

COVID-19 Emergency Response Grant
PROPOSAL GUIDANCE

Release Date: August 19, 2020
Proposals Accepted: September 25, 2020

DIVISION OF BEHAVIORAL HEALTH
DEPARTMENT OF HEALTH AND WELFARE

Proposals **must be received** no later than **September 25, 2020, 5 pm Mountain Time**. Applications may be submitted via post, delivery, or email.

Submit applications to:

behavioralhealth@dhw.idaho.gov

Division of Behavioral Health
450 W. State Street, 3rd Floor
P.O. Box 83720
Boise, Idaho 83720-0036



Idaho Department of Health & Welfare
Division of Behavioral Health

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I. PURPOSE OF THE IDAHO COVID-19 EMERGENCY RESPONSE SUBGRANT

Idaho, like the rest of the nation, is combating the COVID-19 pandemic, with the number of Idahoans diagnosed with, and deaths due to, the virus continuing to rise daily. As these numbers increase and the economy simultaneously struggles, Idaho is experiencing an upsurge in the need for crisis services and ongoing behavioral health supports and treatment.

Emergency Departments (EDs) and hospitals across the State of Idaho are facing the potential risk of being overwhelmed as a result of an influx of COVID-19 patient care. EDs are also a common access point for psychiatric/behavioral health patients to seek care during a crisis. This co-occurring influx of COVID-19 and behavioral health patients may present several challenges:

- 1) Lack of access to professional care for psychiatric/behavioral health patients;
- 2) Increased exposure to COVID-19 for patients seeking psychiatric care in EDs;
- 3) Restrictions on admissions at acute inpatient hospitals creating a bottleneck in EDs and general medical hospitals;
- 4) Children with Severe Emotional Disturbances and their families may struggle to find adequate crisis services while trying to keep all family members safe.

Hospital beds previously used to serve individuals with behavioral health needs are now needed for COVID-19 patients, creating a gap in services for the psychiatric/behavioral health population, including those struggling with a Substance Use Disorder (SUD). The Idaho Department of Health and Welfare Division of Behavioral Health (DBH) intends to help mitigate this gap by providing an alternative resource for these populations in need of care.

The purpose of this funding opportunity is to stand up *Emergency Department Psychiatric Triage Centers (ED-PTCs)* to provide behavioral health services during the COVID-19 pandemic to adults and children suffering from a behavioral health emergency, but who do not have critical medical health needs necessitating comprehensive hospital services. These units will be established individually to meet the needs of the community. The ED-PTCs must be able to conduct emergency department triage, providing the appropriate level of behavioral health interventions for patients requiring an in-patient level of care (for as long as the patient requires or until that patient can be transferred to a more permanent facility for that care), and diverting those with less acute needs to an alternative resource. This arrangement provides more availability of ED and hospital resources for individuals with COVID-19 seeking medical care in Idaho while still meeting the needs of behavioral health patients.

The ED-PTCs will be located in close proximity to existing hospitals or easily accessible in communities. The ED-PTCs will function similarly to a Psychiatric Emergency Department. This grant funding will be used for set-up and support, but the ED-PTCs will be staffed by hospital staff and services billed (to private insurance or Medicaid) as appropriate. The ED-PTCs will be accessible by adults and youth.

An ED-PTC could include the establishment and utilization of an emergency department as the point of contact for initial triage. An ED-PTC may serve more than one hospital. An ED-PTC is encouraged to partner with local crisis centers, where available, to provide subacute care for patients not requiring acute inpatient psychiatric hospitalization. Idaho currently has crisis centers located in or close to every major population center in the state. The crisis centers may be prepared to serve patients triaged from

the ED-PTCs that do not require acute inpatient hospitalization but cannot be released back to their community with just a safety plan. The crisis centers today function under a social crisis response model. As Ed-PTCs are stood up, the crisis centers may utilize a more medical model approach in care for patients. For example, crisis centers do not offer psychiatric evaluations and access to psychotropic medications but could under this expanded role through support from the medical community and the State Behavioral Health Authority.

The targeted population to be served in the ED-PTCs includes:

- 60% of the funding will serve individuals with a diagnosed Serious Mental Illness (SMI) or Substance Use Disorder (SUD).
- 40% of the funding will serve individuals in crisis but with a mental order less severe than SMI who present at the ED for intervention of their behavioral health issue.

