



Guidelines for Grant Applications
Blue Cross and Blue Shield of North Carolina
– for –

Addressing Substance Use Disorder and the Opioid Epidemic in North Carolina

Issue Date:
September 25, 2018

Submission Deadline:
November 1, 2018 by 5:00 p.m. EST



**BlueCross BlueShield
of North Carolina**

Addressing Substance Use Disorder and the Opioid Epidemic in North Carolina

This document describes the purpose of Blue Cross and Blue Shield of North Carolina’s “Addressing Substance Use Disorder and the Opioid Epidemic in North Carolina” request for proposals (RFP), eligibility criteria, and the procedures to follow in submitting a proposal. Please review these guidelines carefully, provide all requested information and submit your proposal in the requested format. All proposals must be submitted using the online application at https://www.GrantRequest.com/SID_1304?SA=SNA&FID=35008.

Background

Substance misuse refers to “use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them” and substance use disorders refers to the recurrent use of substances causing significant clinical and functional impairment. Impacts of both are direct and indirect.

The rate of drug induced deaths has increased dramatically since 1999 far beyond the Healthy People 2020 targets of 11.3 deaths per 100,000 people. In 2016, 19.7 drug-induced deaths per 100,000 people occurred, making drug-overdose the leading cause of accidental death in the US.¹ It is now more critical than ever to invest in comprehensively addressing substance misuse and substance use disorders.

The increase in opioid (heroin, fentanyl, fentanyl-analog, morphine, prescription opioid) overdose deaths, specifically, has brought substance use disorders to the forefront of the US public health action. North Carolina opioid-related deaths between 2015-2016, increased by 24.7%.² As the country contends with the opioid epidemic, comprehensive and efficient action is required to address the needs of vulnerable members of the community.

In the US, 27.8 million people ages 12 and older, reported using illicit substances, including opiates in the past month. This opioid epidemic may get worse before it gets better. North Carolina Attorney General Josh Stein has been a strong advocate for taking concrete steps to reduce both supply and demand of addictive opioids. At a recent speech given in Wilmington, Stein stated that 4 individuals in North Carolina die each day from an overdose—more now than from traffic accidents. But it was only last year that the number of overdose deaths in North Carolina per day was 3, according to Stein, and that is even with all of the harm reduction efforts to reduce overdose deaths by distribution of the overdose reversal drug naloxone.³

Substance use disorders contribute to increases in non-communicable diseases, communicable diseases, injury, and poor maternal and child health outcomes. Substance use disorders, misuse of medications, illicit drug use, and alcohol misuse cost the United States an estimated \$400 billion in

¹ <https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm>

² <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

³ <http://www.ncmedicaljournal.com/content/79/3/185.full>

healthcare, law enforcement and criminal justice, as well as workplace productivity.⁴

Addiction is a treatable illness that requires continued care yet only 1 in 10 people receive treatment.⁵ The Surgeon General’s Report on Substance Use in the US states that a comprehensive approach requires (a) enhanced public education to improve awareness, (b) evidenced-based prevention policies and programs to prevent substance misuse, (c) evidenced-based treatment services, integrated with mainstream health care for at risk individuals, (d) recovery-support services to assist in maintaining remission and preventing relapse, and (e) informed public policies and strategies.

We, at Blue Cross and Blue Shield of North Carolina, are proud to announce a commitment to invest approximately \$2 million in our communities to address this dire need. “The opioid epidemic is North Carolina’s No. 1 public health crisis. Together with our community partners, Blue Cross and Blue Shield of North Carolina will provide the resources our state needs to help prevent addiction and offer assistance to those who need it.” – Patrick Conway, MD, President and CEO, Blue Cross and Blue Shield of North Carolina

Purpose

Understanding this continuum of care and the burgeoning demand for substance use disorder treatment in the region, Blue Cross and Blue Shield of North Carolina seeks to invest in strategies that will catalyze organizations’ ability to enhance both quality and access to evidence-based services. Blue Cross and Blue Shield of North Carolina seeks proposals that expand access and enable system-level changes across prevention, early intervention, treatment, and recovery support to aid substance misuse and substance use disorder efforts in the state.

Target Population

Communities that have limited access to the services needed to treat substance use disorders. One challenge that continues to plague the public mental health system for adults and children is the heavy reliance on the highest level of care, inpatient services. There is a need to balance the system with more prevention and other community-based services that can decrease the need for higher levels of care.⁶ Therefore, we seek to invest in underserved populations and communities and have a preference for interventions targeting community-based settings.

