

INVITATION TO APPLY/REQUEST FOR APPLICATIONS RFA # 30-IPS-MAT-19

TITLE: Individual Placement and Support-Supported Employment in a Medication Assisted Treatment Setting

FUNDING AGENCY: DMHDDSAS

ISSUE DATE: September 21, 2018

FUNDING AGENCY: North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

IMPORTANT NOTE: Indicate agency or organization name and Invitation to Apply/RFA number on the front of each application, along with the date for receipt of applications specified below.

Applications, subject to the conditions made a part of hereof, will be received until 5:00 p.m., December 1, 2018, for furnishing services described herein.

Direct all inquiries concerning this RFA to: *Brenda T. Smith*

Brenda.t.smith@dhhs.nc.gov

Subject: RFA # 30-IPS-MAT-19

PLEASE NOTE: We will only accept applications submitted via email as official submissions. They must be received by the above listed email prior to 5:00 p.m., December 1, 2018. Applications are to be emailed to Brenda T. Smith at Brenda.t.smith@dhhs.nc.gov and have the subject line IPS-SE in MAT RFA APPLICATION.

NOTE: All prospective applicants are ENCOURAGED to submit questions to Brenda T. Smith at Brenda.t.smith@dhhs.nc.gov by 5:00 pm on October 31, 2018 for them to be answered. All questions MUST have a subject line of, QUESTIONS-IPS-SE in MAT RFA. A summary of all questions and answers will be posted on: <https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities> in the same location as the original Invitation to Apply/Request for Applications on September 21, 2018.

INTRODUCTION

The purpose of this Invitation to Apply-Request for Applications (RFA) is for NC DMH/DD/SAS to partner with a Medication Assisted Treatment (MAT) provided by an Opioid Treatment Program (OTP), a Local Management Entity-Managed Care Organization (LME-MCO) and the Division of Vocational Rehabilitation (DVR) to procure an Individual Placement Support-Supported Employment (IPS) team to provide services to individuals receiving medication assisted treatment in an opioid treatment program.

NC DMH/DD/SAS anticipates awarding one contract as a result of this Invitation to Apply.

IPS is a behavioral health service that focuses on engaging individuals with severe and persistent mental illness and co-occurring substance use disorders in competitive employment and/or continuing their education for the purpose of obtaining competitive employment. Recent research has begun to explore if IPS is effective with other populations, including individuals receiving MAT services. IPS views employment and education as critical tools to support individuals in recovery, and something that should be included at the start of treatment. Employment and education engagement should not depend on whether an individual is deemed 'ready' by their treatment team. Instead, when

the individual expresses some interest in work or education, IPS should be offered to the individual to explore one's employment or educational goals.

This competitive Invitation to Apply process will be a partnership between NC DMH/DD/SAS and DVR as all entities will review and score all timely and complete applications to determine which proposal is the best fit for this Invitation to Apply.

The award recipient must be able to demonstrate administrative, programmatic and financial stability and planning over time. Applicants need to be familiar with the regulations that apply to grants, specifically G.S. 143C-6-Non-State Entities Receiving State Funds (http://ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_143C/GS_143C-6-23.pdf) and Uniform Administration of State Grants (<http://reports.oah.state.nc.us/ncac/title%2009%20-%20governor%20and%20lt.%20governor/chapter%2003%20-%20state%20budget%20and%20management/subchapter%203m/subchapter%203m%20rules.pdf>)

The Division of MH/DD/SAS will select one (1) award recipient. The award recipient will be a substance use provider (non-profit or for profit) that operates an Opioid Treatment Program (OTP) providing medication assisted treatment, is willing to integrate an IPS team in the OTP and is willing to apply for a DVR contract. The award recipient must be willing to ensure that all individuals receiving IPS have referral paperwork submitted to DVR except in cases where the individual does not give consent to do so. Awards will be made based upon a thorough review of all submitted and completed applications and will be allocated and monitored through the NC DMH/DD/SAS, the LME-MCO, and DVR. The award recipient will be required to work closely with NC DMH/DD/SAS, the LME-MCO, the local DVR unit office, and other community stakeholders.