The funding for this opportunity has been provided by the Emergency COVID-19 (E-COVID) grant CFDA 93.665 and awarded to the Division of Behavioral Health by the Substance Abuse and Mental Health Services Administration (SAMHSA). As such, all applications for this funding must support SAMHSA's requirement that the funding will be used for the development and implementation of a comprehensive plan of evidence-based mental and/or substance use disorder treatment services for individuals impacted by the COVID-19 pandemic. The subgrant award is a minimum of \$37,000 and up to \$225,000 per award recipient, beginning the date the subgrant is signed by all applicable parties and ending on August 19, 2021, regardless of the start date.

Applicants will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity as defined at 2CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided it DUNS number.

II. ELIGIBILITY REQUIREMENTS

A. Eligible Applicants

Applicants must either be a credentialed hospital that is providing frontline treatment for individuals with COVID-19, or an organization that is partnering with a local area hospital(s) and has obtained a Statement of Assurances from the local area community hospital(s) which you will be collaborating with to implement an ED-PTC.

B. Eligible Activities

The intent of this funding is to provide the funds necessary for subgrantees to perform triage services, train staff, and obtain the supplies required to stand up an ED-PTC. This funding is not intended for the hiring of additional medical staff. Items included in your budget may be, but are not be limited to:

- Diversion Staff Salary (Social workers to assist with transitioning from ED to Center)
- Hospital staff time and training for triage processes and procedures
- Increase in crisis center staff to accommodate increase in patients

- Supplies for the treatment of patients may include but are not limited to:
 - Isolation equipment cart
 - PPE including: eye protection, N95 Masks, disposable face masks, gloves, medical gowns
 - Alcohol based hand sanitizer
 - Sharp containers
 - Mobile handwashing station
 - Vitals monitoring (e.g. blood pressure cuff)
 - Mounted oxygen supply - \$2,500
 - Patient beds (frame & mattress)
 - Privacy curtains
 - Sound masking machine
 - Lifeloc FC20
 - Test Tubes
 - Toxicology swabs
 - Telehealth technology/tablets
 - Reusable bedding and reusable patient clothing

C. Restrictions

By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2CFR 200.500-521, subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.

Activities in this subgrant must comply with the federal requirements and restrictions set forth in the [Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 Funding Opportunity Announcement](#). Restrictions include:

- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet

been acquired, sited, approved, and met all requirements for human habitation.

D. Award Amount

The award amount for this subgrant is a minimum of \$37,000 and up to \$225,000 per recipient.

E. Duration of Funding

The duration of funding for this subgrant is based on the date the proposal is submitted. Due to SAMHSA COVID-19 Emergency parameters, the end date for all subgrants, regardless of the start date, will be August 19, 2021. Reporting shall continue through the end of the subgrant to demonstrate outcomes.

F. Timeline & Application Process

Applications Available: August 19, 2020

Applications Due: September 25, 2020

Award Notification: By October 19, 2020

Subgrant Start Date: Within 30 days of contract being signed

This funding opportunity for the establishment of ED-PTCs may be offered again in the future, dependent on available funding.

G. Award Process

Proposals are reviewed, negotiated, and awarded by DBH. Once a proposal has been agreed upon, two (2) copies of the subgrant will be sent to the applicant for review and signature. Once returned, the subgrant must be sent back to Idaho Department of Health and Welfare, Contracting and Procurement Services Unit (CAPSU). When the subgrant is fully executed, a signed original will be returned to the applicant. Activities cannot be initiated until the subgrant is fully executed.

III. APPLICATION AND SUBMISSION INFORMATION

A. Proposal Format Requirements

If you choose to submit via hard copy, submit two (2) copies of your application on 8 ½" X 11" white paper. Do not bind or staple the application. Contact behavioralhealth@dhw.idaho.gov for questions and assistance regarding the application and submission process.

