I. BACKGROUND

Drug overdose deaths in California have almost doubled in the past three years. This increase may be due to the alarming rise in fentanyl compounded by the stress of the COVID-19 pandemic. Together these behavioral health conditions present unique challenges as patients experiencing both mental illness and substance use disorders (SUDs) are especially vulnerable to falling through the cracks of our complex health care delivery system.

Hospitals as Key Partners
Hospital emergency departments (EDs) are the ultimate safety net. They are visible, operate 24/7, are easily accessible, and provide access to trained behavioral health professionals. EDs offer wrap-around services to address social determinants of health, acute psychiatric stabilization, case management, and same-day treatment for addiction. EDs are uniquely positioned to provide access and improve the delivery system by connecting patients to services such as shelters and community treatment programs.

CA Bridge Model
In 2015, breakthrough research conducted by the Yale School of Medicine showed that if patients in opioid withdrawal received ED initiated Medication-Assisted Treatment (MAT) using buprenorphine, as opposed to being referred elsewhere to start treatment, the likelihood that the individual would remain in treatment 30 days later doubled. Launching initially as ED Bridge, a group of California based clinicians took these findings and developed a model for initiating MAT in the ED that centered on a navigator. ED based navigators often have lived experience with behavioral health conditions and have the time and skills to engage with patients to build trust, educate them about treatment options, and connect them to follow up services outside of the ED.

The CA Bridge Model is a simple replicable approach to treating opioid use disorder (OUD) in the ED built around:
- Immediate access to MAT
- Navigation to ongoing care in the community
- A culture of harm reduction

Program Expansion
In 2018 CA Bridge was established as a program of the Public Health Institute (PHI) with $18 million in State Opioid Response funds to launch MAT in 52 EDs. Following this investment PHI/CA Bridge worked with the California Department of Health Care Services (DHCS) to engineer the largest scale up of ED addiction treatment in the country. In 2019 the California Legislature appropriated $20 million for the Behavioral Health Pilot Project (BHPP) to place behavioral health counselors (navigators) in 206 hospital EDs. This project expanded the scope of the navigator to begin addressing co-occurring mental health disorders.

II. CALBRIDGE BEHAVIORAL HEALTH NAVIGATOR PROGRAM OVERVIEW

PHI/CA Bridge is pleased to announce this funding opportunity for the CalBridge Behavioral Health Navigator Program (Bridge Navigator Program) to support hospitals and EDs to become primary access points for the treatment of SUDs and co-occurring behavioral health conditions. Hospitals participating in the Bridge Navigator Program will address SUD as a treatable emergency condition, utilizing trained navigators to identify patients who would benefit from initiating MAT and accessing other behavioral health services.

Through this Request for Applications (RFA) PHI/CA Bridge seeks to identify hospitals in California to participate in the Bridge Navigator Program. Successful applicants will receive up to $120,000 per hospital to:
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CALBRIDGE BEHAVIORAL HEALTH NAVIGATOR PROGRAM

- Hire or maintain an ED-based navigator;
- Identify, screen, interview, and link patients with SUD and co-occurring mental health conditions to appropriate treatment;
- Educate providers about MAT;
- Build an environment that welcomes disclosure of substance use and provides rapid, evidence-based treatment; and
- Navigate patients with co-occurring mental health conditions to outpatient treatment.

PHI/CA Bridge will provide participating hospitals with access to materials, training, and technical assistance for navigators, clinicians, community health workers, and other hospital staff and stakeholders.

Eligibility
All California acute care hospitals with emergency services (comprehensive, basic, or standby) as named in the California Health and Human Services Licensed Healthcare Facility Listing are eligible for funding. Hospital foundations, health systems, physician and other staffing groups, or other entities may apply on behalf of one or more acute care hospitals. Applications submitted by an entity other than the hospital itself must include a letter of support from every hospital included in the application. A hospital may only participate in one contract to receive funding under this program.

III. APPLICATION GUIDELINES AND SUBMISSION

Agreement Type
PHI/CA Bridge intends to issue up to 360 fixed price, deliverables-based agreements to successful applicants identified from this RFA process. The program plan and deliverables to be achieved by each hospital during the 12-month the Bridge Navigator Program are detailed in Attachment 2. PHI/CA Bridge may modify the final deliverables, which will be included in the final agreement.

