North Carolina State Opioid Response

Grant Application

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Department of Health and Human Services

August 13, 2018

Section A: Population of Focus and Statement of Need (approximately 1 page)

A-1. Population of focus and geographic catchment area. The population of focus will be adults with opioid use disorders (OUDs) residing in rural and underserved or high need counties who are at highest risk for death from opioid overdoses.

How funding streams will be coordinated to address the need. The State currently has an Opioid STR grant which started serving adults with OUDs in May 2017. NC Opioid STR grant set its target at 1,460 in the first year of the project period and 1,520 in the second year, for a total of 2,980 individuals to be served over the duration of grant funding. By mid-April 2018 (before the first year had officially ended), it had treated over 5,000 unduplicated adults with OUD using grant funds. Because of the high demand for services, the project ran short of its grant budget for Year One and had to draw on other funding sources so that services for project participants were not disrupted. Funding from the State Opioid Response Grants (SOR) will be woven with NC STR, the Substance Abuse Block Grant (SABG), and state funds to provide services to the population of focus. The State identifies the source of funding for services to ensure that services are not duplicated, double-billed or supplanted.

A-2. Extent of the problem, service gaps, and sources of data. The U.S. Health and Human Services describes the rise in deaths from the use and misuse of opioids, a class of drugs that include heroin and prescription pain medications as an epidemic. NC was one of 19 states that saw statistically significant increases in drug overdose death rates between 2014 and 2015. Wilmington, Hickory, Jacksonville, and Fayetteville in NC are ranked among the 25 cities in the country with the highest rates of opiate abuse based on medical and prescription reports of close to one million Americans; the city of Wilmington was top on the list (https://www.northcarolinahealthnews.org/2017/07/27/four-north-carolina-cities-make-top-25-list-opioid-abuse/). The prevalence estimate (age-adjusted death rate) from drug overdose deaths for the State was 15.8 per 100,000 in 2015. A total of 1,567 North Carolinians died from opioid overdoses in 2015 (https://www.cdc.gov/drugoverdose/data/statedeaths.html). The overdoses are driven largely by the non-medical use of pain relievers, the prevalence of which was estimated at 4.27 percent for North Carolinians 12 years and older based on the 2013-2014 NSDUH surveys. Adults aged 25-34 have the highest prevalence estimate for opioid-related deaths at 16.4 percent, followed by those aged 35-44 (15.9%) and by those aged 45-54 (15.8%) (https://www.samhsa.gov/data/sites/default/files/1/1/NSDUHsaeNorthCarolina2014.pdf). Only 11 percent received treatment for their illicit drug use for each year the survey was conducted from 2010-2014 (https://www.samhsa.gov/data/sites/default/files/2015_North-Carolina_BHBarometer.pdf). The human impact of opioid use is incalculable. The consequences are damaging, long-lasting, and often irreversible for the individual, his or her family, and society in general. Opioid use also imposes a substantial economic burden. In a recent report from the Missouri Hospital Association, the Hospital Industry Data Institute estimated the 2016 economic costs of opioids for the State at $21,270,170,037, constituting 4.1 percent of the State's Gross Domestic Product (GDP) with a rank of 18th out of 51 states and territories based on costs as a percent of GDP (https://www.mhanet.com/mhaimages/HIDIHealthStats/Feb2018HealthStats_Special_OpioidsEconomy.pdf). The number of people making hospital and emergency department (ED) visits for opiate and heroin poisoning in North Carolina has been increasing since 1999. The increase has been particularly high for visits associated with heroin use which increased by 451.72 percent for hospitalization and 429.22 percent for ED visits between 2010 and 2014 (http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm).

Section B: Proposed Implementation Approach (approximately 5 pages)

B-1. Purpose, goals, and objectives and their performance measures. The primary purpose of the proposed project is to design and implement a plan to further address the opioid crisis, founded on North Carolina's Opioid Action Plan, 2017 – 2021. The Action Plan contains seven (7) areas of focus, as follows: (1) Create a Coordinated Infrastructure, (2) Reduce the Oversupply of Prescription Opioids, (3) Reduce Diversion of Prescription Drugs and Flow of Illicit Drugs, (4) Increase Community Awareness and Prevention, (5) Increase Naloxone Availability and Link Overdose Survivors to Care, (6) Expand Treatment and Recovery-Oriented Systems of Care, (7) Measure Impact and Revise Strategies as Needed. We will focus these funds and efforts on activities that can realistically be accomplished within the two-year time frame of the grant, primarily implementing services and activities under goals four, five, six, and seven. Objectives under each goal and their measures are described below

Goal 1. To increase community awareness and prevention

Objective 1. To decrease stigma associated with opioid use, particularly injection drug use, through targeted media campaigns and establishing collection sites for used syringes. *The measure for this objective is the number of used syringes collected over the first year of the grant at designated sites within the Eastern Band of the Cherokee Indian Trust Lands.*

Objective 2. To reduce harm from drug use by supporting and funding the use of naloxone, a medication that blocks or reverses the adverse effects of opioid use. *The measure for this objective is the number of naloxone kits distributed.*

Goal 2. To treat opioid use disorder. The proposed project will provide medication assisted treatment (MAT) and other evidence-based practices (EBPs) that have been shown to be effective for opioid use disorders.

Objective 1. To increase access to medication assisted treatment and other EBPs, among uninsured and under-insured North Carolinians, including providing financial assistance for the costs associated with MAT, including FDA-approved medications, by providing funding to OTPs and OBOTs through contracts with the LME-MCOs. *The measure for this objective is the number of people who access MAT.*

Objective 2. Focus services on Division of Social Services-involved families. North Carolina has seen an increase in the number families involved with DSS due to parental substance use, and correspondingly, an increase in the number of children in out-of-home placements.

The proposed project will fund a pilot initiative in selected counties, partner with DSS and local treatment providers to engage these parents in MAT and other clinical and recovery supports. *The measure for this objective is the number of parents successfully beginning MAT and the impact of treatment in the pilot initiative.*

Objective 3. Provide services to transitioning populations. The proposed project will initiate the delivery of MAT in designated reentry facilities, as well as identified detention facilities, to individuals with opioid use disorders. Prior to release, individuals will receive a naltrexone injection, be connected with a community health center for continued care and be provided naloxone. *The measure for this objective is the number of individuals from transitioning communities who are served.*

Goal 3. To maintain recovery. SAMHSA defines recovery as "(A) process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential", focusing on health, home, purpose, and community.