Approximately \$380,000 in funds will be used to provide one (1) award. The maximum award will be up to \$380,000 for the period starting the date of the award through June 30, 2019, with the awardee having access to the funds upon the date of the award being made. \$280,000 of the funding will come from the CURES Grant, \$100,000 will come from state funds that have been designated for treatment of substance use disorders.

The award recipient shall receive a contract for State Fiscal Year 19 which represents the grant period for Year 1. Funding is for one year only, and not recurring.

BACKGROUND

North Carolina is experiencing an opioid epidemic. In June 2017, NC DHHS and Governor Roy Cooper released North Carolina's Opioid Action Plan. This plan identified seven focus areas to reduce opioid addiction and overdose death, two of which are the focus of this Invitation to Apply: (1) Expand treatment and recovery-oriented systems of care, and (2) measure our impact and revise strategies based on results.

A strategy identified under expanding recovery supports focuses on employment, specifically reducing barriers to employment for those with criminal history. DMH/DD/SAS is confident that the implementation and integration of IPS in an OTP is the most efficient and effective practice to support individuals receiving services in finding and maintaining employment. Finding and maintaining employment can have a positive impact on all the Substance Abuse Mental Health Services Administration's (SAMHSA's) Eight Dimensions of Wellness. It can link individuals to new peers and community, improve their housing options, and improve treatment participation.

Stanford University completed a twelve-month randomized clinical trial, where 22 individuals received IPS and treatment as usual (TAU), and 23 individuals were placed on an IPS waitlist while they received TAU. At 6 months, 50% of individuals in the IPS and TAU group were employed, compared to 5% of individuals in the TAU group. At twelve months, 50% of individuals in the IPS and TAU group were employed, compared to 22% of individuals in the TAU group. The study noted that *"IPS holds promise as an employment intervention for people with opioid use disorders in methadone maintenance treatment, but larger trials with longer follow-up are needed."* DMH/DD/SAS has staff that

can both train and support implementation and data collection to measure the impact IPS-SE has on employment rates, treatment retention, and treatment outcomes. This data can then be added to the Metrics for North Carolina's Opioid Action Plan.

SAMHSA's TIP 38- *Integrating Substance Abuse Treatment and Vocational Services* indicates that the three best predictors of success in substance use treatment are: gainful employment, adequate family support, and lack of co-existing mental illness. It further states that there is a need for integrated, wrap-around services that include a vocational focus. Federal law requires individuals in OTPs to have access to medical, counseling, vocational, educational, and other assessment and treatment services in addition to medication. Yet many OTPs struggle to offer adequate vocational supports to individuals receiving services. SAMHSA's TIP 43- *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* cites a study that found between 50-80% of individuals attending a MAT clinic were unemployed, yet only 5% receive services supporting their employment goals.

SCOPE OF SERVICES/SERVICE MODEL

IPS is an evidence-based practice originally developed for adults with severe mental illness/severe and persistent mental illness (SMI/SPMI) and co-occurring substance use that focuses on supporting and helping individuals find and maintain competitive employment or pursue educational goals that improve their ability to find and maintain competitive employment. It was developed to address the significant barriers adults with SMI/SPMI face when pursuing employment, and to address the staggering unemployment rates this specific population faces (the national unemployment rate for individuals with a mental illness is 80%, in North Carolina, as of 2014, it was 85%.) In comparison, IPS-SE has been proven to be an effective intervention to begin to address this disparity. Teams in North Carolina that implement with Good to Exemplary fidelity to the model have on average between a 40-44% employment rate for individuals receiving services.

The eight practice principles of IPS address many of the barriers that individuals with mental illness and substance use face when considering employment, and are as follows:

1. Competitive employment is the goal
2. Zero exclusion
3. Attention to personal preferences
4. Access to benefits counseling
5. Rapid job search
6. Systematic and targeted job development
7. Time unlimited support
8. Integration with behavioral health

The team/agency selected through this Invitation to Apply will be expected to provide services that align with these practice principles, as well as ensure that staff have access to training and resources that support them in working with individuals that have criminal justice records. The team/agency will be expected to adhere to the NC DMH/DD/SAS IPS for AMH/ASU service definition, and to apply to become a vendor with the Division of Vocational Rehabilitation within 90 days of start-up.

