**Wyoming Department of Health**

**Behavioral Health Division, Mental Health and Substance Abuse Services**

**Special Project Funding Application**

**State Opioid Response Projects - Wind River Indian Reservation**

**September 2019-September 2020**

The Wyoming Department of Health, Behavioral Health Division (BHD), is accepting applications for fiscal year (FY) 2020 for the State Opioid Response (SOR) Grant. The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD).

The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment and/or recovery activities for OUD.

Tribes and tribal organizations may elect to apply as part of a consortia or in partnership with urban Indian organizations. Tribes and tribal organizations may only be included in one grant application.

**Key Dates:**

**Application Deadline: Applications are due by October 24th, 2019**

This application is for federally recognized tribes and tribal organizations seeking funding under any or all of the following categories:

1. Medication Assisted Treatment (MAT) Services
2. Integration with Healthcare
3. Recovery Residences
4. Education & Prevention

The Wyoming SOR grant aims to prevent the opioid epidemic. Funding may only be utilized in conjunction with described services for individuals diagnosed with Opioid Use Disorders (OUD). Over the one-year period, $350,000 in total funds are anticipated for these projects.

Funding may augment, not supplant, services.

**Applications are due at the Behavioral Health Division by**

**5:00 p.m. Thursday, October 24th, 2019**

Please email your application as a **Microsoft Word** attachment in time to arrive by this date and time. Please type your responses directly into this document in the boxes provided. Please be concise in your responses. Save the document with a file name that includes your agency name such as “AgencyName SOR 19-20.” You will receive a confirmation reply email.

Email applications to [Marla.smith1@wyo.gov](mailto:Marla.smith1@wyo.gov) and copy [erin.doak@wyo.gov](mailto:erin.doak@wyo.gov).

For information about the application contact [erin.doak@wyo.gov](mailto:erin.doak@wyo.gov) or call 307-777-7940.

**Please see below for guidance and information about this application. Please refer to the guidance while completing the application.**

Scoring of the applications and funding decisions are the responsibility of the Division. Scoring guidelines are listed on the last pages of this document. The Division may approve only a portion of any application and retains the right to negotiate terms with any entity. The SOR grant is governed by 45 CFR Part 75. Billings must be allowable, accurate, applicable, reasonable, and properly allocated and are most often paid based on actual costs.

The program supplements current activities focused on reducing the impact of opioids and will contribute to a comprehensive response to the opioid epidemic. Tribes will use the results of a current needs assessment available to the tribe (or carry out a strategic planning process to conduct needs and capacity assessments) to identify gaps and resources from which to build prevention, treatment and/or community-based recovery support services. Grantees will be required to describe how they will expand access to treatment and recovery support services as well as advance substance misuse prevention in coordination with other federally-supported efforts. Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and/or recovery activities. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

**Allowable Activities:**

* Incorporate culturally appropriate and traditional practices into your program design and implementation.
* Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD prevention, treatment, and recovery.
* Address barriers to receiving MAT by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, engage and retain patients in treatment, address discrimination associated with accessing treatment, including discrimination that limits access to MAT, and support long-term recovery.
* Develop and implement tobacco cessation programs, activities, and/or strategies.
* Develop effective prevention strategies which include but are not limited to: elder education, outreach and engagement of youth, strategic messaging, and community prevention activities. Develop strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.
* Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.

**ELIGIBILITY INFORMATION**

The applicant must be a federally recognized American Indian or Alaska Native tribe or tribal organization on the Wind River Indian Reservation. Tribes and tribal organizations may apply individually, as a consortia, or in partnership with other organizations.

