NCACH RAPID CYCLE APPLICATION: OPIOID PROJECT

North Central Accountable Community of Health - Medicaid Transformation Project

Introduction

The North Central Accountable Community of Health (NCACH) is accepting applications from partners who are interested in implementing projects under the Medicaid Transformation to *Address the Opioid Use Public Health Crisis* in one or more of the following counties: Chelan, Douglas, Grant, and Okanogan Counties.

Through cross-sector, regional collaboration, NCACH is working to improve community health in North Central Washington. NCACH is one of nine Accountable Communities of Health formed in Washington through the Healthier Washington initiative. AS part of this initiative, the NCACH is undertaking a regional project addressing the opioid use public health crisis in North Central Washington. **The project objective, as described by the Washington State Health Care Authority, is to support the achievement of the state's goals to reduce opioid-related morbidity and mortality through strategies that target prevention, treatment, overdose prevention, and recovery supports.**

Menu of Approaches

Through community and partner input, NCACH has identified high priority approaches for our region, listed on the next page. These approaches were selected for their alignment with the 2016 Washington State Interagency Opioid Working Plan.

	Approaches
Prevention	Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction to healthcare providers, law enforcement, community coalitions, schools/students including community colleges, dentists, public health, the public, and other relevant parties.
	Promote safe storage and appropriate disposal of medications through building awareness and education of 1) medication take back programs, 2) home lock boxes, 3) safe medication disposal options
	Promote use of best practices among dentists for prescribing opioid for pain (ie. The Dental Guideline on Prescribing for Acute Pain Management developed by the Bree Collaborative and WA State AMDG).
	Expand Medication Take Back programs.
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain chronic pain management.
Treatment	Increase the number of providers certified to prescribe Opioid Use Disorder (OUD) medications in the region (ie. hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites).
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.
	Promote and support pilot projects that offer low barrier access to buprenorphine in efforts to reach persons at high risk of overdose; for example in emergency departments, correctional facilities, syringe exchange programs, SUD and mental health programs.
	Increase OUD treatment, particularly MAT, during incarceration and ensure continuity of treatment for persons with an identified OUD need upon exiting correctional facilities by providing direct linkage to community providers for ongoing care.
	Organize or expand syringe exchanges. Develop/support linkages between syringe exchange programs and physical health/OUD treatment providers.
	Establish or enhance community pathways to support pregnant and parenting women with connecting to care services that address whole-person health (physical, mental and substance use disorder treatment) needs during, through, and after pregnancy.
OD Prevention	Provide technical assistance to first responders, chemical dependency counselors, and law enforcement on opioid overdose response training and naloxone programs.
	Assist emergency department to develop and implement protocols on providing overdose education and take home naloxone to individuals seen for opioid overdose.
	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.
	Collaborate with the MCOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.
Recovery	Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
	Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.
	Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.
	Establish or expand adult and/or juvenile drug courts.
PHM [1]	Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

[1] PHM - Population Health Management

Please note, the above list of approaches is **not** exhaustive and additional approaches **will be** considered for funding by NCACH. Each application must select at least one approach. If the selected approach is not a priority approach, the application must clearly articulate justification for this approach (ie. provide rationale between the approach and intended impact). Additionally, an application mays select more than one approach.

The NCACH reserves the right to fund all, some, or none of the approaches described in an application.

Award Information

The NCACH will fund community partners to implement aspects of the Opioid Project. NCACH is interested in funding projects which are collaborative, innovative, culturally sensitive, and specific in their approach toward reduction in opioid-related morbidity and mortality in North Central Washington.

Length of Project Period

The project period is July 1, 2018 through December 31, 2018. Additional funding will be available in future years to partners through a competitive application process.

Award Size

Anticipated total available funding for the Opioid Project period (July 2018 – December 2018) is $100,000. Individual award amounts will vary based on the scope of proposed project but will generally range from $2,500 to $10,000.

Funding

Funding is available to the NCACH from the Health Care Authority to fund opioid-related initiatives through the Washington Medicaid Transformation Project. These funding are not a grant but rather a performance-based incentive program for earning funds through achievement of milestones and outcomes. Funding is future years is contingent meeting certain milestones, processes, and performance metrics. Awards are subject to the availability of funds.