Eligibility criteria

Blue Cross and Blue Shield of North Carolina will invest approximately \$2 million, and will accept proposals with durations between one to three years. Eligible applicants include qualified 501(c)3 non-profit organizations or public (governmental) health entities in North Carolina.

Blue Cross and Blue Shield of North Carolina is especially interested in considering initiatives that focus on outpatient programs with medication assisted treatment that seek to catalyze:

- Access to vulnerable populations through:

⁴ https://www.ncbi.nlm.nih.gov/books/NBK424857/pdf/Bookshelf_NBK424857.pdf

⁵ <https://www.surgeongeneral.gov/priorities/index.html>

⁶ <http://www.ncmedicaljournal.com/content/77/6/437.full>

- Expansion of direct outpatient services
- Training, certification, and adoption of substance use disorder treatment by pediatric and adult primary care providers
- Adoption or enhancement of screening practices in primary care settings
- Enhancement of organizational capacity to expand services or sites in outpatient settings, including telehealth
- Catalyzing the adaption or enhancement of direct patient services through organizational change
- Enhancing quality through:
 - Adoption or enhancement of care coordination in primary care and outpatient treatment settings for any substance use disorder
 - Adoption or enhancement of behavioral health services in conjunction with medication assisted treatment for opiate use disorders
 - A comprehensive proposal for medication assisted treatment for opiate use disorders may include secondary prevention/risk reduction strategies
 - Adoption or enhancement of certified peer recovery specialist programs for any substance use disorder

Proposal Content and Preferences

The ideal proposal will present promising changes in capacity and enhance delivery systems on a sustainable basis. It will also propose to increase access to outpatient care and provide a detailed plan for developing, implementing, and evaluating a substance use disorder initiative or service within a public or non-profit setting, with a focus on access. Proposals are required to:

- Describe the grant project, target population, expected reach (number of people served), and project staffing
- Provide a sustainability plan beyond the grant period, particularly if any portion is proposed to support staffing
- Provide an implementation plan (or work plan)
- Include a budget and budget justification for project needs
- Include an evaluation plan with prespecified outcomes, an analytic approach that includes appropriate controls or counterfactual, as well as a plan to incorporate evaluation early in the initiative

Evaluation Criteria

The following section describes Blue Cross and Blue Shield of North Carolina’s criteria for evaluating the applications. A portion of funds may be used for the evaluation process, not to exceed 10% of the overall budget. The overall proposal and work plan will be evaluated on the following criteria:

1. Organizational Background, Commitment, and Financial Viability
 - a. The grantee will:
 - i. be committed to improving access to quality care for the targeted population,
 - ii. demonstrate how its proposed project will contribute to this goal,
 - iii. demonstrate sound financial standing,
 - iv. have sufficient financial management systems,

- v. demonstrate the capability of managing grant funds,
 - vi. submit periodic progress and expenditure reports, and deliverables committed to under the grant,
 - vii. provide clearly defined data elements, such as the examples outlined below, so that project accomplishments can be monitored, compared, and complied, and
 - viii. provide a final written evaluation report describing quantitatively how the project has affected the target population served and the community overall.
- b. As a condition of receiving grant funds, the grantee may be asked to:
 - i. attend grantee convenings,
 - ii. provide deidentified data to Blue Cross NC, to the extent permitted by law, for the purpose of evaluating the efficacy of the grantee's program;
 - iii. participate in site visits,
 - iv. interviews with evaluators, or
 - v. deliver progress reports and accomplishments to Blue Cross NC, its staff and advisers, and other grantees
2. Community Need
- a. The proposal should demonstrate an understanding of the community it seeks to serve. It should clearly define the geographic location and targeted population to be served.
 - b. The number of individuals must be reliably quantified, and the needs of this population
 - c. documented through qualitative and quantitative data, such as demographics, rates of insurance coverage, service utilization statistics, and health risk factors.
 - d. Baseline numbers for the targeted population must be clearly stated and supported.
3. Program Development and Project Description
- a. Proposals should describe how the program or project will increase access to substance use disorder services in North Carolina
 - b. Strategies to improve access to quality care and enhance systems to achieve improved outcomes for the program's target population should be based in evidence. Proposals should describe the rationale and evidence for program.
 - c. Program or project implementation including but not limited to recruitment, enrollment, service provision, and follow up should be outlined in detail.
 - d. If applicable, proposals should describe how program partners will support activities and goals in detail.
4. Data collection and Evaluation (see Section: Potential Metrics for Measuring Impact)
- a. Proposals should describe how data for the project or program will be collected and how that data will be used to manage, monitor, and/or enhance services.
 - b. The grantee should have a demonstrated ability to measure progress and objectives through quantitative measures, such as the number, demographics, characteristics, and service utilization of the targeted population, both at baseline and as the project proceeds.
 - c. The grantee must be able to comply with the evaluation and monitoring requirements inherent in this grant program.
5. Participation of Stakeholders and Partners
- a. Proposals should include a list of key participants and relevant stakeholders.
 - b. Any project partners/collaborators should be actively engaged by participating in the planning and implementation process and allocating staff or other resources,