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# **SECTION 1: Applicant Information**

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Applicant Agency Name:

Business Office (Physical Address):

Business Office (Mailing Address – if different):

Applicant Contact Person and Title:

Phone Number of Contact Person:

Fax Number:

E-Mail Address for Contact Person:

Website:

Contract Signatory (person with legal authority to sign on behalf of the agency):

Title of Contract Signatory:

Federal Employment ID #:

DUNS #:

Date SAMS registration expires (https://www.sam.gov/portal/SAM/)[[1]](#footnote-1):

Name of your agency’s President of the Board of Directors, their mailing address, phone number, and term of office:

Sign below by typing the name of each person and the date. This typed “signature” affirms that each has read this application and the application guidance.

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Board Chairman Date

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Executive Director and/or Primary Contact Date

What are the amounts of funds you are requesting?

1. Medication Assisted Treatment (MAT) Services $\_\_\_\_\_\_\_\_\_\_\_
2. Integration with Healthcare $\_\_\_\_\_\_\_\_\_\_\_
3. Recovery Residences $\_\_\_\_\_\_\_\_\_\_\_
4. Education & Prevention $\_\_\_\_\_\_\_\_\_\_\_

Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **SECTION 2: Applicant Overview**

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**Please type your answers directly into the spaces provided within this document. The space will expand as you type. Concise responses are appreciated.**

Please limit your response for Section 2 to two or fewer pages including the questions.

1. Provide an overview of your agency. Include your agency’s mission, years in business, highlights of services provided and outcomes achieved, agency structure and decision making capacity, and any other pertinent information.

|  |
| --- |
| Type |

1. Describe how this project complements your agency’s traditional services and the reasons for which you are applying.

|  |
| --- |
| Type |

1. Describe the policies and practices by which your agency engages tribe members who are in recovery in meaningful roles in the development of the service array used.

|  |
| --- |
| Type |

1. Please provide the date of your agency’s most recent audit. Note any audit findings and remediation to any findings. Briefly note the processes used to manage the fiscal portions of federal and other grant funds.

|  |
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| Type |

1. In the table below, please list the agencies with which you will need to collaborate to succeed in this project. Note the collaboration that will be needed. Please include the following partners and include two (2) additional partner categories that are crucial in reducing/preventing an opioid epidemic in your county(ies).

|  |  |  |
| --- | --- | --- |
| Partner | Names of Partners | Brief Description of Collaboration to Plan and Implement  this Project |
| Law Enforcement, jails, prisons, probation and parole, and CST programs |  |  |
| Substance Use and Mental Health Treatment Providers |  |  |
| Consumer Groups or Committees |  |  |
| Health agencies (ER’s, hospitals, urgent care, FQHC’s, clinics) |  |  |
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# **SECTION 3: Service Applications**

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# **Service A: Medication Assisted Treatment Services**

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| Check here if **not** applying to provide this service and go to [Service B](#_heading=h.3znysh7): |  |

**Who may apply:** Experienced tribal health groups and primary tribal healthcare organizations that are incorporated and/or registered on the Wind River Reservation and registered with <https://www.sam.gov/portal/SAM/>.

**Allowable with SOR funds:**

* FDA approved Opioid Use Disorder (OUD) treatment medication
* Medication management
* OUD prescribing provided by a physician, nurse practitioner, or physician assistant who holds a DATA 2000 waiver
* All behavioral health treatment services
* Peer support and recovery supports

Services may only be provided to individuals diagnosed with OUD. Priority may be given to people exiting prison or jail or residential treatment. Provision of MAT is a requirement.

The primary objectives are to enroll and retain clients to help them recover from OUD.

1. Provide a working title for the proposed project.

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1. Briefly summarize the approach you will utilize to provide MAT services on the Wind River Reservation. Please note any best practices, including therapeutic best practices, tribal or cultural practices you intend to use. Describe how you plan to maintain fidelity to the model and/or use the practice to obtain the desired results.

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1. Describe the target population(s) for receiving services under this project(s).

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1. Provide the location(s) where these services will be provided.

|  |  |  |
| --- | --- | --- |
| Location Name | Physical Address | Town |
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|  |  |  |
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1. Describe how this project augments/supplements and does not supplant other services.