Allowable Expenditures

Funding is intended to be used to catalyze new efforts and/or expand current efforts to address the opioid-use public health crisis. Funding should not be used to replace existing funding streams.

Funding is intended to be seed money to support the development of sustainable efforts. Funding is **not** intended to provide sustained programmatic support but rather to provide monetary support where there are short term financial barriers to implementing initiatives. The most competitive applications will show how these funds will be utilized to create long-term, sustainable change.

Application Review and Selection

Applications will be evaluated based on application scoring criteria and the final selection process will involve a ranking system based on application score and geographical distribution used in conjunction with funding principles to guide the equitable selection of successful applicants. Application scoring criteria are described in Appendix X.

Eligibility Information

This funding opportunity is open to community partners located in Chelan, Douglas, Grant, and Okanogan Counties who are providing Opioid Use Disorder (OUD) prevention, treatment, overdose prevention, and recovery support services, especially to low-income populations. NCACH is seeking responses from a broad range of partners from throughout the region, including but not limited to community-based organization, social service agencies, educational institutions, law enforcement agencies, and clinical partners. Grass-roots, community-driven efforts and coalitions are eligible for funding but will be required to identify a lead organization that can enter into contracts on their behalf.

Reporting Requirements

NCACH will require periodic written and verbal reports from successful applicants. During the project period (July 2018 – December 2018) one verbal report (≤20 minutes) will be required during an NCACH Regional Opioid Stakeholders Workgroup Meetings. In the spirit of continuous monitoring, learning, and improvement, this will allow NCACH and Opioid Workgroup members to learn about activities on the ground, build relationships with community partners, celebrate successes, and understand barriers. Similarly, one additional verbal report (≤20 minutes) will be required during a partner meeting. A partner meeting is any coalition or gathering of partners where information sharing is happening; these could be Coalition for Health Improvement meetings, Local Opioid Stakeholder Meetings, Regional Prevention meetings, etc.

Funded entities will be required to submit a final written report electronically through an online portal. Reporting requirements will be detailed in Memorandums of Understanding between the NCACH and each successful applicant.

Participation at the NCACH Annual Summit is encouraged. The Annual Summit generally takes place in April each year. This will allow community partners to share successes and challenges in implementing these projects and encourage collaboration among partners across our entire NCACH region.

Application Submission Information

Email completed applications to Christal Eshelman (christal.eshelman@cdhd.wa.gov) by DUE DATE. If you need technical assistance filling out the template, please email Christal Eshelman or call 509-886-6434.

NCACH IMPLEMENTATION PARTNER APPLICATION: OPIOID PROJECT

Project Information

Project Title:
Funding Requested: $
Lead Organization: *This organization will sign the MOU and will be responsible for reporting requirements.*
Contact Name:
Email:
Physical Mailing Address:
Phone:
Contributing Organizations and Tribes: *(Please list all the organizations in the region that participated in developing the project application and will participate in implementing the described project.* **We encourage applicants to collaborate on project applications.** *Please attach attestation of support letters for all organizations or tribes that are not the lead organization. These letters should be brief statements of commitment signed by a person of authority in the partnering organization or tribe.*
Counties Served by Project: (check all that apply):   ☐ Chelan ☐ Douglas ☐ Grant ☐ Okanogan
The project is: ☐ New ☐ Enhancing or expanding an existing project or set of projects
Select sectors engaged by this project: ☐ Education ☐ Public Health ☐ Housing ☐ Transportation   ☐ EMS ☐ Hospitals ☐ Primary Care ☐ Mental Health   ☐ SUD ☐ Employment ☐ Social Services   ☐ Other (please list)
Optional: Select all other NCACH project areas addressed by this project (refer to <mark>Appendix X</mark> for information about each project):   ☐ Bi-Directional integration of primary care and behavioral health   ☐ Community Based Care Coordination   ☐ Transitional Care   ☐ Diversion Interventions   ☐ Chronic Disease Prevention and Control

Approach

Please select which approach(es) this project will implement. Mark all that apply.