Implementing IPS in an OTP in NC will allow us to measure the efficacy of the service and identify any implementation considerations when merging these two best practices.

SERVICE SPECIFICATIONS AND STANDARDS

The award recipient must meet the Service Specifications and Standards set forth in this Section, all applicable DMH/DD/SAS regulations and policies, and conditions and requirements for the Opioid STR grant and state set aside funds. There will be a four (4) month start-up period that starts from the date the award is announced. The award

recipient must be an opioid treatment provider offering medication-assisted treatment, and IPS services must be fully operational within 120 days of receiving the award.

A. Opioid Treatment Program

The Opioid Treatment Program must be fully licensed and approved to provide medication-assisted treatment in North Carolina and be in good standing with the State Opioid Treatment Authority.

B. Contracted LME-MCO provider

The award recipient must either be contracted as a service provider with the LME-MCO the site is physically located in, or obtain a letter stating that the respective LME-MCO agrees to add the award recipient to their network for the OTP MAT services. The award recipient must either provide evidence of a current contract or ensure that the letter they provide has been signed by staff within the LME-MCO that has responsibility and authority with Provider Network/Provider Contracting. After implementation of IPS services, it is expected that the agency will coordinate with the LME-MCO to add this service to their contract, to access both Medicaid (b)(3) and State funds for reimbursement.

C. Contracted DVR vendor

The award recipient must either be contracted as a vendor with DVR or apply to become a DVR vendor within 90 days of start-up. If the award recipient's application is denied, they will need to submit proof of denial to DMH/DD/SAS. DMH/DD/SAS will support the award recipient in linking to DVR and during the application process.

Being a contracted LME-MCO provider and DVR vendor are critical to the sustainability of this model.

Referrals

For this RFA, the IPS team that is developed for the Opioid Treatment Program will be able to take only internal referrals that meet the access and admission criteria identified below.

Access and Admission Criteria

Per the study, access and admission criteria for this pilot is as follows - Person:

- Must be 18 years or older
- Must meet the DSM-5 criteria for moderate to severe opioid use disorder
- Must have received services from an opioid treatment program for at least 14 days at the award agency prior to informed consent
- Have never received employment services from the award agency
- Be currently unemployed and have a desire to work
- Lack pending incarceration or housing which disallows external work
- Willing to provide informed consent

Individuals meeting the above listed criteria will need to attend an information session prior to enrollment which will describe both the supported employment model and the research study.

Discharge Criteria

The individual's level of functioning has improved with respect to the goals outlined in the PCP and follow along services have been provided to ensure long-term job maintenance and ongoing behavioral health support as needed by the individual. The decision to discharge should be based on one or more of the following and, documented in the service record:

1. The individual has requested that IPS be discontinued.
2. The individual has moved outside of the LME/MCO catchment area, or no longer receives services from the Opioid Treatment Program.
3. The individual has long-term medical issues and is unable to work.
4. The individual no longer meets criteria for this service.

Data Collection Requirements

The IPS staff will be expected to complete NC-TOPPS evaluations on all individuals receiving IPS services and complete the DMH/DD/SAS NC-TOPPS audit tool monthly to ensure on-going compliance. The IPS team will also be expected to complete the IPS Supported Employment Quarterly Outcome Tracking form and submit it to the LME-MCO,

DMH/DD/SAS, and DVR quarterly. All individuals receiving IPS services will be required to have an IPS for MAT Career Profile completed.

Technical/Project Approach

DMH/DD/SAS will provide technical assistance and training to the identified community agency on the IPS evidence-based practice. DMH/DD/SAS has four (4) staff located in Raleigh that have attended IPS training facilitated by the model developers, and three of the four staff are already providing training and technical assistance to IPS teams. They are also trained fidelity evaluators, and able to support the IPS team in developing and implementing fidelity action plans.

