

SAVING LIVES, IMPROVING HEALTH: Redesigning Opioid Use Disorder Care

Design Grant Opportunity
Fall 2017

GRANT GUIDELINES

Background

RIZE Massachusetts (RIZE) is a statewide, private sector initiative created to build a \$50 million fund focused on bringing real and lasting change to those struggling with, or affected by, opioid use disorders in the Commonwealth. Grants supported by this fund will address the opioid epidemic through a full continuum of programs from prevention to long-term sustainable recovery and focus on areas where more resources are immediately necessary.

Context

Drug overdose is the leading cause of death for Americans under age 50. It is estimated that over 4% of Massachusetts residents have an opioid use disorder (OUD). In 2016, an estimated 2,107 people died from opioid overdose and between 2011 and 2015 there were more than 65,000 non-fatal overdoses here. Certain populations are particularly vulnerable to opioid overdose and death. For example, opioid-related overdose death is 30 times higher among people who have experienced homelessness, 120 times higher for those released from prisons and jails, and 321 times higher among mothers with opioid use disorder than among mothers without it. In addition, certain areas of the state experience higher rates of incidence and death, coupled with greater resource needs, limited treatment facilities, and lack of certified providers.

The current approach to OUD treatment is heterogeneous and often not based on science. Substantial evidence demonstrates that OUD meets the criteria for medical illness: it is heritable, preventable, and treatable. Unfortunately, due to stigma, disparities in access to care, a lack of coordinated services, and a history of criminalizing behaviors associated with addiction, the response rate at the local, regional, and national level has been largely ineffective. Individuals face tremendous challenges in seeking care and weaving different systems together to meet their needs. This task is daunting, particularly for vulnerable populations living in underserved communities who face many challenges and need care the most. Although proven medical and behavioral health treatments are available to prevent overdose death and promote long-term recovery, nearly 80% of people with OUD do not receive treatment. The opioid epidemic can move rapidly from a health crisis to a chronic disease management model, but effective solutions must tackle both the immediate needs of those at highest risk of death and ensure ongoing retention in treatment.

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The Grant Program

Through this grant program, \$2.3 million is being made available over two years to fund OUD treatment programs. This inaugural grant program will fund pilot or existing collaboration among medical, behavioral, and local community organizations to identify, assess, and immediately initiate treatment for individuals with OUD where they live, with a focus on populations at highest risk for overdose and death.

The goals are to 1) establish or expand a system of low threshold¹ community-based, on-demand treatment to immediately stop the death toll from opioid overdose, and 2) support long-term treatment to improve health and quality of life. These goals align with the MA Health Policy Commission's 2016 report on the opioid epidemic which recommends that the Commonwealth should "promote use of broad-based, multi-stakeholder coalitions between hospitals, outpatient providers, patients and their families and other key stakeholders to address the epidemic locally."

RIZE's vision is that this program will have meaningful and positive results in addressing not just the immediate opioid epidemic, but will also improve alignment among the overall health care and insurance systems, and evidence-based addiction treatment practices.

The grant will be implemented in two phases.

- **Phase 1:** Six-month grants for up to six applicants at \$50,000 each to design innovative treatment-on-demand models or expand existing programs that provide immediate treatment to reduce overdose deaths.
- **Phase 2:** Two-year grants awarded to up to four of the grantees from the Phase 1 cohort that demonstrate the greatest potential in fulfilling the goals of the program. Awarding of these grants is contingent upon the efficacy of the planning models.

Tools and processes must be developed to facilitate immediate access to evaluation and treatment for individuals with OUD. The development of integrated treatment within primary care that provides ongoing chronic disease management, program promotion and retention, and team collaboration must be included. In all cases, care must recognize the individual's dignity and encourage shared accountability amongst the various partners for the coordination and delivery of care.

¹ By definition, low threshold means programs that focus on access and engagement rather than strict rules or barriers to treatment. Examples would include providing but not requiring counseling and not terminating patients from treatment for ongoing substance use.

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Building an infrastructure for cross-system collaboration and integrated care will take time and resources. The grant funds can support both new and existing community-based collaborations in their creation or enhancement of treatment-on-demand models for individuals with OUD. There is no single model appropriate for every community or for all people with OUD. However, the following elements are likely to be key success factors:

- Participation by primary care, mental health, social service, and ED/hospital providers, at a minimum
- Active engagement with people who use drugs
- Immediate access to two FDA-approved medications for opioid addiction treatment (buprenorphine and naltrexone) and ability to refer to a methadone clinic
- Systems for outreach and a plan to promote retention in care
- Integration of harm reduction services
- Demonstrated commitment to cultural competence and treatment of diverse populations
- Established community network to align resources
- Collection of data that will allow tracking of high-level trends

Eligible Applicants and Types of Grants that Could be Funded

Proposals are invited from collaborations of medical, behavioral, and community-based providers. The involvement of community organizations is strongly encouraged. Partnerships should include a combination of two or more of the types of providers or agencies listed below:

- Primary care clinic/practice
- Community health center
- Emergency department/hospital
- Community mental health organization
- School-based health center
- Community-based organization
- Social service agency
- Community coalition
- Public health commission
- Law enforcement/judiciary agency/correctional facility

All applicants must have a designated lead organization that will act as the patient's medical home, such as a primary care clinic, community health center, outpatient clinic, or community mental health provider. Applicants must also have the capacity to provide treatment for co-occurring medical and psychiatric disorders. The lead organization will be responsible for project reports and grant accountability. Outcome measures will be tracked and the program will be evaluated.