Objective 1. Improve engagement and retention in treatment. The proposed project will highlight the need to engage patients in MAT and retain them in treatment by providing

information on the percentage of patients for whom treatment was terminated, the reasons for termination, and the differences between those who remained in treatment and those who did not so that barriers to treatment can be resolved. *The measure for this objective is the number of individuals who are still in treatment at three months and at six months, with 80 percent as the minimum threshold for retention.*

Objective 2. Provide linkages to recovery and support services. The proposed project will provide linkages to resources that will enable the individual to build up the foundations (health, home, purpose, and community) to support his or her recovery. *The measures for this objective are improvement in health, greater home stability, increased employment and income, and social connectedness with the community between intake and follow-up at three months and six months based on GPRA indicators.*

Objective 3. Utilize certified peer support specialists. The proposed project plans to provide support for peer support specialists. *The measure for this objective is the number of peer support specialists employed by the grant.*

Goal 4. To assess project performance and conduct evaluation.

Objective 1. To assess performance. The proposed project will routinely review the extent to which the project is meeting its goals and objectives at implementation meetings. Action plans will be formulated and revisions to the implementation plan will be made if goals are not met.

Objective 2. To assess the impact of the project on participants. The proposed project will compare baseline/intake data with follow-up data to determine whether participation in the project led to positive outcomes in the indicators measured by the GPRA instruments.

The proposed project plans to serve a minimum of 2,000 unduplicated participants in Year 1 and an additional 1000 in the second year of the grant. Because it is anticipated that some participants that began treatment in Year 1 will continue in treatment into Year 2, the number of new participants in Year 2 is decreased. This will allow adequate funding in order that first year participants may continue in treatment as long as necessary. Additionally, it is anticipated that an additional 500 individuals will be served through the proposed pilot initiatives each year. The total number of unduplicated individuals to be served over the course of the two-year grant period is 4,000.

B-2. Implementation of required activities as stated in Section 1-2: Expectations of FOA. Grant funds will be used to support the activities enumerated in the Goals and Objectives cited above. Grant funds will further be used for the following required activities:

Assessing the needs of tribes and strategies to address these needs. The proposed project is working the Eastern Band of the Cherokee Indian (EBCI) in Western North Carolina, the only federally-recognized tribe in the State, on the development and implementation of programming to prevent and reduce opioid use disorder and other substance use disorders among its members. EBCI submitted a needs assessment for the SOR grant application that indicated that close to 5,000 (about a third of the 15,705 of the tribe's enrolled members) of patients registered at the Cherokee Indian Hospital had at least one substance use drug code documented in the hospital's electronic health records. Based on the needs assessment, EBCI submitted a proposal for the State's SOR grant application that identified gaps in the service delivery system and barriers to services and strategies to address them. The proposed project will fund initiatives and strategies that will augment current MAT services already in place, as well as tobacco cessation for individuals with an OUD. Other activities include training on culturally- and spiritually-appropriate approaches utilizing the "Beauty for Ashes" curriculum, which is a culturally competent, trauma-informed curriculum developed by the Southcentral Foundation (SCF). The

EBCI intend to contract with South Central Foundation, which is an Alaska Native nonprofit health care organization established in 1982 by Cook Inlet Region, Inc. (CIRI), to train and assist them in implementing a four-phased approach to addressing tribal opioid, trauma and health needs, including the Beauty for Ashes curriculum, as well as Arrigah House. The EBCI proposal also includes training on the utilization of biofeedback for individuals with an OUD for pain management, the implementation of a tobacco cessation curriculum and the initiation of a community rapid response team to response to overdose incidents and work to engage survivors in treatment. MAT will be initiated in an inpatient or residential setting with the patients linked to resources that will provide additional therapeutic, recovery support and other psychosocial or instrumental needs in community settings.

Implementing service delivery models that enable the full spectrum of treatment and recovery support services. The proposed project will utilize medication assisted treatment, clinical and recovery services and supports for all participants of this grant, including those participants of three pilot initiatives. The majority focus will be those individuals with an OUD in under-served areas of the state. Identified participants will treated with MAT by Opioid Treatment Programs (OTPs) and Office-based Opioid Treatment (OBOT) practices prescribing buprenorphine through DATA 2000 waivered medical practitioners. It should be noted that while FDA-approved MAT is best practice for individuals with an OUD, as per SAMHSA guidelines, participants will not be turned away from the provision of services if they elect not to receive MAT. North Carolina currently has 70 OTPs serving 20,000 individuals daily. Approximately two-thirds of the 70 OTPs accept Medicaid or state-funded patients, an increase in part due to the expansion of services under the Opioid STR grant. Based on a report from the Drug Enforcement Agency, the State currently has around 800 medical providers who have completed DATA 2000 training, enabling them to prescribe buprenorphine. Through the Opioid STR grant, North Carolina has implemented an ECHO project (based on the New Mexico model) that focuses on private practice waivered physicians in rural and under-served areas who are not prescribing to their approved limit. This grant will seek to provide funding in these under-served areas to assure treatment accessibility for those individuals with an OUD who have not been able to access care due to logistical barriers. OTPs have capacity to provide methadone, buprenorphine products and naltrexone through a closely-monitored regimen to participants, in concert with a range of clinical services based on ASAM criteria, psychoeducation, toxicology screening, case management, and recovery support services. OBOTs will prescribe buprenorphine and refer their patients to OTPs or other providers who can provide the clinical interventions to accompany the medication if they cannot provide them in their practices.

In addition to the above, three pilot initiatives are proposed with these funds: (1) OBOT/OTP Bundled Rate Pilot – The Division has been researching various models of bundled payments across different states and will seek to issue an RFP to identify two OBOT sites, one in a rural area and one in an urban area, as well as two OTP sites, again one rural and one urban, to pilot the implementation of a bundled rate for medication assisted treatment and other services associated with the delivery of MAT. We wish to determine what types of services are best included in a bundle, differences in services and rates for induction vs maintenance and whether the bundling of services creates administrative and cost savings for providers. (2) DSS-Involved Families Initiative – North Carolina has seen an increase in the number of families involved with DSS services due to parental substance use, and correspondingly, an increase in the number of children placed in foster care or some type of out-of-home placement. We wish to pilot an initiative to identify two or three counties which have the highest rate of family disengagement

due to parental opioid use, partner with DSS staff and local treatment providers to engage these parents in MAT and other clinical and recovery supports. (3) Reentry Pilot – this involves two pilot projects proposed by the applicant agency and the Department of Public Safety for individuals transitioning from detention facilities who have been diagnosed with OUD: (a) The Prison Reentry-based MAT program at two reentry facilities; and (b) the Jail-based MAT program at two facilities. Each facility plans to administer naltrexone (Vivitrol) to eligible individuals while they are still in detention and employ licensed clinicians who will be responsible for developing treatment plans, coordinating care, and connecting participants to resources such as, employment, housing, continued community treatment, recovery support services, and public assistance. An additional, related component, also funded by this grant, will be the creation of two reentry coordinators employed by Oxford House. These staff will not only work with individuals identified under this pilot, but will also work in other detention settings and with other community organizations to identify individuals with an OUD transitioning from jails and prison and in need of recovery supported housing. Naloxone kits will also be provided to participants served through these pilot projects.

Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. With funding from the Opioid STR grant, North Carolina was able to embed peers in several OTPs, as well as initiate a peer project in six hospital emergency departments. We will continue to provide funding for certified peer supports specialists who function as mentors, coaches and motivators and assist in engaging and maintaining patients in care. North Carolina has traditionally utilized a fair amount of state and block grant funds for recovery supported housing and has long partnered with Oxford House. We will augment current funding to enable the availability of recovery supported housing for individuals entering care under this grant. Participants will be housed only in facilities that meet federal and state standards and are appropriate to the needs of the participant.

Meaningful role in developing the service array used in the program. The applicant organization currently has a SAMHSA-funded Access to Recovery (ATR) grant that is administered by an organization that was established and is led by people in recovery from substance use disorders. The project led to the development of innovative recovery support services that included traditional practices. The proposed project will build on the service array that was enhanced through the ATR project.

Implement prevention and education services. To build on the training provided through the Opioid STR grant, as well as through the current ECHO project, we wish to offer additional trainings in medication assisted treatment and ASAM Criteria Skill Building for physicians, nurse practitioners, physician assistants, licensed clinicians, certified/qualified professionals and recovery partners working with individuals with an OUD, primarily in OBOTs and OTPs. Additionally, distribution of naloxone is planned, as well as training on administration and identification of overdose. Media campaigns are planned by the EBCI.

Ensure that all applicable practitioners (physicians, NPs, PAs) associated with your program obtain a DATA waiver. The proposed project will continue to use the list of DATA-waivered providers maintained by the Drug Enforcement Agency to ensure that all practitioners participating in the project have received DATA 2000 training.

Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients. The population of focus for the proposed project are uninsured or underinsured adults. Medication administration and a full array of clinical treatment services will be covered with these funds and billed through North

Carolina's standard fee-for-service model. Non-billable services, such as medications, toxicology screens and recovery supports will also be covered by these funds. Each LME-MCO will receive non-unit cost reimbursement funds to cover these critical components, in addition to the billable service funds.

Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings. As previously described, in collaboration with DPS, the proposed project plans to provide naltrexone, clinical and recovery supports at two reentry centers and Nash County Jail.

Make use of the SAMHSA-funded Opioid TA/T grantee resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers. The proposed project has included training on the ASAM Criteria, MAT, and EBPs (including those founded on traditional healing practices proposed by the Eastern Band of the Cherokee Indian). Additional training and technical assistance may be identified as implementation progresses for which the use of SAMHSA-funded Opioid TA/T grantee resources may be requested.

Plan to sustain activities after the end of the grant period. The applicant agency builds in its sustainability plan in its grant application. At the end of the grant period, it is intended that the funding of MAT and recovery support services will be sustained through the Substance Abuse Prevention and Treatment Block Grant (SABG), as well as through state resources and other federal discretionary funds. It is also anticipated that the State's LME-MCOs may reinvest savings in MAT as they become more aware of the effectiveness of MAT and recovery services in reducing hospital and emergency department visits., findings that have resulted from the State's SAMHSA-funded projects such as the Access to Recovery, MAT-PDOA and Opioid STR grants. With the increase in the number of opioid-related deaths and hospitalizations, counties have also begun to identify funds for activities that are included in the grant application, such as the distribution of naloxone kits, training of first responders, development of rapid response teams and implementation of syringe exchange programs.

B -3. Timeline for the entire project period. The timeline for the proposed project showing key activities, milestones, and responsible staff is shown in Table 1 below. The timeline also shows that the project can be implemented and begin no later than the third month, after grant award. The state has experience in providing MAT through the Opioid STR grant Between May 2017 and the end of April 2018, the first year of the grant, it served more than 5,000 individuals. The applicant agency does not foresee any problem in its ability to serve SOR participants three months after grant award.

Table 1. Proposed Timeline

Activity	**Milestone**	**Responsible Party**	**1st 3 Mos**	**4 - 12 Mos**	**Year 2**
Hire staff	Staff hired	DMHDDSAS	x		
Refine strategic plan	Plan refined annually	Stakeholders		x	x
Allocate funds	Allocation letters to LME-MCOs	DMHDDSAS	x		
Develop & release RFAs for pilot initiatives	Applicants selected	DMHDDSAS and stakeholders	x		
Execute contracts	Contracts finalized	DMHDDSAS		x	

Goal 1. To increase community awareness and prevention					
Objective 1. Implement media campaign	Media campaign released	EBCI		x	x
Objective 2. Reduce harm	Naloxone distributed	EBCI, Contracted providers	x	x	x
Goal 2. To treat Opioid use disorders					
Objective 1. Increase access to MAT	MAT and other EBPS offered	Provider agencies	x	x	x
Objective 2. Increase/improve quality of workforce	Providers trained on MAT and ASAM	Contracted trainers		x	x
Objective 3. Provide services to transitioning populations	MAT and EBPs detention	Contracted providers		x	x
Goal 3. To maintain recovery					
Objective 1. Improve engagement and retention	Strategies implemented	Contracted providers	x	x	x
Objective 2. Link to recovery and support services	Linkages made	Contracted providers	x	x	x
Objective 2. Provide peer support	Peer support providers hired	Contracted providers	x	x	x
Goal 4. To assess project performance and conduct evaluation.					
Objective 1. Assess project performance	Assessment reports produced	Data analyst Evaluator		x	x
Objective 2. Assess impact of project on participants	GPRA and NCTOPPS data collected analyzed/ reported	Evaluator Data Coordinators Data Analyst		x	x

Section C: Proposed Evidence-Based Service/Practice (2 pages)

Medication assisted treatment (MAT). Foremost among the EBPs that the State plans to use in the proposed project is medication assisted treatment. MAT programs combine behavioral therapy with medications to treat substance use disorders, including opioid use disorders. In the Funding Opportunity Announcement (FOA) for Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA), SAMHSA defines MAT as "the use of FDA-approved opioid agonist medications (e.g., methadone, buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations) for the maintenance treatment of opioid use disorder and opioid antagonist medication (e.g., naltrexone products, including extended-release and oral formulations) in combination with behavioral therapies to prevent relapse to opioid use." Research has shown that when prescribed and monitored appropriately, medications are effective in helping individuals recover by decreasing opioid craving and withdrawal symptoms, blocking euphoria if relapse occurs, and augmenting the effect of counseling.

The proposed project plans to offer all FDA-approved medications - methadone, buprenorphine products and naltrexone products - to the patients that it will serve, including the new injectible formulation of buprenorphine. Each patient will undergo an assessment by a physician to determine the most appropriate type of medication and will also be assessed for clinical level of care. All patients participating in an OTP must engage in a minimum of two outpatient therapy sessions each month, although many individuals are assessed as needing a more intensive level of care, such as ASAM level 2.1 or 2.5. OTPs must employ licensed clinical addictions specialists to provide the clinical treatment components.