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1. Summarize your agency’s experience providing medication assisted treatment (MAT) to tribal people including practices and processes utilized, numbers of persons served, retention trends or data, and outcomes for those clients.

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1. What is the name(s) of the physician, nurse practitioner, or physician assistant who holds a DATA 2000 waiver and who will provide MAT services under this project?

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1. Describe how will you provide or ensure that clients receive comprehensive addiction counseling, mental health counseling, and cultural integration to complement the MAT services.

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1. How many people with OUD do you anticipate enrolling, retaining for 3 or more months, retaining for 6 or more months, and graduating?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Enroll** | **3 months** | **6 months** | **graduate** |
| **Oct 2019 – Feb 2020** |  |  |  |  |
| **Mar-Aug 2020** |  |  |  |  |
| **Total** |  |  |  |  |

1. What process will your agency use to reach your enrollment numbers? How will you engage and retain clients?

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1. Describe your proposed peer specialist and other tribal recovery support services if included in your project plan. (Peer specialist and recovery support services must be in addition to any currently funded peer specialist and recovery support services. Note how you will ensure that these services are not supplanting.)

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1. How will your agency assist clients to obtain needed OUD medication and services after they have completed or left the program?

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1. Please provide a proposed budget.

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| --- | --- |
| **MAT Services Budget Items Allowed (See guidance)** | |
|  | Oct. 2019-Sept. 2020 |
| FDA approved opioid antagonist medication | $ |
| Prescriber services | $ |
| General healthcare related to medication use (e.g. vital signs, drug testing, medication management) | $ |
| Peer specialist services | $ |
| Recovery support services (including care coordination) | $ |
| Ancillary recovery support (e.g. cultural integration trainings, Uber/Lyft costs) | $ |
| Provider training and staff travel | $ |
| Limited start-up or enhancement costs |  |
| Other | $ |
| *Subtotal* | *$* |
| 10% *de minimis* indirect costs | $ |
| *Total* | *$* |

Budget Narrative: Please itemize and justify the cost for each line for which you are applying.

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# **Service B: Integration with Healthcare**

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| Check here if **not** applying to provide this service and go to [Service C](#_heading=h.3dy6vkm): |  |

**Who may apply:** Primary tribal healthcare providers including tribal or Wind River hospitals and clinics incorporated in Wyoming and registered with <https://www.sam.gov/portal/SAM/>.

**Services** are targeted to individuals diagnosed with OUD and at risk of OUD.

The approach includes practices to engage clients and provide screening for OUD; provide warm handoffs to MAT and other service providers; recovery supports including continued support after leaving your services or outside of your services (in the community or region); and may include access to or provision of MAT and other services.

Services may include MAT services; integration with tribal communities to reach, assess, treat, refer, and promote the recovery of individuals who are using opioids; strategies to increase peer specialist services and recovery supports in your region; and linkage with culturally competent addiction and mental health counseling.

The primary objectives are to identify individuals with OUD in the tribal system, connect individuals with MAT services, and provide recovery support to instill hope in the possibility of recovery and motivation to remain in helpful services.

**NOTE:** If your agency would like to provide MAT services as a part of your integrated care, please also complete Service A: Medication Assisted Treatment Services.

1. **If you intend to provide MAT services with Tribal SOR funds, please complete Service A.**
2. Provide a working title for the proposed project.

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1. In ten or fewer lines, summarize the integrated care services you will provide with the SOR funding and your intended outcomes.

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1. Describe the target population(s) for receiving services under this project(s).

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1. Provide the location(s) where these services will be provided.

|  |  |  |
| --- | --- | --- |
| Location Name | Physical Address | Town |
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1. Describe how this project augments/supplements and does not supplant other services.

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1. Summarize how your agency will identify and screen tribal members who are at risk of OUD and those with OUD.

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1. Summarize how you will provide a warm hand-off to MAT services for individuals who need or may need MAT services.