	Approaches	
Prevention	Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction to healthcare providers, law enforcement, community coalitions, schools/students including community colleges, dentists, public health, the public, and other relevant parties.	☐
	Promote safe storage and appropriate disposal of medications through building awareness and education of 1) medication take back programs, 2) home lock boxes, 3) safe medication disposal options	☐
	Promote use of best practices among dentists for prescribing opioid for pain (ie. The Dental Guideline on Prescribing for Acute Pain Management developed by the Bree Collaborative and WA State AMDG.).	☐
	Expand Medication Take Back programs.	☐
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain chronic pain management.	☐
Treatment	Increase the number of providers certified to prescribe Opioid Use Disorder (OUD) medications in the region (ie. hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites).	☐
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.	☐
	Promote and support pilot projects that offer low barrier access to buprenorphine in efforts to reach persons at high risk of overdose; for example in emergency departments, correctional facilities, syringe exchange programs, SUD and mental health programs.	☐
	Increase OUD treatment, particularly MAT, during incarceration and ensure continuity of treatment for persons with an identified OUD need upon exiting correctional facilities by providing direct linkage to community providers for ongoing care.	☐
	Organize or expand syringe exchanges. Develop/support linkages between syringe exchange programs and physical health/OUD treatment providers.	☐
	Establish or enhance community pathways to support pregnant and parenting women with connecting to care services that address whole-person health (physical, mental and substance use disorder treatment) needs during, through, and after pregnancy.	☐
OD Prevention	Provide technical assistance to first responders, chemical dependency counselors, and law enforcement on opioid overdose response training and naloxone programs.	☐
	Assist emergency department to develop and implement protocols on providing overdose education and take home naloxone to individuals seen for opioid overdose.	☐
	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.	☐
	Collaborate with the MCOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.	☐
Recovery	Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.	☐
	Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.	☐
	Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.	☐
	Establish or expand adult and/or juvenile drug courts.	☐
PHM [2]	Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.	☐
Other	Other, please describe:	☐

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[2] PHM - Population Health Management

Please note, the above list of approaches is **not** exhaustive and additional approaches **will be** considered for funding by NCACH. Each application must select at least one approach. If the selected approach is not a priority approach, the application must clearly articulate justification for this approach (ie. provide rationale between the approach and intended impact). Additionally, an application mays select more than one approach.

Project Description

Suggested word count 750 - 1000 words, maximum word count is 2000 words.

Problem Statement: *What is the problem you seek to address with these funds?*
Goal Statement: *How will the population you serve benefit from the intervention you are proposing?*
Project Description: *Provide a description of the project including how you plan to implement the selected approaches above.*
Collaboration: *Describe how you will work with the contributing organizations and tribes listed above. List each partners key roles and/or responsibilities.*
Target Population: *Describe the population that you are expecting to reach with this project.*
Community Served: *Describe the community this project will serve (e.g. three counties, four primary care clinics, educational service district, approximate number of individuals served by a Social service agency in one city) and any specific needs of this community.*
Timeline: *Describe the timeline and major milestones for implementing this project?*
Risks: *Identify risks to successful implementation.*
Sustainability: *How does this project lead to lasting and self-sustaining improvement?*

Project Budget

Provide a project budget using the template provided including information about additional funding applied for or obtained for this and related initiatives. Provide a budget narrative (suggested word count 200-300 words; maximum word count is 500 words)

Project Budget: July – December 2018		
EXPENSES	*NCACH funded*	*Other funding*
Salaries, wages, and benefits		
Travel		
Equipment		
Supplies		
Training		

Printing		
Other Expenses (itemize):		
Total		

Evaluation and Reporting

In future years, NCACH will be held accountable for meeting performance metrics in order to earn funds. Below are the performance metrics specific to the Opioid Project. Addressing these metrics in some fashion will enhance your application. Select which measures, if any, this project expects to positively impact:

☐ Outpatient Emergency Department visits per 1,000 Member Months
☐ Patients on high-dose chronic opioid therapy by varying thresholds
☐ Patients with concurrent sedatives prescriptions
☐ Inpatient hospital utilization
☐ Substance Use Disorder treatment penetration (Opioid)