Behavioral Interventions. The proposed project will use behavioral therapies cited in the 2016 Surgeon General's Report *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf) to complement MAT.

Cognitive Behavioral Therapy (CBT). The most widely used EBP for mental disorders, Cognitive Behavioral Therapy (CBT) was developed by Dr. Aaron Beck in the 1960s for the treatment of clinical depression. It is also considered to be the most effective tool for the treatment of individuals with alcohol and drug use as a monotherapy and in combination with other treatments (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2897895/#S1title). CBT is present-oriented, goal-directed, and time-limited. It works by modifying thoughts associated with maladaptive behaviors. As used by providers specializing in SUD, it focuses on changing the type of thinking that drives addictive behaviors.

Trauma-Informed Care. Numerous studies have identified exposure to trauma as a major factor for substance use disorders (https://www.samhsa.gov/capt/sites/default/files/resources/aces-behavioral-health-problems.pdf). *Seeking Safety* is an integrated approach for the concurrent treatment of trauma and substance abuse (Najavits, 2002). The primary concern is personal safety, which includes making life changes such as abstinence from drugs, addressing suicide and self-harm, leaving dangerous relationships, and lowering the risk from contracting HIV and other infections. Additionally, the EBCI will implement a culturally-appropriate trauma-informed care model called Beauty for Ashes and Arrigah House.

Motivational Interviewing is used by clinical providers to complement the Stages of Change model. Developed by William Miller and Stephen Rollnick, (2013), motivational interviewing is a client-centered therapeutic strategy that is directed at change through an enhancement of the client's internal motivation and values and the exploration and resolution of ambivalent feelings (http://her.oxfordjournals.org/content/15/6/707.full).

Justification. The effectiveness of the EBPs that will be used for the treatment of substance use disorders in the proposed project is supported by strong empirical evidence. Most clinicians in the state are already trained in the behavioral interventions that will be used to complement MAT. Training on Motivational Interviewing (MI) is a requirement for substance use disorder clinicians seeking licensure and the state has Motivational Interviewing Trainers (MINT) who are certified to provide MI. The EBPs have further been found to apply to men, women, the LGBT population, the military, Latinos or Hispanics, whites, black or African Americans, and other individuals in minority groups as well as individuals living in residential or criminal justice facilities. They are moreover, cost effective.

Section D: Staff and Organizational Experience (approximately 1 page)

D-1. Capability and experience of the applicant organization. The North Carolina DHHS is actively providing oversight of the Opioid STR grant project and will continue to provide the same oversight of the proposed project. Additionally, both this grant and the Opioid STR grant seek to fulfill the goals and objectives of the Opioid Action Plan which was developed with the input of individuals in recovery, as well as family members, medical professionals, licensed clinicians, university staff, public health officials, law enforcement, harm reduction, faith members, etc. DMHDDSAS is the Single State Authority (SSA) as well as the State Mental Health Authority (SMHSA). The agency administers the Substance Abuse Prevention and Treatment Block Grant (SABG). It has been awarded a number of discretionary grants from the SAMHSA Center for Substance Abuse Prevention and the Center for Substance Abuse

Treatment. It is currently implementing the Strategic Prevention Framework Partnership for Success and Strategic Prevention Framework for Prescription Drugs grants, the Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant, the Access to Recovery grant and the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women. The Division was also charged with implementing a Vivitrol project with selected federally qualified health centers (FQHCs) by the North Carolina General Assembly.
Capability and experience of partnering organizations. DMHDDSAS is partnering with the Division of Public Health (DPH) and the Division of Social Services (DSS), both sister agencies within DHHS, as well as the Department of Public Safety. The Addictions and Management Operations team within DMHDDSAS frequently works closely with DPH in addressing the goals and objectives of the Opioid Action Plan and is a partner in co-facilitating (along with staff from the Attorney General's office) the monthly Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC) meetings. The Justice Innovations team within DMHDDSAS provides oversight and funding for TASC programs and as such works closely with DPS on various initiatives. The Community Wellness, Health Integration and Prevention team within DMHDDSAS also frequently partners with DPH and the Attorney General's office around media campaigns and other prevention initiatives. DMHDDSAS has long partnered with DSS staff specific to women's initiatives; recent partnerships have included the implementation of the Infant Plan of Safe Care rules, as well as recent funding opportunities through VOCA.

D-2. Staff positions, level of effort, and qualification are shown in Table 2.

Table 2. Staff, Levels of Effort, and Qualifications

Name	Position	Effort	Qualifications
DeDe Severino	PI	.05	SUD/MAT/Management experience Federal/state/local funding experience
Maria E. Fernandez, Ph.D.	Evaluator	.10	SPSS/SAS/GPRA/CQI experience
TBD	Project Director	1.0	SUD/MAT/Management experience Federal/state/local funding experience
TBD	State Opioid Coordinator	1.0	SUD/MAT/Management experience Federal/state/local funding experience
TBD	Assistant Project Director	1.0	SUD/MAT/Management experience
TBD	Data Analyst	1.0	SPSS/SAS experience
TBD	Data Coordinators	2.0	Data entry, EXCEL/WORD experience

All project staff are expected to have experience with the population of focus and with the federal and state system. Ms. Severino and Dr. Fernandez have had years of experience with the administration and evaluation of SAMHSA-funded grant projects for the state of North Carolina.

Section E: Data Collection and Performance Measurement (one page)

E-1. How data will be collected and utilized to manage, monitor, and enhance the program. Grant-funded staff at provider agencies will collect client-level descriptive data on demographic characteristics (gender, age, race, ethnicity, educational level), and other information such as the presence of co-occurring disorders, diagnosis, substance use, length of stay in treatment, employment status, criminal justice involvement, housing, and type of MAT received. Data on these measures will be collected through using the required CSAT GPRA instrument provided by SAMHSA at the following intervals: (a) at intake; (b) three months after intake; (c) six months after intake; and (c) at discharge, setting 80 percent as the minimum follow-up rate for the third- and sixth-month interviews. Provider agencies will be given incentives or reimbursed

for the administration of the GPRA if a minimum of three out of four assessments are conducted to better assure significant collection of data.

Data will be entered on SAMHSA's Performance Accountability and Reporting System (SPARS) within seven days after collected. The applicant organization will ensure that all staff members involved in data collection will be provided with training on the administration of the data collection instrument and the entry of data in the data entry and reporting system. Two grant-funded data coordinators will monitor intake and follow-up data to ensure timely and accurate entry of data in SPARS. They will send data collection staff the list of participants whose follow-up and discharge interviews are due every month.