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1. Describe how will you provide or ensure that tribal members receive comprehensive and culturally competent addiction counseling, mental health counseling, and whole-health integration. If applicable, describe how you will provide whole-health services, with cultural integration, (medical services) for people with OUD served by your agency and/or served by others in your catchment area.

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1. Please note any best practices, including therapeutic best practices, you intend to use. Describe how you plan to maintain fidelity to the model and/or use the practice to obtain the desired results.

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1. Describe how you will integrate these services with other tribal services and resources, increase peer specialist services and recovery supports, and any other projects complementary to this application.

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1. Which tribes do you propose to serve?

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1. How many tribal people do you anticipate reaching, screening, providing a warm handoff to MAT services, engaging in recovery supports?

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| --- | --- | --- | --- | --- |
|  | | | **With or at risk of OUD** | |
|  | **Reach** | **Screen** | **Hand off to Services** | **Recovery Supports** |
| **Oct 2019 – Feb 2020** |  |  |  |  |
| **Mar-Aug 2020** |  |  |  |  |
| **Total** |  |  |  |  |

1. Please provide a proposed budget.

|  |  |
| --- | --- |
| **Integration with Healthcare Budget Items Allowed** | |
|  | Oct. 2019 -  Sept. 2020 |
| Screening Services | $ |
| Peer Support Services | $ |
| Case Management and Care Coordination | $ |
| Ancillary recovery support (e.g. employment connection, bus passes) | $ |
| Provider training and staff travel | $ |
| Other | $ |
| *Subtotal* | *$* |
| 10% *de minimis* indirect costs | $ |
| *Total* | *$* |
|  |  |
| *Total from MAT services from Service A (optional)* | *$* |
| *Total Integration with Healthcare* | *$* |

Budget Narrative: Please itemize and justify the cost for each line for which you are applying.

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# **Service C: Recovery Residences**

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| --- | --- |
| Check here if **not** applying to provide this service and go to [Guidance](#_heading=h.2s8eyo1): |  |

**Who may apply:** Tribal agencies with the capacity to provide appropriate and legitimate recovery residence facilities; the organizational structure to appropriately monitor the facilities to ensure safety; and the ability to engage individuals who are in recovery in meaningful roles in the development of the recovery residences. Applicants must be (or be able to) incorporated in Wyoming and be registered with <https://www.sam.gov/portal/SAM/>.

The primary objectives are to house and keep housed tribal members who are in OUD treatment programs with priority to those transitioning from jail or prison (including therapeutic communities and halfway houses).

1. Provide a working title for the proposed project.

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1. In ten or fewer lines, summarize the services you will provide with the SOR funding and your intended outcomes.

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1. Describe the target population(s) for receiving services under this project(s).

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|  |

1. Provide the location(s) where these services will be provided.

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| --- | --- | --- |
| Location Name if Known | Physical Address if Known | Town |
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1. Provide a rationale for selecting the location(s).

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1. Summarize how your agency will provide legitimate, appropriate, culturally competent, and safe recovery houses. Include information about staffing or supervision.

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1. Summarize the processes you will use to stay connected to, and help residents stay connected to, the substance use services continuum of care

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1. Summarize how you will identify potential residents, and how you will screen, select, and retain residents.

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1. If applying for staffing funds, provide the staff title(s) and briefly provide their primary work duties for this project.

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1. How many people do you anticipate screening, housing, housing for 3 months, and housing for 6 months:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Screen** | **Initially House** | **House for 3 months** | **House for 6 months** |
| **Oct. 2019 –Sept. 2020** |  |  |  |  |

Please provide a proposed budget.

|  |  |
| --- | --- |
| **Budget Items Allowed (See guidance)** | |
|  | Oct. 2019 - Sept. 2020 |
| Staffing | $ |
| Deposits and initial rent costs | $ |
| Supplies including modest furnishings | $ |
| Other | $ |
| *Subtotal* | *$* |
| 10% *de minimis* indirect costs | $ |
| *Total* | *$* |

Budget Narrative: Please itemize and justify the cost for each line for which you are applying.