B. Components of the Proposal

1. Proposal Face Page
2. DUNS & TIN Number
3. Focus and Statement of Need
 - a. Provide a statement of need that includes key components that identify gaps in resources and current impacts to your health care system as a result of the COVID-19 pandemic. This statement of need should also include the following information:

- i. Identify your population(s) of focus and the geographic catchment area where services will be delivered. Populations of focus must be selected from this group: those with mental disorders that are identified as SMI, those presenting with mental disorders that are less than SMI, those with SUD, and/or those with co-occurring SMI and SUD. Applicants may select more than one of these populations.
 - 1. It is the expectation that adults and youth will be served at an ED-PTC. Please include a detailed plan on how your ED-PTC will be structured to ensure adult and youth are not comingled. What procedures will be put in place to guarantee this?
- ii. Hospital(s) and Emergency Room admission capacity (if your agency is not a hospital or part of a healthcare system, data should be collected from your community hospital(s) and/or healthcare system that your organization will be partnering with in the implementation of your proposed program).
- iii. Data should be included to further support the statement of need. Examples of data to be included are:
 - 1. Confirmed cases of COVID-19 within your Healthcare System and/or Community that you will be serving;
 - 2. Number of confirmed cases that required admission to the hospital;
 - 3. Standard length of stay for individuals within the Emergency Department (ED) due to COVID-19;
 - 4. Staffing impacts due to COVID-19.

4. Proposed Implementation Approach

- a. Describe how you will implement the required activities to successfully implement a triage unit. Information should include, but is not limited to:
 - i. Facility location;
 - ii. Hours and days of operation;
 - iii. How patients will be screened, evaluated, and triaged based on their medical status;
 - iv. How will you decide who needs to go the ED and who can be triaged to the ED-PTC and why? What is the triage plan?;
 - v. Once someone is stabilized at the ED-PTC, what is the referral process? What is the plan of care?;
 - vi. What level of care can be provided at the triage unit;
 - 1. List services provided at triage unit.
 - 2. List the type of personnel and their credentials that will be providing the services.
 - vii. What equipment is needed to implement a triage unit;
 - viii. What additional staffing education and competencies training do you need to provide?
- b. Provide a chart or graph depicting a realistic timeline for the project period showing dates, key activities, and responsible staff.

- c. Identify community partnerships that will be required for implementation and provide a Statement of Assurance from all partners that assures they have agreed to partner in the development and implementation of an ED-PTC (if your organization is not a hospital please include a statement of assurance from the community hospital(s) you will be collaborating with).
 - d. Identify the guidelines/metrics that will be in place to determine when the ED-PTC is no longer needed and how these services will be deactivated.

- 5. Staff and Organizational Experience
 - a. Provide a complete list of staff positions required for the project.
 - b. Describe the role of each and their qualifications.

- 6. Data Collection and Performance Measurement

Recipients will be required to provide monthly reports that will include, but not limited to: deidentified client-level data at intake to services and every six months thereafter, and at discharge from services. Data elements will include, but not be limited to diagnosis, services received, criminal justice status, subsequent hospitalizations, employment, mental health functioning, social connectedness, and substance use. This information will be gathered using a uniform data collection tool provided by SAMHSA. An example of the type of data collection tool required can be found [here](#). See links found under “CSAT Discretionary Services Data Collection Tools” heading.

 - a. Provide specific information about how you will collect the required data for this program and how such data will be utilized to manage, monitor, and enhance the program.
 - b. All recipients are required to collect and report certain data to meet obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.
 - c. The Division of Behavioral Health will work with subgrantees to ensure successful collection of GPRA data.

- 7. Budget Justification, Existing Resources, and Other Support: The intent of this funding is to provide the funds necessary for subgrantees to obtain the supplies required to stand up an ED-PTC. This funding is not intended for the hiring of additional medical staff. Items that may be included in your budget may be found under section II.B. of this FOA
 - a. Provide a line item budget depicting all anticipated required funds for successful implementation of an ED-PTC.
 - b. Provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project.

Questions regarding allowable costs should be directed to behavioralhealth@dhw.idaho.gov

IV. SUBMISSION REQUIREMENTS

All Proposals must be received by the Division of Behavioral Health no later than: September 25, 5:00 PM Mountain Time.

Applications may be submitted by post, hand delivery, or email. **Applicants submitting via email must include a face page that is signed and scanned.** It is strongly encouraged that you contact the office to confirm receipt of your submission.

Address:

Division of Behavioral Health
450 W. State Street – 3rd Floor
P.O. Box 83720
Boise, ID 83720-0036

Phone: (208) 334-5527

Email: behavioralhealth@dhw.idaho.gov

V. PROPOSAL EVALUATION AND AWARD CRITERIA

A minimum of three (3) evaluators will review and score all proposal submissions and request any clarifying data within 15 days of receipt. DBH will work with each recipient to finalize the Data Collection plan specific to the activities submitted in the proposal. Contract negotiations will begin within two (2) weeks of approved proposal.