The evaluator will download data from SPARS and provide regular (minimally quarterly and annually) reports, including comparisons between intake and follow-up, to project management for continuous quality improvement. The analyst will analyze paid claims data to provide information on the services provided to participants. The evaluator will download and analyze data from SPARS. The data analyst and evaluator will use SAS or the Statistical Package for Social Sciences (SPSS) to generate frequencies (univariate statistics) and perform tests of significance on measures collected through the GPRA instruments. Findings from data analyses will be presented to the project management staff and other identified stakeholders for continuous quality improvement. In addition, analysis of GPRA data will be disaggregated by gender, ethnicity, and race to determine whether disparities (e.g., in depression and anxiety) exist at baseline and whether changes to existing disparities have occurred at follow-up.

Staff of the proposed project will further regularly assess whether and to what extent the project is meeting its goals and objectives. Qualitative analysis will be utilized to measure whether goals and objectives have been met. Data analysis and evaluation staff will provide support in the preparation of annual and other reports that are due to the federal agency.

Additionally, in order to assure GPRA data is collected as required and with as little disruption to patient care as possible, the Division has budgeted funds to explore contracting with a vendor, such as FEi-WITS, to assist in entering and/or uploading the GPRA assessments, due to the large number of participants in this project.

The data source and measure for each objective is shown in Table 3.

Table 3. Assessment of Project Objectives

Objective	Data Source	Measure
1.1 Decrease stigma	EBCI	Media campaign/Number of syringes collected
1.2. Reduce harm	Contracted providers	Number of naloxone kits distributed
2.1., 2.2, 2.3 Increase access to MAT	SPARS/GPRA/Pilot Project Contract Deliverables	Number served with MAT
3.1. Increase engagement/retention	SPARS/GPRA	Number of follow-ups conducted
3.2. Provide recovery/support services	Contracted providers	Number receiving recovery supports
3.3. Utilize Peer Support	Contracted providers	Number of certified peer support specialists hired
4.1. Assess project performance	Data analyst/evaluator	Goals and objectives met
4.2. Assess impact of project	Data analyst/evaluator	Improvement at follow-up

NC State Opioid Response

BUDGET NARRATIVE AND JUSTIFICATION

Budget and Justification

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Key Staff	Annual Salary/Rate	Level of Effort	Total Salary Charge to Award
(1) Principal Investigator	DeDe Severino	No	$85,572	.05	0
(2) State Opioid Coordinator	TBD	Yes	$85,000	1.00	$85,000
(3) Project Director	TBD	Yes	$75,000	1.00	$75,000
(4) Assistant Project Director	TBD	No	$65,000	1.00	$65,000
(5) Data Analyst	TBD	No	$65,000	1.00	$65,000
(6) Data Coordinator	TBD	No	$60,000	2.00	$120,000
				TOTAL	**$410,000**

JUSTIFICATION: Describe the role and responsibilities of each position.

(1) The Principal Investigator will have oversight of NC Opioid STR.
(2) The State Opioid Coordinator will assist the Principal Investigator and Project Director in the oversight of NC Opioid STR. Additionally, this position will be housed at the department level with responsibility for coordination of all opioid-related funding received by NC DHHS.

(3) The Project Director will provide daily oversight of the grant, have primary responsibility for all reporting required by the grantor and will be the designated liaison with all other partnering agencies associated with this proposal.
(4) The Assistant Project Director will assist the Project Director in daily activities associated with implementing the prevention, treatment, recovery and other specific components of the grant as per the proposal, as well as oversee the collection and review of required/desired data elements.
(5) The Data Analyst will work with other (in-kind) staff to review data through analysis of paid claims, as well as outcomes data collected through NC-TOPPS and the GPRA.
(6) The Data Coordinators will have responsibility to assure that providers who receive these funds to are appropriately trained in the administration of the GPRA, are competent in entering and/or uploading assessments, etc.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form S-424A) **$410,000**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	.0765	$410,000	$31,365
Retirement	.1886	$410,000	$77,326
Health Insurance	$6,104	$6,104 x 6 FTEs	$36,624
		TOTAL	**$145,315**

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF-424A) **$145,315**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Raleigh to Washington, DC	Airfare	$500/flight x 2 persons	$1,000

Purpose of Travel	Location	Item	Rate	Cost
		Hotel	$84.10/night x 2 persons x 2 nights	$336
		Per Diem (meals)	$41.00/day x 2 persons x 3 days	$246
(2) Local travel		Mileage	10,000 miles@.545/mile	$5,450
		Hotel	$79.00/night x 2 persons x 20 nights	$3,160
		Per Diem	$38.30/day x 2 persons x 40 days	$3,064
			TOTAL	**$13,256**

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (State Opioid Coordinator and Project Director) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend meetings, project activities, training events and work with the implementation sites, particularly in providing TA specific to the GPRA administration. All travel expenses will comply with established NC State Budget Manual travel policies and rates.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF-424A) **$13,256**

D. Equipment: An article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF-424A) **$ 0**

E. Supplies: Materials costing less than $5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies, copies, postage	$50/mo. x 12 mo. x 6 FTEs	$3,600
Laptop Computers	$1200 x 6 FTEs	$7,200
360 Office Software	$900 x 6 FTEs	$5,400

Item(s)	Rate	Cost
	TOTAL	**$16,200**

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Typical office supplies, copies and postage are needed for general operation of the project.
(2) The laptop computers are needed for project work by all state level staff.
(3) The identified software is required for state personnel. All costs were based on projected values at the time the application was written.

All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF-424A) **$16,200**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Cost
1. Evaluator	Analysis of NC TOPPS, GPRA & other desired data	$50 per hr/200 hrs	$10,000
2. PDMP	PDMP software module (NarxCare)	$440,000	$110,000
3. GPRA	TBD – to assist in GPRA entry/uploads/analysis	$443,990	$443,990

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

1. The Evaluator will have overall responsibility and oversight of the analysis of all data collected through NC TOPPS, as well as other desired or necessary data elements to determine outcomes, such as the GPRA, and will create reports as needed.

2. PDMP - NC's PDMP, the Controlled Substances Reporting System, provides information and data to the Division related to prescriber practices. The NarxCare module automatically analyzes PDMP data and a patient's health history and provides patient risk scores and an interactive visualization of usage patterns to help identify potential risk factors. This funding will augment other funds and allow for a full 12 months of utilization.
3. The Division will seek to identify a vendor to assist providers in the entry and uploading of the GPRA assessments. This vendor will also provide notifications to providers when follow up GPRAs are due and will provide some reporting and data analysis.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$563,990**

G. Federal Request: Contract (Prevention, Treatment and Recovery Services)

Please list each treatment activity along with the proposed budget for each.