contributing facilities or equipment, or providing free or discounted health care services to the project.

- c. Proposals must provide Memorandums of Understanding (MOUs) for all project partner organizations or agencies as attachments. Any MOU should clearly delineate
- e. partner/collaborator’s contribution to the project.
- f. Additional letters of support may be submitted as well. No more than three letters of support may be included with the proposal.

6. Sustainability

- a. Proposals should demonstrate the benefits to the specific population and the larger community and identify likely revenue sources to sustain the program beyond the term of the grant.
- b. Evidence of past accomplishments will help demonstrate the grantee’s capacity to
- c. successfully maintain the program.
- d. Strong preference will be given to proposals that demonstrate community support for their programs or services by the magnitude of funds an organization generates internally and/or through community matching support.

Potential Metrics for Measuring Impact

Below, we provide a list of metrics for measuring effects of services. A small portion of this list will be required; other measures are illustrative. Measures can focus on both services provided and longer-term program goals, however all proposal should provide baseline metrics and targets. Preferred are programs that establish baseline and outcome data, which can be used to leverage new funding streams for program replication, and/or sustainability.

Metrics of Interest	
<u>Required Measures</u>	
All proposals	Time period for reporting Number of unique patients to be served over the life of the grant Patient demographics: age, race, insurance status (commercially insured, publicly insured through Medicare or Medicaid, or uninsured) The program must demonstrate implementation of at least one clinical and/or functional outcome measure as listed below
<u>Potential Measures</u>	

<p>Process Measures</p>	<p>Number of providers trained on screening and counseling (by type of provider and training) Number of providers trained on evidence-based treatments (behavioral and pharmacotherapies) Number of peer-recovery specialists trained and certified Number of patients screened Number of patients enrolled in programs and receiving services Number of patients put on treatment (by type of treatment and age) Number and proportion of patients linked to care coordination services/referrals to other services Number of discharge plans/care plans developed through care coordination services Days or weeks clients/patients participate in treatment/services Number of patients screened for depression and/or major depressive disorder (assessments like PHQ-9 and/or maternal depression screening) Change in patient healthcare and/or mental health visits during grant period</p>
<p>Outcomes Measures</p>	<p>Adherence statistics (proportion of patients completing specific program or continuing with treatment) Decrease substance usage Improvement of somatic health measures (e.g. HbA1c, liver function) Proportion of patients returning to treatment Proportion of care plan targets met Patient satisfaction measures (specific to organization and treatment/project described above) Co-occurring conditions addressed (improvement in behavioral health status, intimate partner violence, HIV/STD testing, etc.) Rates of substance use-related emergency department visits Rates of residential stays, hospitalization, or re-hospitalized for substance use disorder or substance misuse Rates of opioid and/or other drug overdose (self-report and/or publicly available data) Rates of binge or heavy drinking (self-report and/or publicly available data) Rates of underage substance use (self-report and/or publicly available data) Rate of substance use-related mortality</p>

Selection Criteria

Proposals for addressing substance misuse and substance use disorders are limited to organizations serving North Carolina.

Proposal Format and Scope

The grant proposal must be completed and submitted using the dedicated online RFP application by **November 1, 2018 at 5:00 PM**. In addition to describing how your proposed project would satisfy the requirements as set forth in this document, the on-line application will prompt you to include other components in your proposal to assist Blue Cross and Blue Shield of North Carolina to better understand your organization and your proposal. Please access the on-line application and link to the work plan by going to https://www.GrantRequest.com/SID_1304?SA=SNA&FID=35008.

Before submitting:

- Please attend an organization call on Thursday, October 11, 2018 (12:00pm – 1:00pm) by dialing 1-800-538-8402 conference id: 6080451 where Blue Cross and Blue Shield of North Carolina will review the RFP guidelines and address any frequently asked questions.

Any additional questions or concerns should be directed to: CommunityRelations@bcbsnc.com