Federal and State of California Regulations/Funding
Agreements are subject to the approval of and the receipt by PHI/CA Bridge of funding from DHCS. DHCS’ funding of the Bridge Navigator Program comes from Congressional appropriations from the American Rescue Plan Act of 2021. Accordingly, site agreements will include standard federal rules and regulations, notably 2 CFR 200, and applicable rules and regulations from the State of California. PHI/CA Bridge will incorporate the applicable federal and state rules and regulations into the terms of conditions of the agreements.

Compliance Requirements
PHI/CA Bridge is unable to issue an agreement to any entity that is listed with the General Services Administration as debarred or suspended.

PHI/CA Bridge’s Discretion
PHI/CA Bridge may, at its sole discretion and after the evaluation process, choose not to issue any agreement as a result of this process. PHI/CA Bridge may also, at its sole discretion, choose to issue as many or as few agreements, for any dollar amount, as deemed necessary to meet the program’s business needs and funder requirements. PHI/CA Bridge may, at its sole discretion, structure payments to meet program objectives and funder requirements, including base and option period (incremental) funding.
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Budget Requirements
Applicants are required to adhere to the budget guidelines as detailed in Attachment 2: Application Guidance. Applicants must submit their budgets in the required format. Applications that do not conform to this format may not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in US Dollars. Costs should remain valid for ninety (90) calendar days from application submission.

Applicants are required to submit a budget to assist PHI/CA Bridge in establishing cost reasonableness of the final fixed price amount awarded to the site and the appropriate amounts for each deliverable payment made to the site. Consistent with a fixed price deliverable-based agreement, applicants will not receive payment for actual costs incurred during the agreement period, but rather the fixed price amount established for the successful completion of each deliverable.

Application Costs
PHI/CA Bridge will not reimburse costs associated with preparing or submission of applications in response to this RFA or costs associated with possible award negotiation.

Submission of Applications
To be considered for funding, applicants must complete and submit the information requested in the CalBridge Behavioral Health Navigator Program Application Portal, including any applicable required attachments. Attachment 1: Application Preview serves as a guide to help applicants gather the information and documents needed to complete the online application in the Application Portal. Hard copy or emailed applications will not be accepted. Detailed step-by-step instructions for preparing and submitting the application are included in Attachment 2: Application Guidance.

Application and required attachments are submitted by clicking the “Submit Application” button after completing all required sections, attaching the necessary documentation, and obtaining the signature of an Authorized Signatory. Only submit completed applications. Applicants may save and return to complete an application in progress. Applications cannot be revised after submission.

Applications received after the below listed Submission Deadlines will be considered for the next round of funding. Applications received after January 15, 2023 may not be considered.

IV. ANTICIPATED TIMELINE AND EVALUATION

Timeline
PHI/CA Bridge intends to follow the below timelines for review and award from this RFA process:

<table>
<thead>
<tr>
<th>Submission Deadline</th>
<th>Notification of Results</th>
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<tbody>
<tr>
<td>May 31, 2022</td>
<td>July 15, 2022</td>
</tr>
<tr>
<td>July 31, 2022</td>
<td>September 30, 2022</td>
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<tr>
<td>September 30, 2022</td>
<td>November 30, 2022</td>
</tr>
<tr>
<td>December 15, 2022</td>
<td>February 28, 2023</td>
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</tbody>
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At PHI/CA Bridge program’s discretion, the above timeline is subject to change to best meet programmatic needs and/or funder requirements.
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Evaluation
PHI/CA Bridge will select applicants that present complete and responsive applications demonstrating the following eligibility criteria.

- The application must be submitted by, or on behalf of, a hospital or hospitals in California.
- Priority will be given to hospitals that did not previously receive funding through the BHPP.

At PHI/CA Bridge’s discretion, the above evaluation criteria are subject to change to best meet programmatic needs and/or funder requirements.

Questions
All questions pertaining to this RFA must be made via email to navigatorprogram@cabridge.org. Questions and answers will be posted in the FAQ section of the Bridge Navigator landing page.

Applicant Webinar
PHI/CA Bridge held an informational webinar for applicants on May 13, 2022. Serena Clayton, CA Bridge Executive Director, provided an overview of the Bridge Navigator Program and CA Bridge staff presented detailed information on the application process, including a walk-through of the application system. There was a Q&A session at the end. View the recording here.

V. PROGRAM PLAN AND DELIVERABLES

Program Overview
PHI/CA Bridge is administering the Bridge Navigator Program to support hospitals and emergency departments to become primary access points for the treatment of SUDs and co-occurring mental health conditions.