DMH/DD/SAS will co-develop and facilitate an agency-wide training with the IPS team to increase agency knowledge and understanding of the model. A key component of implementing IPS is ensuring the agency understands and embraces an *Employment First* approach to services.

DMH/DD/SAS will link the IPS staff to the IPS 101 training facilitated by the Institute of Best Practices at the Center for Excellence in Community Mental Health. This training is required for all IPS providers per the State funded service definition, which currently focuses on individuals with mental illness.

DMH/DD/SAS will support the IPS team in developing a working relationship with the local DVR office and ensuring that the team completes a contract to become a DVR vendor.

DMH/DD/SAS will provide the support staff to ensure the original study is replicated, and to track the outcomes.

DMH/DD/SAS, the LME-MCO, IPS team and DVR, along with any additional stakeholders, will facilitate and attend quarterly steering committee meetings to review progress, successes, and any barriers experienced during implementation.

Resources

Center for Substance Abuse Treatment. *Integrating Substance Abuse Treatment and Vocational Services*. Treatment Improvement Protocol (TIP) Series, No. 38. HHS Publication No. (SMA) 12-4216. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.

Center for Substance Abuse Treatment. *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs*. Treatment Improvement Protocol (TIP) Series 43. HHS Publication No. (SMA) 12-4214. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

Lones, Carrie E, et al. "Individual Placement and Support (IPS) for Methadone Maintenance Therapy Patients: A Pilot Randomized Controlled Trial." *Administration and Policy in Mental Health*, 17 Feb. 2017.

The Procurement Process

The following is a general description of the process by which an agency or organization will be selected to implement an IPS team in an OTP program.

1. RFAs are being sent to prospective agencies and organizations.
2. Written questions concerning the Invitation to Apply specifications will be received until the date specified on the cover sheet of this Invitation to Apply. Answers to questions submitted via email and the bidder's conference will be posted on the DMH/DD/SAS website.
3. Applications will be received from each agency or organization. They can be submitted via email. When sending via e-mail, we require the following subject line: IPS in MAT RFA *Agency Name*. Please use delivery and read receipt and mark the email as Urgent/High Importance.
4. All applications must be received by the funding agency not later than the date and time specified on the cover sheet of the Invitation to Apply. Faxed applications will not be accepted.
5. At that date and time, the applications from each responding agency and organization will be logged in. Budgets will be included as part of the application.
6. At their option, the reviewers may request additional information from any or all applicants for clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification: therefore, all applications must be complete and reflect the most favorable terms available from the agency or organization.
7. Applications will be evaluated according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
8. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
9. Awards are contingent upon availability of funding.

General Information on Submitting Applications

1. Award or Rejection
All qualified applications will be evaluated and, award, made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by January 1, 2019.
2. Cost of Application Preparation
Any cost incurred by an agency or organization in preparing or applying is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.
3. Elaborate Applications
Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.
4. Oral Explanations
The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.
5. Reference to Other Data
Only information that is received in response to this Invitation to Apply will be evaluated; reference to information previously submitted will not suffice.
6. Titles
Titles and headings in this Invitation to Apply and any subsequent Invitation to Apply are for convenience

- only and shall have no binding force or effect.
7. Form of Application
Each application must be submitted on the form provided by the funding agency and will be incorporated into the funding agency's Performance Agreement (contract).
 8. Exceptions
All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).
 9. Advertising
In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.
 10. Right to Submitted Material
All responses, inquiries, or correspondence relating to or about the Invitation to Apply, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.
 11. Competitive Offer
Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this Invitation to Apply thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.
 12. Agency and Organization's Representative
Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.
 13. Subcontracting
Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.
 14. Proprietary Information
Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.
 15. Participation Encouraged
Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this Invitation to Apply by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.
 16. Contract
The Division of MH/DD/SA Services will issue a contract to the recipient of the grant that will include their application. Expenditures can begin immediately upon receipt of a completely signed contract.
 17. Funding Source and Use
Funding for the IPS in MAT pilot comes from the Opioid STR Grant and from state set aside funds that have been designated for treatment of opioid use disorders. Both the LME-MCO and award recipient are expected to follow the rules specific to the Opioid STR grant and state set aside funds. Any unallowable expenses that are paid for with Opioid STR grant funds or state set aside funds can result in a payback. Some examples of unallowable expenses are:
 - a. If these funds shall be used to support a new service for which a license and/or accreditation is required, such licensure/accreditation shall be completed prior to the delivery of services.
 - b. The funds provided shall not be used to supplant Federal or non-Federal funds for services or activities which promote the purposes of the grant or funding;

