

**Virginia Higher Education Opioid Consortium  
(VHEOC)**

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**RFP#** RFP - 005 - Crisis Care -  
 Nov 2019

**REQUEST FOR PROPOSALS (RFP) TEMPLATE**

**DRAFT** Submit RFPs to: [VHEOC@virginia.edu](mailto:VHEOC@virginia.edu)

**FINAL** ~~(Final Info No Page)~~ Questions? Call 434-243-2457

DATE SUBMITTED (mm/dd/yyyy): 11/12/2019 SUBMITTED BY: Elien Moriarty

**Name/Location of CSB**  
 Mount Rogers CSB, 780 W. Ridge Rd. Wytheville, VA., 24382

**CSB Project Contact(s)** (Include name, title, email, phone number for point(s) of contact)  
*This information will be provided upon award notification.*

**Project Summary**  
 With this Request for Proposals (RFP), the above-named CSB invites proposals from the Virginia Higher Education Opioid Consortium (VHEOC) for the purpose of:  
 Does a 23 hour Crisis Care Center model with no barriers to care increase engagement and effectiveness of outpatient substance use disorder treatment?

**Proposed Project Completion Date** (No later than end of current funding cycle: Sept. 30, 2020)  
 September 15, 2020.

**Project Scope of Work Requested** (Include additional page if more space is needed)

1. **BASIS/NATURE OF PROBLEM:**  
 Southwest Virginia has some of the highest rates of substance use in the country. According to data from the Virginia Office of the Chief Medical Examiner for 2017, the rate of fatal drug/poison overdoses (per 100,000) in our catchment area was 20.8 as compared to the rest of the state at 17.1. The rate of fatal prescription opioid (excluding fentanyl) overdoses was 6.9 compared to the rest of the state at 5.7. Our 23 hour model is new combining a medical model with a living room model with no barriers to care.

2. **PROJECT OBJECTIVES:**  
 To measure and compare the effectiveness of the 23 hour model for substance use disorder clients compared to last year when no model was present. Measure engagement with Peer Services combined with Emergency Services for SUD clients to determine if engagement is enhanced with clients remaining in care longer and with reduce relapse. This project by-passes the Emergency room and places people with SUD into care immediately to include access to detox if needed. Psychiatric nurse practitioners are present along with RN's.

3. **SPECIFIC SERVICES/ACTIVITIES REQUESTED TO ACHIEVE OBJECTIVES:**

1. Measurement tools for engagement and effectiveness for this population ( we currently do GPRA)
2. Assist with data to determine effectiveness of this new model for SUD
3. Trend analysis by demographics to define "who" is our most often served clients
4. Quarterly review to provide feedback to improve care to people with Substance use disorders
5. Recommendations for trainings with staff to include by their role or license
6. Evaluation of process to improve care for clients
7. How to best use Peers and SUD clinician within the process
8. Strategies on reducing stigma for SUD clients. We have a private entrance for law enforcement to bring clients instead of walking in front door.
9. Recommendations on how to integrate this new 23 hour model into our continuum of care
10. Evaluation of alternative therapies offered such as quiet rooms, music, visual calming scenes, yoga.