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# **Service D: Education & Prevention**

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| --- | --- |
| Check here if **not** applying to provide this service and go to [Guidance](#_heading=h.2s8eyo1): |  |

**Who may apply:** Tribal agencies with the capacity to provide appropriate and legitimate opioid education and prevention; the organizational structure to appropriately monitor the education and prevention; and the ability to engage individuals who are in recovery in meaningful roles in the development of the education & prevention and trainings. Applicants must be (or be able to) incorporated in Wyoming and be registered with <https://www.sam.gov/portal/SAM/>.

The primary objectives are to provide education and prevention to the tribal community, through culturally competent trainings.

1. Provide a working title for the proposed project.

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1. In ten or fewer lines, summarize the trainings you will provide with the SOR funding and your intended outcomes.

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1. Describe the target population(s) for receiving this education and these trainings.

|  |
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1. Provide the location(s) where these trainings will be held.

|  |  |  |
| --- | --- | --- |
| Location Name if Known | Physical Address if Known | Town |
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1. Provide a rationale for selecting the location(s).

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1. Summarize how your agency will provide legitimate, appropriate, culturally competent, and safe trainings. Include information about staffing and materials.

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1. Summarize how you will identify potential participants for opioid trainings.

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1. If applying for staffing funds, provide the staff title(s) and briefly provide their primary work duties for this project.

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1. How many people do you anticipate reaching and having participate in education and prevention trainings:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Initial Participants** | **Participants after 3 months** | **Participants after 6months** |
| **Oct. 2019 – Sept 2020** |  |  |  |

Please provide a proposed budget.

|  |  |
| --- | --- |
| **Budget Items Allowed (See guidance)** | |
|  | Oct. 2019 - Sept. 2020 |
| Staffing | $ |
| Deposits and initial venue costs | $ |
| Supplies, including presenting materials | $ |
| Other | $ |
| *Subtotal* | *$* |
| 10% *de minimis* indirect costs | $ |
| *Total* | *$* |

Budget Narrative: Please itemize and justify the cost for each line for which you are applying.

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**Wyoming State Opioid Response (SOR) Tribal Projects**

FFY 2020

# **Guidance**

**Overview:** The Behavioral Health Division (BHD) is accepting applications from eligible Wyoming tribal organizations to provide local or regional A) Medication Assisted Treatment (MAT) services; B) Integration of opioid use disorder (OUD) intervention and treatment with medical care/healthcare; C) Recovery residences; and D) Education & Prevention. These projects are intended to provide tribal members specific services to reach, and retain in services individuals with OUD and to reduce the impact of the opioid crisis for Wyoming.

**Applicant Eligibility:** Providers must have experience in the category for which they are applying, be incorporated in Wyoming, and be registered with <https://www.sam.gov/portal/SAM/> (or registered with SAM before a contract is finalized).

**Application Timeline:**

September 30, 2019 RFA released

October 24th, 2019 Applications are due

October 31, 2019 Selections made and applicants informed of the decisions

December 15, 2019 Anticipated contract start date

**Available Amounts:** BHD has designated $350,000 total for all projects funded under this application.

**Use of Funds:** The SOR grant is governed by 45 CFR Part 75 and other federal regulations. Billings must be allowable, accurate, applicable, reasonable, and properly allocated and are most often paid based on actual costs.

Service funds may be utilized only for uninsured and underinsured clients. Fees must be assessed based on the client’s income. Private and public insurance, third party, and other resources must be billed before these grant funds are utilized. If a client lacks the funds to pay a copay or deductible, this grant may be utilized.

There is no promise of federal funding after September 30, 2020.

**MAT Cost Guidance:**

Unless you are able to justify otherwise, MAT should average $500 per client per month maximum. MAT includes medication, prescriber costs, medication management, drug testing, general healthcare related to medication use, and other costs within these similar line items. Please see Use of Funds above. The BHD will entertain Per Member Per Month proposals that are clearly justified.