- c. The funds provided shall not be utilized to supplement any reimbursement for services or staff activities provided through the NC Medicaid Program;
- d. The funds provided shall not be utilized to supplement any reimbursement for services or staff activities supported through the Division's payment of other UCR or non-UCR funds, without the prior written approval of the DMH/DD/SAS Director of Financial Operations and the Chief of Addictions and Management Operations;
- e. The funds provided shall be fully utilized, monitored, and settled in compliance with the conditions of the current Contract Agreement between the LME-MCO and DMH/DD/SAS, with the full adherence of the LME-MCO and its sub-recipient contractors to all applicable State and federal laws, rules, regulations, policies, guidelines, standards, agreements, protocols, plans, and communications.
- f. Funds shall be used in accordance with HHS Grant Policy Statements.
- g. All contractors and subcontractors, including LME-MCOs and sub-recipient contractors of these funds, shall comply with all requirements, restrictions, terms and conditions, and reporting requirements of the Opioid STR Grant and State set aside funds;
- h. Funds shall be used in accordance with cost principles describing allowable and unallowable expenditures for nonprofit organizations in accordance with OMB Circular A-122;
- i. Agencies or organizations receiving federal funds are required to receive prior written approval from the Chief of the Addictions and Management Operations Section regarding the use of evidence-based program incentives, including the specification of the type(s) and equivalent dollar value(s) of any such nominal incentives offered, and the manner of utilization of any such approved incentives for clients, recipients, students, or other persons. "Nominal incentives" are restricted to those of no more than twenty-five dollars (\$25.00) in value per recipient, per event. Programs are strictly prohibited from utilizing any incentive items that could potentially be converted to cash, or that could be used for the purchase of any age-restricted product, such as tobacco, alcohol, drugs, weapons, or lottery tickets or any sexually oriented materials or contraceptives.
- j. Federal funds shall not be utilized for law enforcement activities;
- k. No part of any federal funding shall be used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any state legislative body itself;
- l. No part of any federal funding shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any state legislature.
- m. LME-MCOs are prohibited from withholding or deducting any portion of allocated federal funds for the support of any LME-MCO activity or function. All allocated funds are required to be fully contracted by the LME-MCO for approved expenditure by eligible non-profit sub-recipient organizations.

Please be advised that successful applicants may be required to have an audit in accordance with G. S. 143-6.2 as applicable to the agency or organization's status. Also, the contract may include assurances the successful applicant would be required to execute when signing the contract. Agencies or organizations receiving Federal funds would be required to execute a Consolidated Federal Certification form (as applicable). Private not for profit agency contracts would also include a conflict of interest policy statement.

APPLICATION FACE SHEET

Name of Agency:
Address:

Telephone Number:
Fax Number:
Email Address:

Agency Status: () Public () Private , Non-Profit () Private, For Profit

Agency Federal Tax ID Number:

Agency's Financial Reporting Year _____ through _____

Name and Title of Contract Administrator:

Name of Program (s):

SERVICE DELIVERY SITE(S):

AREA TO BE SERVED:

Application Requirements

Assemble the Application in the following order: Application Face Sheet, Application Questions/Details, Application Budget, Application Brochures (if applicable.) It is required that the completed application will reflect coordination and cooperation across the Opioid Treatment Program provider and the LME-MCO. When submitting the application electronically, it must be done as one singular attachment. Application packets cannot exceed 10 pages. Attachments, including budgets and brochures, do not count towards the 10-page limit.

