



The North Carolina Emergency Department Peer Support Program for Improving Response to Opioid Overdose Application

Organization Name	
Primary Contact for Grant	
Phone Number	
Email Address	
Mailing Address	
Primary Contact for Program	
Phone Number	
Email Address	
Mailing Address	
1. Please describe your current efforts to improve opioid overdose response and discharge plans for those who present in your emergency department.	
2. Who are your current community partners (e.g. community-based addiction treatment sites, opioid treatment programs, detox and crisis services, recovery partners, syringe exchange programs) and how are you working with them on follow up care for patients? Do you anticipate your relationships with community partners will change with participation in this program?	
4. Please describe how you will implement the interventions above and report required metrics including referrals/connections, 30-day readmissions, ED visits, types of recovery supports and services provided and other relevant metrics TBD.	
5. Do you currently have or how would you plan to implement protocols on prescribing or dispensing naloxone to those discharged after non-fatal opioid overdose?	
6. Do you currently have or how would you plan to implement educate patients with history of IV drug use on syringe exchange programs if available in your community?	
7. Do you currently have or how would you plan to implement referral or handoff mechanism to outpatient addiction treatment or recovery services?	
8. Do you currently engage or how would you plan to engage in initiation of medication-assisted treatment in the ED? If so, please describe.	
9. How do you currently share patient information across the continuum of care, and how do you propose doing that for this program?	
10. How do you currently include patients and their families in their care? Will this program change how they are included?	
11. Please describe how you will sustain this program after the 1-year grant-funded period ends	
Name of CEO (Please Print)	
CEO Signature	

Proposals must include:

1. Narrative describing how certified peer support specialists will be utilized in your ED
2. Estimate of the number of individuals who may be served based on your current payor mix of uninsured patients presenting in the ED for opioid overdose

3. Completed budget and budget justification. Include all sources of revenue for your peer support programs, staffing allocations, and all relevant program expenses (\$180,000)
4. Letters of support or commitment documentation from key community partners
 - a. -LME/MCO (must be included)
5. An organizational chart for the program
6. Timeframe for implementation

Applications must be four (4) pages or less, including the previous Application page and numbers 1- 11 above.

Applications may include attachments that do not count towards the four-page limit.

All applications must be submitted electronically

Applications must be submitted no later than March 30th, 2018 to:

ATTN: Jai Kumar, MPH
Director of Planning & Development
NC Hospital Foundation
jkumar@ncha.org

Applications received after close of business on March 30, 2018 will not be considered for funding. Questions may be submitted to Jai Kumar at jkumar@ncha.org until March 20, 2018.