Measurement and Evaluation:
In order to measure progress, it is important to track process and outcome metrics. What key indicators will you utilize to measure success of this project? How will you know the project has been impactful?
Reporting:
Attest that you understand and accept the responsibilities and requirements for reporting. These responsibilities and requirements include:
One verbal report at an NCACH Regional Opioid Stakeholders Workgroup meeting on project implementation progress   *One verbal report at a partner meeting on project implementation progress*   *Final written report on project implementation and outcomes (Due January 4th, 2019)*   ☐ Yes   ☐ No

Appendices

- Appendix X – Regional Data
- Appendix X – WA State opioid Interagency Working Plan
- Appendix X – Current State Assessment
  - Information was collected during community meetings, through an online survey, and interviews with partners to develop a *Current State Assessment*. The Current State Assessment is an attempt to show the current, planned, and needed initiatives taking place in our four county region. It also highlights what interventions are currently believed to be most needed and in which geographies. This is a 'living document' and as more work is initiated, will continue to be updated.

- Appendix X – Rapid Cycle Opioid Project Application Scoring Criteria
- Appendix X – Description of NCACH selected projects

Opioid Workgroup Rapid Cycle Application Scoring Criteria

Funding Period: July 2018 through December 2018

Criteria

Pass/Fail and Bonus Scoring

Section	Questions	Scoring
Completeness	Are all parts of the application complete?	Pass/Fail
Contributing Organizations	5 Points for each partner organization (that is not the lead organization)	Variable bonus points
Counties Served	3 points for each county served	Variable bonus points
Sectors	1 bonus points for each sector engaged	Variable bonus points
Projects	Not scored	Not scored
Approach	Does the applicant select a minimum of one approach? If the selected approach is not a priority approach, does the applicant clearly articulate justification for this approach (ie. provides rationale between the approach and the intended impact)?	Pass/Fail
Attestation to Reporting requirements	Does the applicant attest to understanding and accepting the responsibilities and requirements for reporting.	Pass/Fail

Main Scoring

Scores should be selected as follows:

1 – Poor: very few strengths and numerous major weaknesses
2 – Fair: some strengths but with at least one major weakness
3 – Good: Strong but also some moderate weaknesses
4 – Strong: strong with minor weaknesses
5 – Exceptional: Exceptionally strong with essentially no weaknesses

Section	Questions	Score	Weight	Points
Problem Statement	Does the applicant clearly state the problem they are trying to address?		1	

Goal Statement	Does the application clearly articulate the benefit that the proposed intervention will provide to the population?		1	
Project Description	*Clarity* – Does the applicant clearly articulate the proposed project?		2	
	Specificity and Detail – Does this project provide sufficient detail of the proposed project?		1	
	Implementation – Does the applicant address implementation of the project?		2	
Collaboration	Does the applicant describe how they will work with the partners listed? Does the applicant attribute a role or responsibility to each partner listed?		1	
Target Population	Does the applicant describe the specific population they are expecting to reach with the proposed project?		1	
Community	Does the applicant describe the specific community the proposed project will serve?		1	
Timeline	Does the application describe major milestones and the implementation timeline?		1	
Risks	Does the applicant successfully identify a minimum of risk to implementation?		1	
Sustainability	Does the applicant state how the proposed project will lead to lasting and self-sustaining improvement?		3	
Project Budget	Does the applicant provide a budget that accounts for all the requested funds		1	
Measurement and Evaluation	Does the applicant state key indicators they will be utilized to measure success?		2	
	Does the applicant clearly articulate how they know if the project is impactful?		2	

Opioid Workgroup Funding Principles

Principles applied to the distribution of funds specific to the Opioid Project for the funding period: July 2018 through December 2018

Stronger partnerships across clinical and community settings

1. Supports investments that builds or strengthens partnerships between clinical and community settings or that address Social Determinant of Health in order to improve opioid-related mortality and morbidity.
2. Projects that demonstrate Cross-sector and/or regional collaboration will be considered more competitive

Sustainability

3. In alignment with the Board's intent to fund projects that will lead to sustainable change, projects should demonstrate a clear path toward sustainability. Except where a clear path toward sustainability is articulated, funds will not be allocated to pay for short-lived provision of direct services.

