limited to encouraging sobriety, self-determination, self-advocacy, well-being, and independence. | *15* |
| Reasonable business plan to sustain Peer Supporter project after grant funding ends. | *10* |
| Reasonable plan to collect required data. | *10* |
| Demonstration that peer supporters will be appropriately supervised. | *15* |
| Demonstration that partner organizations or host settings are appropriately trained, or will be trained prior to implementation, on the role of peer supporters. | *15* |
| *Cost and use of funds* | *10* |
| Total Weight | 95 |
| |  |  | | --- | --- | | Rating | Explanation | | 0 | Is Not Addressed. Application does not comply with the requirement and/or does not address expectations. | | 1-2 | Weak. Application does not substantially meet the requirement and/or does not substantially meet expectations. | | 3-4 | Meets. Application meets the requirement and meets expectations. | | 5 | Exceeds. Application 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 state Opiate Response project 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.
* OhioMHAS will collect information and data from awardee. Awardee will provide required information and data electronically, through online reporting systems. All information and data will be reviewed by project staff. Failure to comply with reporting requirements shall result in 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 application with one or more applicants(s). The Department reserves the right to waive errors and omissions that do not materially affect the application. Errors and omissions may result in lower evaluation scores or rejection of the application.
* 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 applications is Friday, May 10th, 2019 by 5:30PM Eastern Daylight Savings Time to:**

[SORTreatment@mha.ohio.gov](mailto:SORTreatment@mha.ohio.gov)