



Wyoming
Department
of Health

Opioid Response Quality Improvement Grant Program for Wyoming Hospitals

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AWARD AMOUNT: Applicants may request *up to* \$10,000.00

Program Overview:

The Wyoming Department of Health, Maternal and Child Health (MCH) Unit received funds from the Centers for Disease Control and Prevention to implement projects in response to the rising incidence of opioid use in pregnancy and postpartum and increases in substance-exposed newborns. This grant project will support Wyoming hospitals in implementation of quality-improvement strategies or projects related to opioid use during pregnancy and neonatal abstinence syndrome.

Program Objectives:

1. To decrease the number of women who are misusing opioids during their pregnancy and in the postpartum period.
2. To decrease the number of infants who are exposed to opioids in utero.
3. To improve the care of opioid-exposed infants and their families in the hospital setting.
4. To improve discharge and resource-referral systems for opioid-exposed infants and their families after their stay in the hospital.

Project Options:

The Wyoming Department of Health, MCH Unit will fund hospitals to implement one of the following two (2) projects.

1. Obstetric Care for Women with Opioid Use Disorder Patient Safety Bundle

(developed by the Alliance for Innovation in Maternal Safety (AIM))

- a. **Overview:** This project is being offered by the Utah Department of Health in conjunction with the University of Utah and the Utah Perinatal Quality Collaborative. Wyoming hospitals are invited to participate. For more information, visit safehealthcareforeverywoman.org or see the attached PDF summary of this safety bundle project.

b. Requirements:

- i. Twelve-month commitment to attend AIM Project ECHO sessions. Sessions are offered bi-weekly, and funded hospitals must commit to attending no less than 75% of offered sessions. ECHO sessions will be offered using Zoom video conferencing software. Anticipated start date of this ECHO series will Fall 2019.
- ii. Execution of a required data-use agreement between the awarded hospital and AIM. Hospitals must report all required project data. For more information on the requirements related to data reporting for this project, please contact Ashley Busacker at ashley.busacker@wyo.gov.
- iii. Attendance at *optional* in-person launch meeting (Fall 2019) and project wrap-up meeting, both of which will take place in Salt Lake City, Utah.

- iv. Required project updates and summary reports provided to the Wyoming Perinatal Quality Collaborative (WYPQC), including updates at quarterly WYPQC meetings.
 - c. For more information on this project option, please contact Brenda Burnett, Wyoming Perinatal Quality Collaborative Coordinator, at 719-661-9271 or brendakburnett1974@gmail.com.
- 2. Colorado Substance Exposed Newborns (CHoSEN) Hospital Learning Collaborative**
- a. **Overview:** This project is offered through a partnership with the Children's Hospital of Colorado, Illuminate Colorado, and the Colorado Perinatal Care Quality Collaborative. For more information, visit <https://www.illuminatecolorado.org/sen>.
 - b. **Requirements:**
 - i. Development of a project aim and selection of key drivers.
 - ii. Implementation of a comprehensive quality improvement project.
 - iii. Execution of a required data-use agreement between the awarded hospital and CHoSEN. Hospitals must report all required data into the RedCAP system.
 - iv. Attendance at *optional* in-person CHoSEN summit in Fall 2019.
 - v. Required project updates and summary reports provided to the Wyoming Perinatal Quality Collaborative (WYPQC), including updates at quarterly WYPQC meetings.
 - vi. For more information on this project option, please contact Brenda Burnett, Wyoming Perinatal Quality Collaborative Coordinator, at 719-661-9271 or brendakburnett1974@gmail.com.

Request for Application (RFA) Eligibility: All Wyoming hospitals with an active labor and delivery department are eligible to apply.

Funding Period: Contract Execution Date (prior to November 1, 2019) through August 31, 2020

Application Instructions: Applicants must complete the entire application packet, including all required attachments, and submit via email to the Maternal and Child Health Unit at mchinfo@wyo.gov and the Maternal and Child Health Unit Manager at danielle.marks@wyo.gov **no later than July 22, 2019.**

Application Technical Assistance: An informational/technical assistance call is scheduled for Tuesday, July 9 from 11:00am - 12:00pm. Please join us to hear additional details on each project option and have your questions answered. To join the call, click: <https://zoom.us/j/265909574> or call +1 669 900 6833 US (Meeting ID: 265 909 574). Please contact Brenda Burnett, Wyoming Perinatal Quality Collaborative Coordinator, at 719-661-9271 or brendakburnett1974@gmail.com with additional questions.

APPLICATION CHECKLIST

A complete application packet shall include:

<p>?</p>	<p>Application The application template is found on pages 8-10 of this document. Please be sure to complete all required sections fully before submission to ensure consideration for this grant opportunity.</p>
<p>?</p>	<p>Detailed budget A budget template can be found on page 10 of this document. Please be as thorough as possible, and provide justification for all funding requested. Be sure to include the total requested amount in the bottom right hand corner of the budget table.</p>
<p>?</p>	<p>Signed letters of support from hospital administration (required) and key partners (e.g. Department of Family Services, community organizations, Public Health Nursing, etc.) (preferred) It is important to ensure that your hospital leadership and fiscal management is aware of your intent to apply and is willing to support the implementation of this grant program. Please include signed letters of support from all relevant leadership in your facility, community partners, and the Department of Family Services contacts for your area, and attach to this application. Letters of support should specifically address the requirement for data use agreements related to these projects, as well as the required partnerships needed for adequate resource and referral and plans of safe discharge, as appropriate. Please note a grant application will not be considered for award without a letter of support from hospital administration. Additional letters of support will enhance your application.</p>
<p>?</p>	<p>Project work plan (aligned with budget) Please attach your narrative in a separate page. Narratives should be limited to 5 pages or less, single-spaced, 12pt font. Please describe your implementation plan for this project, including all required and optional activities. This plan should address all aspects of implementation, including staff support, training plans, resources to be allocated to implementation, and any other relevant information. Be as detailed as possible and include appendices, as needed. Appendices will not count toward the 5 page limit.</p>
<p>?</p>	<p>Staff outline (list of key project personnel and roles/responsibilities) The staff outline must list all staff members who will be involved in project implementation. Include staff name, job title, project role, and expertise/information relevant to the treatment of opioid exposure in infants, and in the management of opioid use in pregnancy. Each member listed in the</p>

staff outline should be aware of their role and should be willing to participate in program implementation.

Application Review

The Wyoming Department of Health MCH Unit will convene a team of reviewers to score each application and determine awards. An applicant or party with a conflict of interest will not be selected as a reviewer. The evaluation will be based on the demonstrated capabilities of the prospective grantee in relation to the goals and activities set forth in this application. The MCH Unit reserves the right to accept or reject any proposal.

Notice of Award

Applicants shall receive written notice as to whether the application has been approved to be funded wholly, in part, or not funded. Funded applicants will immediately begin the contract process with the MCH Unit. All funded services must be completed within the term of the contract. Funded applicants are not guaranteed maximum amount of funding per grant and prospective recipients are expected to submit a budget that is appropriate for the project plan and scope.

Resources

The following web links provide some resources for programmatic activities that may be applicable under the provisions of this grant:

- [AIM Opioid Use Disorder in Pregnancy Safety Bundle](#)
- [Illuminate Colorado CHoSEN Information](#)

Grant Award Requirements

- Grantees will be required to enter into a Memorandum of Understanding (MOU) or Contract with the Wyoming Department of Health, MCH Unit in order to receive grant funds.
- Grantees will be required to participate in four (4) quarterly technical assistance calls with the Wyoming Department of Health, MCH Unit and the Wyoming Opioid Response Workgroup.
- Grantees will be required to participate in one (1) project site visit with representatives from the Wyoming Department of Health. Site visits *may* be conducted virtually, if needed.
- Grantees will be required to submit upon request pre/post project surveys/assessments, and any relevant data, for project evaluation purposes.

Questions?

If you have questions regarding the application process or timeline, please contact Danielle Marks at 307-777-6326 or danielle.marks@wyo.gov. If you have questions regarding the project options, please contact Brenda Burnett, Wyoming Perinatal Quality Collaborative Coordinator, at 719-661-9271 or brendakburnett1974@gmail.com.

Opioid Response Quality Improvement Hospital Grant Program
Maternal and Child Health Unit
Wyoming Department of Health

Anticipated Application Timeline*

- July 3, 2019: RFA Release Date
- July 9, 2019, 11:00am: Informational Call
- July 22, 2019: Applications Due
- August 1, 2019: Notice of Awards*
- Before November 1, 2019: MOUs executed*
- Before November 30, 2019: Grant funds disbursed*

*This is a draft timeline. All efforts will be made to expedite this process.

Application Template

Section 1. Applicant Information

Hospital Name	
Primary Point of Contact for MOU Please Include Job Title/Role *This will be who signs the MOU	
Point of Contact E-mail Address	
Hospital Physical Address. This address will be used when sending MOU for signature.	

Section 2. Applicant Overview

Existing Resources

Briefly describe your facility's existing resources related to the identification and treatment of opioid use disorder in pregnancy or substance exposure in newborns.

Needs Assessment

Briefly describe your facility's need for implementation of the activities related to identification and treatment of opioid disorder in pregnancy or treatment of substance-exposed newborns. Please reference existing data on hospital capacity, birth rates, etc. as appropriate.

Capacity

Briefly describe your facility's capacity and experience in implementing substance use disorder initiatives. Include relevant stakeholders and staff members, your experience with obtaining staff and leadership support, and outcomes of any previous initiatives.

Section 3. Activities

This section describes both the required and optional components of this grant program. Grantees must select one of the two available projects.

Section 4. Narrative

Instructions: Please describe your implementation plan in detail, including the above mandatory activities and chosen optional activities. Your narrative should include staff involvement, plans for obtaining hospital buy-in, a detailed timeline for implementation, etc. Please be as detailed as possible.

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Section 5. Budget

Use the template provided below to describe and justify proposed expenses. Please include as much detail as possible. If necessary, please provide a budget narrative (1-2 paragraphs) describing the budgeted amounts. **Total amount requested must not exceed the maximum award amount of \$10,000.00**

Please note, you may be asked to revise and resubmit one or more parts of your proposed budget as part of the review process. Estimate total cost for each cost category. Insert additional rows/categories if needed.

Cost Category	Description	Justification	Cost
Salaries			
Travel Expenses			
Supplies			
Training Costs			
Printing/Postage/Etc.			
Total Requested Funding Amount			\$

***Total amount requested must not exceed the maximum award amount of \$10,000.00**