**Staff Training and Travel:**

* 1. Each provider must require staff dedicated to this project to participate in a long-term practice improvement training. This training will be provided at no cost to the provider and will be delivered via teleconference, interactive video conference, and/or at your agency location. The amount of time for this training is anticipated to not exceed four hours during most months. Subject matter and timeline will be determined with providers.
  2. Each provider must participate in phone conferences with the Division.
  3. Please include travel cost funding for at least two staff to attend an in-state training annually and for at least one staff to attend an out-of-state training annually. Travel must be consistent with rules and amounts listed here: <https://www.gsa.gov/travel-resources>. Please itemize and justify these expenses separately in the Budget Narrative.

**Startup Costs:** Allowable startup costs may include necessary costs to secure prescriber services, safely store medication, and other costs directly to starting the program. Small computer devices may be requested to assist with data input and program needs. Please itemize and justify these expenses separately in the Budget Narrative. Startup costs should not exceed 6% of total budget.

**Indirect Costs:** Applicants may request a 10% *de minimis* indirect costs. Allocation of indirect costs is discussed in 45 CFR Part 75 Appendix IV-VII. If your agency has a federal negotiated indirect cost allocation other than 10%, please note this in your budget and attach your allocation documentation. Indirect costs are calculated based on the subtotal not on the total.

**Budget Tip:** Your budget should be consistent with the project plan and the total actual costs similar to the payments that may be received for the project.

**Best Practices:** SAMHSA has revised its listing of Best Practices. Please consult this webpage and narrow your search to “Opioid Specific Models”: <https://www.samhsa.gov/ebp-resource-center>. Practitioners may also utilize the practices recognized by the specific profession that are most likely to result in the positive outcomes for the people served and the project goals. Other best practices or promising may be offered in your application. If available, please reference a website or publication that describes the methodology used to determine best practice status.

**Reporting Requirements:** Awardees will be required to enter data into the Substance Abuse and Mental Health Services Administration (SAMHSA) Performance Accountability and Reporting System (SPARS) as well as submit periodic reports to the Division. SPARS data are required for each person served at program entry, six months after enrolling, and at discharge or leaving the program. (Integrated healthcare projects that do not provide MAT services will record intake only to SPARS.) Grantees will be required to report project relevant client-level data on elements such as diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. SPARS data are collected face-to-face with clients. Additional data elements may also be required. Grantees are required to ensure all data reported to SAMHSA and the Division are accurate. Other outcomes may be negotiated with successful applicants.

An example of the type of data collection tools required for SPARS is here:

<https://www.samhsa.gov/sites/default/files/GPRA/sais_gpra_client_outcome_instrument_final.pdf>.

Please include the estimated actual staffing costs for acquiring data and reporting in the “other” category for your budget. The BHD has set aside other funding for gift cards to incentivize client participation in 30-day, 6-month follow-up interviews and project graduation.

**Project Graduation:** Clients whose discharge status is “completed” are considered to have graduated. Excluded are those who leave against staff advice with or without satisfactory progress, involuntarily discharged, death, incarceration, or transferred out of the program for medical reasons. In general, completion should include a clear way for clients, as appropriate, to obtain needed MAT services and medication.

**Supplanting:** Applications must clearly show how the additional funds will supplement (not supplant) access to and engagement in the services for which you are applying. Please describe how the same services to the same people will not be funded with more than one source of funding at the same time (may not “double-dip”). Agencies must be able to account for both staff time and actual expenditures to clearly delineate who was served and what was provided with each source of funds. Recipients of other opioid specific grants must delineate how the funds will not be used for the same purposes at the same time.

# Scoring Information

Applications will be reviewed by a team of at least three (3) Division staff.

The Division maintains the right to reject any and all applications and to negotiate deliverables with the successful applicant(s).