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Applicants must be a nonprofit organization based in Massachusetts and tax exempt under section 501c3 of the IRS code. If an organization does not have its own tax-exempt designation, it must provide proof of tax-exempt designation for a fiscal agent.

Special consideration will be given to those proposals that foster community-led solutions and innovations at the local level. The ideal program will serve an under-resourced area and/or vulnerable population, such as those currently incarcerated or newly released, the homeless, and pregnant or parenting women. It will also promote cross-system collaboration between numerous community-based organizations and provide an integrated model of care.

Examples of programs eligible for consideration include:

- A low threshold treatment model embedded within primary care that offers immediate initiation of medications for addiction treatment and ongoing care
- Street-based outreach to identify individuals at high risk of overdose and provide them with connections to immediate and ongoing effective treatment
- Partnerships between a correctional facility and a community-based treatment provider to develop a model for pre-release treatment initiation, which is then linked directly to ongoing community care
- Partnerships between hospitals, EDs, primary care providers, etc. to initiate immediate and effective addiction treatment and connect patients directly with ongoing treatment

Examples of proposals that would not meet the goals of this program include:

- Expansion of direct service capacity within an individual organization that does not offer treatment on demand coupled with longitudinal care
- Any organization that does not promote evidence-based treatment, including the use of medications for addiction treatment
- Advocacy or policy analysis initiatives
- Focus groups, research or longitudinal studies
- Programs lacking the potential to demonstrate the effectiveness of collaborative strategies

Selection Criteria

All parties who wish to participate in this round of funding must complete a design grant project application, a project budget, and a project work plan.



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To inform funding decisions, the following factors will be taken into consideration:

- Indication of population in need. Proposals must focus on those individuals with OUD at greatest risk for overdose and eligible for immediate treatment
- Demonstrated experience providing OUD treatment
- Established history of serving vulnerable patient populations who experience barriers to health care such as the incarcerated, homeless, or pregnant or parenting women
- Evidence of commitment to collaborative planning and problem-solving by individuals with decision-making authority within participating organizations
- Evidence of commitment to involving those with lived experience in program planning and implementation
- Evidence of delivering culturally competent care and services
- Demonstrated capacity for fiscal accountability and programmatic achievement
- Demonstrated capacity for conducting substantive program evaluation
- Commitment to sustainability over time and opportunities for replication
- Willingness to participate in RIZE activities to share ideas and best practices among grantees and other interested parties

Funding Guidelines

RIZE plans to distribute a total of up to \$2.3 million in funding over the next two years with this grant program:

Design Grants

- Up to six design grants will be funded for six months at \$50,000 each. During the design grant phase, the grantee(s) are expected to further develop their new model of care or expand their existing model. This development or expansion should include more partnerships and greater reach of underserved patients in their region. Funding can support the creation of business plans, fund staff or the hiring of a consultant to manage the convening of a coalition for planning, and/or support the further development of a promising model of care.
- During the design phase, each grantee will work with RIZE's evaluators to develop shared measures and data protocols to track health outcomes.
- Design grants are expected to run from December 2017-May 2018.

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Implementation Grants

- The guidelines for the implementation application will be provided during the design grant period.
- Up to one million dollars per year over two years will be available for up to four grantees who participated in the design phase to implement their program. Grantees must apply and be selected to proceed to the implementation phase.
- Implementation grants are expected to run from June 2018-May 2020.

Application Submission Dates and Instructions

- Proposals for Phase 1 are due **no later than 5:00 PM on Friday, November 17, 2017**.
- Applications should be submitted by email to info@rizema.org.
- Funding decisions are expected to be announced on or before Friday, December 15, 2017.
- Questions regarding the application process should be directed to:

Julie Burns, Executive Director
julie.burns@rizema.org
857-991-1195

Questions

RIZE will review the requirements of this program with prospective applicants and provide an opportunity for questions and answers. Please submit questions ahead of time to info@rizema.org.

This question and answer period will take place during a conference call:

- Date: Tuesday, October 31, 2017
- Time: 11:00 AM - 12:00 PM
- Questions must be submitted by Thursday, October 26, 2017 at 5:00 PM
- The dial-in number will be provided to qualified applicants prior to the call