Hospitals participating in the Bridge Navigator Program will address SUD as a treatable emergency condition, utilizing trained navigators to identify patients who would benefit from MAT.

The program will support hospitals to:
- Hire or maintain an ED based navigator;
- Identify, screen, interview, and link patients with SUD and co-occurring mental health conditions to appropriate treatment;
- Educate providers about MAT;
- Build a stigma free environment that welcomes disclosure of substance use and provides rapid, evidence-based treatment; and
- Navigate patients with co-occurring mental health conditions to outpatient treatment.

PHI/CA Bridge will provide all participating hospitals with access to materials, training, and technical assistance for navigators, clinicians, community health workers, nurses, and other hospital staff and stakeholders.
Deliverables

Phase 1

**Deliverable Completion Date: Within 15 days of distribution of fully executed contract**

**Payment:** $50,000 per hospital

1. Fully executed contract.

2. Complete and updated contact information (name, title, email, and telephone) for the following hospital staff or similar roles have been provided to CA Bridge: 1) MAT Clinical Champion, 2) ED Medical Director or Chair, 3) Navigator (if hired), 4) Navigator Supervisor, 5) ED Nursing Director, and 6) Hospital Chief Quality Officer or Chief Medical Officer (or equivalent).

3. Reporting form is submitted (format provided by PHI/CA Bridge).

4. For hospitals that received navigator funding through a previous award, data reports on required metrics are up to date (format provided by PHI/CA Bridge).

Phase 2

**Deliverable Completion Date: 6 months after contract start date**

**Payment:** $35,000 per hospital

1. If not hired by Phase 1, navigator has been hired for at least 50% FTE.

2. New or existing navigator has participated in at least one training opportunity with PHI/CA Bridge (virtual learning, statewide training, site shadow, or site visit).

3. Clinical champion is X-waivered and has participated in at least one training opportunity with PHI/CA Bridge (virtual learning, statewide training, individual meeting with a regional director).

4. Clinical champion meets at least monthly with the navigator.

5. Clinical champion engages key stakeholders in the ED/hospital in a workgroup to develop treatment and referral pathways for patients with SUD and behavioral health issues.

6. Navigator engages patients with SUD and links them with outpatient treatment providers that have agreed to follow up with ED patients and continue buprenorphine.

7. Clinical champion and navigator educate providers on local treatment and referral pathways for mental health conditions.

8. Reporting form is submitted (format provided by PHI/CA Bridge).

9. Data reports on required metrics are up to date (format provided by PHI/CA Bridge).
Phase 3
Deliverable Completion Date: 1 year after contract start date
Payment: $35,000 per hospital

1. Navigator has participated in at least two navigator-specific training opportunities during the reporting period (virtual learning, statewide training, site shadow, or site visit) to engage patients with both substance use and mental illness.

2. Clinical champion has participated in at least one training opportunity with PHI/CA Bridge (virtual learning, statewide training, individual meeting with a regional director) during the reporting period.

3. Clinical champion shares nursing education materials and CA Bridge training opportunities with ED staff.

4. Clinical champion meets at least monthly with navigator.

5. Clinical champion creates (or uses PHI/CA Bridge materials to develop) a workflow for treatment of OUD in the ED and disseminates it to clinicians in the ED/hospital.

6. Navigator continues to engage patients with SUD and links them with outpatient treatment providers.

7. Navigator addresses mental health conditions among patients with substance use by referring patients to community mental health resources.

8. Buprenorphine is available in the ED without specialty consultation 24/7 for treatment of opioid withdrawal and maintenance treatment of OUD.

9. Reporting form is submitted (format provided by PHI/CA Bridge).

10. Data reports on required metrics are up to date (format provided by PHI/CA Bridge).

Required Metrics: Reported monthly by the 15th of the following month

Report the following. Data reporting by patient race/ethnicity/gender is required for metrics marked with an asterisk (1 and 5), and optional for all others (2, 3, 4, and 6):

1. # ED/hospital encounters where a patient was seen by the navigator for any reason.*

2. # ED/hospital encounters where a patient was diagnosed with OUD.

3. # ED/hospital encounters where a patient was discharged with a follow-up appointment with an SUD provider.

4. # ED/hospital encounters where navigator facilitated patient referral to follow-up mental health treatment.

5. # ED/hospital encounters where a patient was treated with buprenorphine (administered and/or prescribed).*

6. # ED/hospital encounters where a patient was diagnosed with overdose and seen by the navigator.