Possible points will only be relevant to the portions that relate to your application, i.e., the total score will only be for the sections for which you apply.

**Scoring Matrix**

|  |  |  |
| --- | --- | --- |
|  | **Section 2** | Possible Points |
|  | Description shows that the applicant has the capacity to succeed at this project including personnel and fiscal processes and that the applicant is appropriate for the services for which they are applying | 10 |
|  | Description demonstrates the applicant’s historical commitment to services that complement this project | 10 |
|  | The applicant describes policies and practices that engage individuals in recovery in meaningful roles | 10 |
|  | The list of partners and their potential role are consistent with reaching success in the project | 10 |
|  | Answers indicate that project will serve individuals appropriate to each applicable section and that plans will realistically achieve the outcomes intended for the SOR project | 10 |
|  | Description clearly describes how the project with augment/supplement and not supplant other services. If other opioid specific revenues are available to the applicant, these are clearly outlined and separated from the SOR project | 10 |
|  | | |
| **Section 3** | | |
|  | **Service A. Medication Assisted Treatment Services** | |
|  | Applicant is experienced in providing MAT services | 10 |
|  | Applicant’s plan to provide MAT demonstrates best practices and close integration with addiction and mental health counseling and whole-health | 10 |
|  | Applicant’s plan incorporates all of these components which may be funded through the grant or in other ways: FDA approved Opioid Use Disorder (OUD) treatment medication, medication management, DATA waiver prescriber, case management, peer support and recovery supports | 10 |
|  | Applicant’s processes will realistically result in or exceed the proposed number of clients enrolled, retained, and graduated | 10 |
|  | Applicant describes a process that will result in clients obtaining needed OUD medication and services after they have completed or left the program | 10 |
|  | Information is provided about prescriber with DATA 2000 waiver | 10 |
|  | Applicant includes plans to significantly include peer specialist services and recovery supports in this project and/or in regional opioid specific efforts | 10 |
|  | The budget complements the planned services; items are allowable and reasonable; and the narrative justifies each line item | 10 |
|  | **Service B: Integration with Healthcare** | |
|  | Applicant’s plan is complete | 10 |
|  | Applicant describes processes that will result in screening for a large number of people | 10 |
|  | Applicant describes processes that reasonably will result in people at risk of OUD and those with OUD securing MAT services, addiction and mental health counseling, and whole health integration. | 10 |
|  | Applicant includes plans to significantly include peer specialist services and recovery supports in this project and/or in regional opioid specific efforts | 10 |
|  | The budget complements the planned services; items are allowable and reasonable; and the narrative justifies each line item | 10 |
|  | If also applying for MAT funding, references to coordination with the funded MAT services is provided | 10 |
|  | **Service C: Recovery Residences** | |
|  | Applicant describes how they will provide legitimate, appropriate, and safe recovery houses | 10 |
|  | Applicant’s plan will realistically result in the projected number of people housed and retained in housing | 10 |
|  | The recovery residence model is consistent with the National Alliance for Recovery Residences code of ethics and other standards. <https://narronline.org/resources/> | 10 |
|  | Applicant’s staffing plans are consistent with maintaining alcohol and drug-free living environments, utilization of MAT for residents, compliance with house rules, and promotes a recovery philosophy. | 10 |
|  | The budget complements the planned services; items are allowable and reasonable; and the narrative justifies each line item | 10 |
|  | **Service D: Education & Prevention** | |
|  | Applicant describes how they will provide legitimate, appropriate, and culturally competent trainings | 10 |
|  | Applicant’s plan will realistically result in the projected number of people reached with education and prevention programs | 10 |
|  | Applicant’s staffing plans are consistent with maintaining training, utilization of tribal resources, culturally aware, and promote prevention and education | 10 |
|  | The budget complements the planned services; items are allowable and reasonable; and the narrative justifies each line item | 10 |

1. Applicants must secure a SAMS number before a contract can be finalized. [↑](#footnote-ref-1)