Activity	Description	Amount
1. Clinical Treatment Services, including MAT	ASAM Levels of Care: • ASAM Level 1 (individual, group, family therapies, medication administration, medication management, etc.) • ASAM Levels 2.1 (SAIOP) and 2.5 (SACOT) Medication Assisted Treatment Recovery Supported Housing Estimated 2000 patients at an average cost of $625 per month x 12 months.	$15,000,000
2. OBOT/OTP Bundled Rate Pilot	Identify through RFP process 2 OBOT site (rural & urban) @ $225,000 per site and 2 OTP sites (rural & urban) @ $375,000 per site to implement an initiative aimed at piloting a bundled rate for MAT and related services Approximately 240 individuals expected to be served	$1,200,000
3. DSS-Involved Families Pilot	Identify through RFP process 2-3 counties with the highest rate of DSS-involved families due to SUD, implement strategies and services to reduce out-of-home placements. Approximately 75 participants expected	$400,000

Activity	Description	Amount
4. Reentry Pilot	In partnership with the Department of Public Safety, provide funding to 2 reentry centers where incarcerated individuals, readying for exit, receive naltrexone and work with dedicated staff to connect to SUD services in the community and other needed supports.	$466,281

Activity	Description	Amount
5. Eastern Band of the Cherokee Indian (EBCI) Proposal	Based on the needs assessment submitted, provide funding to NC's only federally recognized tribe for services, supports and trainings to augment current MAT services. Activities include development of a community rapid response team, extensive training in culturally-appropriate trauma-informed care (Beauty for Ashes), training in and purchase of a biofeedback machine (to focus on pain management), implementation of a tobacco cessation curriculum for individuals receiving OUD treatment. 4.25 FTEs salaries = $250,000 4.25 FTEs fringes @29.65% = $74,125 Beauty for Ashes training x 2 FTEs = $5564 Biofeedback training x 1 FTE = $2,164 Biofeedback machine = $10,000 Office supplies x 4.25 FTEs = $6,200 Laptop computers x 4 FTEs = $3,600 Projector, portable PA system, wireless presentation system = $7,500 Contract – Southcentral Foundation – training, travel, consulting x 26 SCF staff = $416,914 Steering committee training, travel, per diem x 8 members – Beauty for Ashes = $22,256 Steering committee training, travel, per diem x 8 members – ALET = $19,856 Beauty for Ashes training – lodging, per diem x 40 participants = $23,815 Media, advertising – Beauty for Ashes, Arrigah House = $38,000 Indirect cost rate (federally approved) @ 50% of personnel costs ($250,000) = $125,000 Community Rapid Response Team x 4 FTEs salaries = $200,000 Kiosks for syringe disposal x 20 @ $2,000 each = $40,000 Concrete pads for kiosks = $40,000 Tobacco cessation curriculum = $40,000 Incorporation of tobacco cessation into Tribal Health Plan = $5,000	$1,329,994

Activity	Description	Amount
6. Recovery Support Services	Peer mentoring, peer coaching, recovery partners transportation, child care and other identified recovery support services. ($954,443) Oxford House Reentry Coordinators x 2, to collaborate with the Reentry Initiative described above, as well as work with other re-entering individuals with an OUD in need of recovery supported housing. ($160,000)	$1,114,443
7. Training	Provider training, to focus primarily on medication-assisted treatment, as well as ASAM levels of care, targeting OTP and OBOT staff.	$200,000
8. Prevention Services	Naloxone kits, to be distributed to OTPs, rapid response teams, syringe exchange programs, etc. 12,000 kits @ $75 per kit.	$900,000
9. EBCI Prevention Services	Naloxone kits 5,000 @ $75 per kit = $375,000 Training in naloxone administration = $5,000 Implementation of a media campaign = $60,000	$440,000
	TOTAL	**$21,050,718**

Justification: Provide a detailed justification of each activity along with a proposed cost for each.

1. Treatment Services – The Division contracts with seven local management entities/managed care organizations (LME/MCOs) as intermediaries (subrecipients) for the assurance of quality community-based treatment services in all 100 NC counties. Each LME/MCO will receive these funds based on unmet OUD treatment need to increase capacity through expanded or additional contracts with local OBOTs and OTPs. Basic outpatient services including ASAM Level 1 services such as individual, group and family therapies, as well medication administration, medication management; Enhanced outpatient services, including ASAM Level 2.1 (Substance Abuse Intensive Outpatient Programs) and ASAM Level 2.5 (Substance Abuse Comprehensive Outpatient Treatment) services, which may be provided on-site at the OTP, or available through referral and linkage to a more comprehensive facility; Laboratory services - Urine drug testing is a tool for measuring an individual's progress in treatment, as well as being an objective measure of treatment efficacy. Additionally, urine test results assist in stabilizing patients on the appropriate dosage of medications, such a methadone or buprenorphine. They provide critical information for physicians, such as the presence of other substances that may jeopardize the safety of the individuals, such as benzodiazepines or alcohol; Medications – Through the funding available from this grant, the Division will assure the availability of the following FDA approved medications for individuals in need of treatment for an OUD: methadone, buprenorphine products including buprenorphine/naloxone combination products, buprenorphine mono product formulations and extended release buprenorphine, naltrexone products including extended release and oral formulations and implantable buprenorphine. Given the variance in individual

needs, including the differences in medication costs, the Division has estimated an average monthly cost of $625 per patient for a combination of clinical treatment services, medications and lab services. $625 per month x 12 weeks = approximately 2,000 patients. It should be noted that NC has chosen not to fund withdrawal management (detox) services with these funds.

2. OBOT/OTP Bundled Rate Pilot – The Division has been researching various models of bundled payments across different states and will seek to issue an RFP to identify 2 OBOT sites, one in a rural area and one in an urban area, as well as 2 OTP sites, again one rural and one urban to pilot the implementation of a bundled rate for medication assisted treatment and other services associated with the delivery of MAT. We wish to determine what types of services are best included in a bundle, differences in services and rates for induction vs maintenance and whether the bundling of services creates administrative and cost savings for providers. We anticipate funding each OBOT site at $225,000 per site and each OTP site at $375,000 per site, with expected capacity to serve a total of approximately 240 participants.

3. DSS-Involved Families Initiative – NC has seen an increase in the number of families involved with DSS services due to parental substance use, and correspondingly, an increase in the number of children placed in foster care or some type of out-of-home placement. We wish to pilot an initiative to identify two or three counties which have the highest rate of family disengagement due to parental opioid use, partner with DSS staff and local treatment providers to engage these parents in MAT and other clinical and recovery supports. We anticipate serving approximately 75 participants through this pilot at a total cost of $400,000.