Capacity Building

4. Funding will be distributed to partners to create or build on existing capacity and infrastructure. Funding will not be awarded to replace existing funding sources.

Measurable Impact

5. Funding will be distributed to partners that state key indicators they will utilize to measure success and indicate how they know if the project is impactful.

Scope

6. Projects that demonstrate the following will be considered more competitive:
   a. Serving a larger geographical area and/or larger Medicaid population
   b. Addressing more than one priority area (prevention, treatment, overdose prevention, and recovery)
7. In order to receive funding, a minimum of one approach must be identified. If the approach identified is not a priority approach, the applicant must clearly articulate justification for this approach.

Health Equity

8. Projects that demonstrate a clear advancement of health equity will be considered more competitive

Readiness

9. Funding will be awarded to applicants who demonstrate 'shovel ready' projects. Shovel ready means that the applicant is ready to make use of funds immediately and expend them on the proposed project within six months (without extensive planning).

March 19, 2018

Geographical Distribution

10. Funding will be equitably distributed across the North Central Accountable Community of Health Region.

Definitions

- Health Equity - Reducing and ultimately eliminating disparities in health and their determinants that adversely affect excluded or marginalized groups.
- Local Health Jurisdiction – Local Health Jurisdictions are defined by Public Health service areas. There are three Local Health Jurisdictions in the North Central Accountable Community of Health region. They are comprised of 1) Chelan and Douglas Counties, 2) Grant County, and 3) Okanogan County.
- Priority approach - Through community and partner input, NCACH has identified high priority approaches for our region, listed on page 3. These approaches were selected for their alignment with the 2016 Washington State Interagency Opioid Working Plan.
- Priority area – Four areas specifically targeted through he Medicaid Transformation to reduce opioid-related morbidity and mortality include 1) Prevention, 2) Treatment, 3) Overdose Prevention, and 4) Recovery.
- Social Determinants of Health - economic and social conditions that influence the health of people and communities. Examples of social determinants of health include education, transportation, socioeconomic conditions, and language/literacy, among many others.

	Approaches
Prevention	Promote accurate and consistent messaging about opioid safety and to address the stigma of addiction to healthcare providers, law enforcement, community coalitions, schools/students including community colleges, dentists, public health, the public, and other relevant parties.
	Promote safe storage and appropriate disposal of medications through building awareness and education of 1) medication take back programs, 2) home lock boxes, 3) safe medication disposal options
	Promote use of best practices among dentists for prescribing opioid for pain (ie. The Dental Guideline on Prescribing for Acute Pain Management developed by the Bree Collaborative and WA State AMDG).
	Expand Medication Take Back programs.
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain chronic pain management.
Treatment	Increase the number of providers certified to prescribe Opioid Use Disorder (OUD) medications in the region (ie. hospitals, primary care clinics, correctional facilities, mental health and SUD treatment agencies, methadone clinics and other community based sites).
	Build structural supports (e.g. case management capacity, nurse care managers, integration with substance use disorder providers) to support medical providers and staff to implement and sustain medication assisted treatment, such as methadone and buprenorphine; examples of evidence-based models include the hub and spoke and nurse care manager models.
	Promote and support pilot projects that offer low barrier access to buprenorphine in efforts to reach persons at high risk of overdose; for example in emergency departments, correctional facilities, syringe exchange programs, SUD and mental health programs.
	Increase OUD treatment, particularly MAT, during incarceration and ensure continuity of treatment for persons with an identified OUD need upon exiting correctional facilities by providing direct linkage to community providers for ongoing care.
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	Establish or enhance community pathways to support pregnant and parenting women with connecting to care services that address whole-person health (physical, mental and substance use disorder treatment) needs during, through, and after pregnancy.
OD Prevention	Provide technical assistance to first responders, chemical dependency counselors, and law enforcement on opioid overdose response training and naloxone programs.
	Assist emergency department to develop and implement protocols on providing overdose education and take home naloxone to individuals seen for opioid overdose.
	Establish standing orders in all counties to authorize community-based naloxone distribution and lay administration.
	Collaborate with the MCOs to provide residential, outpatient and withdrawal management programs with guidelines, training and tools to provide overdose prevention education to all clients.
Recovery	Enhance/develop or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
	Establish or enhance community-based recovery support systems, networks, and organizations to develop capacity at the local level to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.
	Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow up for services.
	Establish or expand adult and/or juvenile drug courts.
PHM [1]	Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