Application Questions/Details

1. Proposal Summary/Project Objectives

Provide a brief overview of the proposal. Identify strategies to engage individuals that meet the entrance criteria for the pilot. Describe the specific challenges you are attempting to address with this proposal. Include your vision of how individuals in the identified target group will be better served should this project be selected for funding.

2. Organizational Capacities

Provider Agency:

- Identify the name, position, and contact information of the management team member who will be directly responsible for implementation of this initiative.
- How will your agency leverage relationships amongst community partners to ensure successful implementation of IPS-SE in an Opioid Treatment Program setting?

LME-MCO:

- Briefly describe how your LME-MCO is structured and managed, focusing on the relevant organizational supports for this project.
- Provide the Name and Position and contact information of the LME-MCO Management Team member who will be directly responsible for implementation of this initiative.

3. Program Narrative

Funding is available for programs that plan to use IPS in an Opioid Treatment Program setting as an effective strategy to improve employment outcomes in individuals receiving services, which can be well integrated into an existing service array.

Please provide a comprehensive description of your proposed implementation of IPS in an Opioid Treatment Program setting. At a minimum, include the following points in your description.

- Detailed service implementation timeline for SFY19.
- Describe the specific geographical areas within which the identified target group is found.
- Describe how the LME-MCO and/or provider(s) will identify individual consumers within the target group for whom IPS will be effective.
- How many individuals will be impacted (estimate)?
- Describe the data and data analysis process used to identify the needs of the target group.
- Describe plans to educate, engage, and collaborate with the other providers, resources, and community partners that will be essential to the successful implementation of IPS within your MAT program.
- Include a discussion of factors that will indicate the efficacy of the interventions and strategies implemented within the program design.
- Describe how your intended outcomes will be met in measurable terms.
- Describe how data will inform quality management, quality improvement, and fiscal management of the program.

4. Project Implementation Plan, Timeline, and Schedules

Provide a project implementation plan and a project timeline that includes specific activities, action steps and the responsible parties who will assure the project's timely implementation. At a minimum, address the following:

- Hiring and training of required IPS staff.
- Anticipated date of implementation.
- Identification of tasks to support executive leadership aligning internal policies and procedures to align with the Department of Labor's **Employment First** framework, which is a framework for systems change that is centered on the premise that all citizens are capable of full participation in integrated employment and community life. The identified tasks should have an implementation plan and timeline, as well as what staff should be involved in each task.
- Resolution of challenges: an analysis of the project's risks and limitations including how these factors will be addressed or minimized.
- Plan for sustainability of program: Steps taken to ensure future successes for continuing the project beyond the awarded period.

The LME-MCO will provide quarterly status reports to the NC DMH/DD/SAS Adult Mental Health Team Lead and other identified DMH/DD/SAS staff. Status reports will include at a minimum a discussion of project progress, problems encountered and recommended solutions, identification of policy or management questions, and requested project plan adjustments.

5. Budgets

One (1) budget proposal must be submitted with this application. A budget should be submitted effective February 1, 2019 through June 30, 2019. The budget for FY19 cannot exceed \$380,000 (operational costs only.) The budget should specify how funds will be spent, why these costs are justified and necessary to conduct the proposed initiative and that the costs are reasonable and appropriate for the level of effort proposed. It should also include the anticipated dates that the IPS team should begin to be able to access State and/or Medicaid (b)(3) funds.

Funding may be used for start-up costs and for ongoing operational costs related to direct provision of services.

Allowable expenditures are limited to direct project-related costs and cannot supplant any existing funding. Funds must also be directed toward programmatic service components and are not available for capital expenditures. Applicants are not allowed to include indirect cost in the budget.

The applicant must submit a detailed line item budget and budget narrative to support or justify the expenditure/cost utilizing the attached budget template. (This does not count towards the 10-page limit)

6. Letters of Support

The OTP must demonstrate collaboration with their identified LME-MCO, local and/or regional consumer advocacy groups, as well as with other providers of services, or other partners who are routinely engaged with clients in the Opioid Treatment Program's identified target group. Evidence of such collaboration can be provided through attached letters of support or other similar attestations.