4. Reentry Pilot - Consistent with the Department of Public Safety's (DPS) vision for reentry, the agency has designated correctional facilities to focus on reentry and transition. Personnel at these facilities are building relationships with Local Reentry Councils to provide pre-release planning for incarcerated individuals preparing for release. We wish to provide funding to 2 reentry centers where incarcerated individuals, readying for exit, receive naltrexone and work with dedicated staff to connect to SUD services in the community and other needed supports. Costs would include 1 Nurse at $80,000 per year, 2 Licensed Clinical Social Workers at $150,156 per year, Vivitrol at $1000 per dose for 1 dose prior to release for 30 R-STEP designated inmates at $30,000 per year and Naloxone kits at $75 for 75 releasing R-STEP designated inmates at $5625 per year for a total of $265,781 per year.

Additionally, following participation in the National Governors Association's Learning Lab on Expanding Access to Opioid Use Disorder Treatment for Justice-Involved Populations in 2017, the Nash County Sheriff's Office initiated a MAT program to identify inmates with opioid use disorder and assess their ability to participate in treatment using naltrexone (Vivitrol). Inmates are given the initial injection 3 days prior to release from jail and referred to the local community health center. After 7 months of operation, 16 inmates have received injections and the program is demonstrating a 73% success rate. We wish to maintain this program by hiring a clinician to be responsible for monitoring the program and coordinating care. Costs for this initiative would include 2 Licensed Clinical Social Workers at $136,000 per year, Vivitrol at $1000 per dose for 1 dose prior to release for 60 people at $60,000 per year and Naloxone kits at $75 for 60 people at $4500 per year for a total cost of $200,500 per year.

5. Eastern Band of the Cherokee Indian (EBCI) Proposal - Based on the needs assessment submitted, we wish to provide funding to NC's only federally recognized tribe for services, supports and trainings to augment current MAT services. Activities include development of a community rapid response team, extensive training in culturally-appropriate trauma-informed care (Beauty for Ashes), training in and purchase of a biofeedback machine (to focus on pain management), implementation of a tobacco cessation curriculum for individuals receiving OUD treatment, purchase of kiosks to be placed throughout the communities for syringe disposal (EBCI implemented a syringe exchange program in February 2018 and as of the end of June had 221 participants, provided 476 naloxone kits, reported 29 overdose reversals and provided 21,014 syringes with a 37% return rate. It is believed that these kiosks will improve the return rate of used syringes. The EBCI also plan to contract with the Southcentral Foundation (SCF), an Alaska Native nonprofit health care organization established in 1982 by Cook Inlet Region, Inc. (CIRI). CIRI is one of 13 Alaska Native regional corporations created by Congress in 1971 under the terms of the Alaska Native Claims Settlement Act. CIRI established SCF to improve the health and social conditions of Alaska Native people, enhance culture, and empower individuals and families to take charge of their lives. SCF provides a wide range of health and human services to Alaska Native/American Indian people living in Southcentral Alaska. The SCF's Family Wellness Warriors Initiative (FWWI) will provide trainings called Beauty for Ashes and Arrigah House provide community participants the opportunity to recognize the impact of trauma, abuse, and neglect. These intensive training and education programs not only address how to interact with, work with, and respond to those whose lives have been impacted by abuse, neglect and/or domestic violence, but also build protective factors and resiliency skills to increase a person's ability to deal effectively with the issues of domestic violence, abuse, and neglect. Due to the high rate of trauma associated with substance use, these trainings will enable clinicians and other staff working in the Tribe's medication assisted treatment program to more comprehensively address needs. The EBCI also plan to engage in biofeedback training and a biofeedback machine to assist individuals who have an OUD with pain management.

6. Recovery Support Services - Recovery support services include culturally and linguistically appropriate services that assist individuals and families working toward recovery from issues related to substance use disorders. We intend to build on the services currently offered through the Access to Recovery and the Opioid STR grants, to include such services as peer coaching and mentoring, transportation, services to aid in accessing sober housing, life coaching, financial wellness, etc., as identified through individual comprehensive clinical assessments and person-centered treatment and recovery plans. Funds will be primarily provided to the LME/MCOs to expand and increase capacity for these services through contracts with local providers. Reimbursement can be through salaried positions as certified peer support specialists or through rate reimbursement. Rates are expected to mirror those rates currently in effect through the Access to Recovery grant and include Recovery Peer Coaching at $25 per hr, Child Care services at $20 per hr and transportation services (Bus = $2.50 per day, Cab/Uber = $10 per day, Gas Cards = $15). Total funding set aside for recovery supports and services is $954,443.

This category also includes two Oxford House Reentry Coordinators to focus on the reentry of individuals (with an OUD) from prison to communities in need of housing at $160,000. This will be an amendment to the Division's current contract with Oxford House.

7. Training - To build on the training provided through the Opioid STR grant, as well as through the current ECHO project, we wish to offer additional trainings in medication assisted treatment and ASAM Criteria Skill Building for physicians, nurse practitioners, physician assistants, licensed clinicians, certified/qualified professionals and recovery partners working with individuals with an OUD, primarily in OBOTs and OTPs. Funding = $200,000.

8. Prevention Services – The Division has distributed over 40,000 naloxone kits in the last year or so and receives requests weekly for additional kits. These naloxone kits will be distributed to OTPs, rapid response teams, syringe exchange programs, etc. 12,000 kits @ &75 per kit = $900,000.

9. EBCI Prevention Services - The EBCI propose to purchase 5000 naloxone kits, provide training in naloxone administration and implement a media campaign. Total cost for the EBCI prevention components is $440,000.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF-424A) **$21,050,718**

H. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF-424A blank.

I. Other: Expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Name	Service	Cost
GPRA	Incentive payments to providers for GPRA administration, estimated $200 per patient x 2500 patients (paid only if all GPRAs are completed).	$500,000
	TOTAL	**$500,000**

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

GPRA – North Carolina providers are required to conduct comprehensive clinical assessments on patients seeking medication assisted treatment or other clinical services, as well as the NC-TOPPS, which is NC's outcomes and evaluation tool. The NC-TOPPS is administered at intake, three months, six months, 12 months and annually thereafter and at discharge. In order to better assure providers will add an additional assessment and outcomes tool to their repertoire, we wish to incentivize, or pay each provider after the initial, and two follow up GPRAs have been conducted. We believe this will not only better assure that the GPRA is administered, but it will

also help in assuring the follow up GPRAS are administered. We estimate $200 per patient x 2500 patients (paid only if all GPRAs are completed) for a total of $500,000.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF-424A) **$500,000**

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: https://rates.psc.gov/fms/dca/map1.html. **Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII part 75 (D)(1)(b), may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.**

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF-424A)

===

TOTAL DIRECT CHARGES: **$**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF-424A) **$22,699,479**

INDIRECT CHARGES: **$0**

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF-424A) **$0**

TOTAL: (sum of 6i and 6j) $22,699,479

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF-424A) $22,699,479

===

Provide the total proposed project period and federal funding as follows:

Proposed Project Period
Start Date: 09.30.18 End Date: 09.30.20

BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2	Total Project Costs
Personnel	$410,000	$410,000	
Fringe	$145,315	$145,315	

Category	Year 1	Year 2	Total Project Costs
Travel	$13,256	$13,256	
Equipment	0	0	
Supplies	$16,200	$3,600	
Contractual	$21,614,708	$21,627,308	
Other	$500,000	$500,000	
Total Direct Charges	$22,699,479	$22,699,479	
Indirect Charges			
Total Project Costs	$22,699,479	$22,699,479	

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF-424A)

***FOR REQUESTED FUTURE YEARS:**

1. Supplies are decreased in Year 2 because the laptops will be purchased in Year 1.

Contract/Service	Year 1	Year 2

IN THIS SECTION, REFLECT OTHER FEDERAL AND NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Other support is defined as funds or resources, whether federal, non-federal or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions or non-federal means. [Note: Please see Appendix D, Funding Restrictions, regarding allowable costs.]

OMB Number: 4040-0004
Expiration Date: 08/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:
  - ○ Preapplication
  - ● Application
  - ○ Changed/Corrected Application

* 2. Type of Application:
  - ● New
  - ○ Continuation
  - ○ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 08/09/2018

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: NC DHHS, Division of MH/DD/SA Services

* b. Employer/Taxpayer Identification Number (EIN/TIN): 56-1636462

* c. Organizational DUNS: 8097853630000

d. Address:

* Street1: 2001 Mail Service Center

Street2:

* City: Raleigh

County/Parish:

* State: NC: North Carolina

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 27699-2001

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: DeDe

Middle Name:

* Last Name: Severino

Suffix:

Title: Chief, Addictions and Management Operations

Organizational Affiliation:

Division of MH/DD/SA Services

* Telephone Number: 919-715-2281

Fax Number:

* Email: dede.severino@dhhs.nc.gov

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

93.788

CFDA Title:

Opioid STR

*** 12. Funding Opportunity Number:**

TI-18-015

* Title:

State Opioid Response Grants

13. Competition Identification Number:

TI-18-015

Title:

State Opioid Response Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):

File Name:

*** 15. Descriptive Title of Applicant's Project:**

NC State Opioid Response

Attach supporting documents as specified in agency instructions.

File Name:

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: NC-2

* b. Program/Project: NC1-13

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/29/2018

* b. End Date: 09/30/2020

18. Estimated Funding ($):

* a. Federal	45,398,958.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	45,398,958.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

○ a. This application was made available to the State under the Executive Order 12372 Process for review on ______.

○ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

● c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

○ Yes ● No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☑ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr.

* First Name: Mandy

Middle Name:

* Last Name: Cohen

Suffix:

* Title: Secretary

* Telephone Number: 919-855-4800

Fax Number:

* Email: mandy.cohen@dhhs.nc.gov

* Signature of Authorized Representative: Completed on submission to Grants.gov

* Date Signed: 08/09/2018

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State Opioid Response	93.788			$22,699,479.00		$22,699,479.00
2.						$0.00
3.						$0.00
4.						$0.00
5. Totals		$0.00	$0.00	$22,699,479.00	$0.00	$22,699,479.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1) State Opioid Response	(2)	(3)	(4)	(5)
a. Personnel	$410,000.00				$410,000.00
b. Fringe Benefits	$145,315.00				$145,315.00
c. Travel	$13,256.00				$13,256.00
d. Equipment	$0.00				$0.00
e. Supplies	$16,200.00				$16,200.00
f. Contractual	$21,614,708.00				$21,614,708.00
g. Construction	$0.00				$0.00
h. Other	$500,000.00				$500,000.00
i. Total Direct Charges (*sum of 6a-6h*)	$22,699,479.00				$22,699,479.00
j. Indirect Charges					$0.00
k. TOTALS (*sum of 6i and 6j*)	$22,699,479.00				$22,699,479.00
7. Program Income					$0.00

Standard From 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8 . State Opioid Response				$0.00
9 .				$0.00
10 .				$0.00
11 .				$0.00
12. TOTAL (sum of lines 8-11)	$0.00	$0.00	$0.00	$0.00

SECTION D - FORECASTED CASH NEEDS					
13. Federal	**Total for 1st Year**	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**
	$22,699,479.00	$5,674,869.00	$5,674,869.00	$5,674,869.00	$5,674,872.00
14. Non-Federal	$0.00				
15. TOTAL (*sum of lines 13 and 14*)	$22,699,479.00	$5,674,869.00	$5,674,869.00	$5,674,869.00	$5,674,872.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16 . State Opioid Response	$22,699,479.00	$22,699,479.00		
17 .				
18 .				
19 .				
20. TOTAL (*sum of lines 16-19*)	$22,699,479.00	$22,699,479.00	$0.00	$0.00

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: $45,398,958	22. Indirect Charges:
23. Remarks:	

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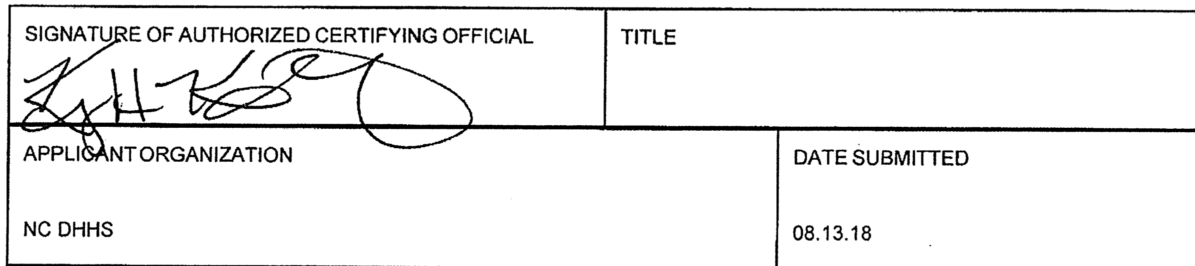
ASSURANCE
of Compliance with SAMHSA Charitable Choice Statutes and Regulations
SMA 170

REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.



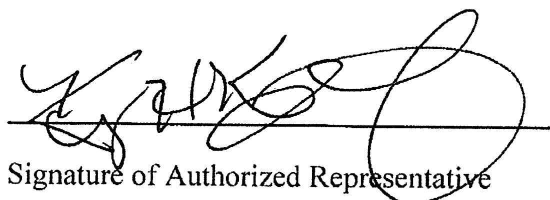
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION NC DHHS	DATE SUBMITTED 08.13.18

Statement of Assurance

As the authorized representative of the North Carolina Department of Health and Human Services, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance use disorder treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist. (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance use disorder treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; **OR** 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.



Signature of Authorized Representative

Date