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[1] PHM - Population Health Management

Opioid Workgroup Funding Process

Funding Period: July 2018 through December 2018

Funding Process

1. Anticipated total available funding for the Opioid Project period (July 2018 – December 2018) is $100,000.
2. Application will open April 9th.
3. Applications due to NCACH staff via email by May 10th.
4. Opioid Workgroup will form an Application Evaluation Committee (AEC). Note: members who have applied for funding, or who are affiliated with organizations that have applied for funding, are restricted from joining the AEC. The AEC will also include NCACH staff and external consultants (The Center for Evidence-based Policy). Efforts will be made to ensure equitable representation of each County on the AEC. If necessary, the Workgroup may solicit non-Opioid Workgroup member participation on the AEC.
5. The AEC will review, score, and rank applications.
   a. Applications will be sorted by geography.
   b. Applications will be randomly assigned to reviewers who are not from the same local health jurisdiction (LHJ) as the applicant lead organization. LHJ's in the North Central Accountable Community of Health region include Grant County, Okanogan County, and Chelan-Douglas County.
   c. Reviewers will be blinded to the names of applicants (when possible) and other reviewers.
   d. Each application will be reviewed by one workgroup member and one NCACH staff or consultant using pre-determined scoring criteria.
      i. If the reviewer scores are within 10 points of one another, the scores will be averaged to determine the final score for the application.
      ii. If the scores are not within 10 points of one another, the application will be assigned to an additional reviewer.
         1. After the third reviewer scores the application, the reviewers will meet as a group to discuss the scoring and reviewers will have an opportunity to change their scores.
         2. Once each reviewer finalizes his/her score, the three scores will be averaged to determine the final score for the application.
6. This highest ranked applications summing to $20,000 in each Local Health Jurisdiction will be recommended for funding (based on location of lead organization and/or counties served). The reaming application shall be recommended for funding in the order of rank so that the total of the recommended applications to be funded does not exceed $100,000.
7. The AEC will recommend a *funding package* (projects and funding amounts) for approval by the Workgroup at the May Workgroup meeting (May 25, 2018).
8. The Workgroup will approve recommendation of *funding package* to the Governing Board.
9. The *funding package* will be presented to the Governing Board for approval the June Board Meeting (June 4, 2018).

10. Successful applicants will be notified on June 6, 2018 with an award letter/email. MOUs will be distributed to successful applicants June 6th and will be due back to NCACH staff by June 29th. The MOUs will reference each successful applicant's application in order to determine expectations and deliverables. Additionally, on June 6th information needed to register organizations in the Financial Executor Portal will be requested (ie. EIN number.)
    a. This is a tight timeframe. Organizations that do not return the MOU by June 29th will not forfeit funding but will not receive funding until their MOUs are returned.
    b. A requirement of the MOU will be to register in the Financial Executor Portal (by June 29th).
11. The full funding amount will be distributed to lead organization of successful applicants on or around July 2, 2018.
12. July 1 - December 31, 2018 Reporting requirements:
    a. One verbal report at an NCACH Regional Opioid Stakeholders Workgroup meeting on project implementation progress
    b. One verbal report at a partner meeting on project implementation progress. Partner meetings include but are not limited to Coalition for Health Improvement meetings and Local Opioid Stakeholder groups.
    c. Final written report on project implementation and outcomes (Due January 4th, 2019)
13. Only applicants who are in compliance with all NCACH reporting requirements will be eligible for future NCACH funding

Note: This process calls for advance payment of NCACH DSRIP funds to partners for specified purposes (as outlined in successful applications). Partners shall use those funds only for the purposes specified, and must return any funds tied to deliverables not met under the MOU to the Financial Executor or the NCACH by February 28th, 2019.

Note: All dates are subject to change and funding is contingent on availability of funds.