SAPTA Block Grant – Second Round of Questions June 16, 2020

1. **Can health districts apply?**

   Health districts are strongly encouraged and eligible to apply.

2. **… if I decide to apply for the A5 target, is the cap still $750,000?**

   Yes, the NOFO is specific to the maximum amount an organization can apply for based on each application. With that, the DPBH reserves the right to amend any amount or number of awards based on the quality and quantity of applications to meet the needs of the state.

3. **Previous awards for our agency have been above the limit of $700,000 and they will not fully fund our programs, can we ask for more funding than the NOFO limit?**

   No. DPBH is a partner with community organizations and is not responsible to ensure that a nonprofit or other organization is 100% funded or operational as the state cannot guarantee any level of current or future funding, due to the open and competitive requirements through both federal and state regulations.

4. **What does it mean to be sustainable and what is a good goal?**

   Sustainability of SAPTA programs are an important consideration for each potential grant award. Under the Risk Assessment, an agency or organization that does not have blended funding or multiple funding sources are considered a higher risk. DPBH is required by federal regulation to reduce that risk. Any activity that is funded by another federal source, (i.e. Medicaid), is required to use that source prior to utilizing grant funds. Agencies or organizations should work towards a goal of not having more than 50% of a program's total funding from one source. Note that all grants or sub-awards are subject to review, which includes timely submittal of data, performance metrics and fiscal information.   DPBH recognizes that many strong programs are working towards sustainability, and DPBH will continue to support those efforts. It is not expected that all organizations will meet the current goal, however organizations should have a plan in place in order to begin working towards the goal of sustainability.

5. **We have two programs under our current STR/SOR grant. That being said, do I need to do one or two applications?**

   You would submit one application per organization for any application that is not based on fee for service or FFS. The application for consideration of grant funds, other than FFS, would identify all programs identified that is specific to program activities in the narrative and differentiates each activity in the budget narrative. The program would need to submit separate scopes of work and budgets for each program/project they are seeking funding for.

6. **Is there a intake form that would decipher the FPL (federal poverty level) that we would need in place to receive these grant funds?**

    Grant dollars are only available for those that are not insured or underinsured. Each organization would need to ensure that appropriate third-party liability (TPL) policies are in place. Organizations must also identify what the federal poverty level (FPL) is that they intend to service, as well as the justification. For example, 133% based on eligibility for State Medicaid, FPL based on TANF or SNAP, or other eligibility factor.

7. **...on the direct expense line item in budget, do I need to identify any costs associated, or just ask for an indirect cost dollar amount?**

    There are no indirect expenses allowed for SAPTA Block Grants. See Question 30 for the SOR Indirect Cost Rate.

8. **...the program income calculation - when a client seeks services for this particular need – is there income requirements that we would have to satisfy before we invoiced this grant?**

    See Question 6

9. **In the past have received SAPTA funding for fee for service which helped with uninsured/ undocumented clients for substance treatment and transitional our living house. Is it correct to receive the same funding for the types we must do 2 separate applications?**

    If services are specific for those in transitional living, just identify the services that will be provided while in the transitional living house in one application.

10. **We want to apply for only fee for service type funding. This type of budget does not require or allow any itemized spending. Am I correct to assume I do not have to do the budget narrative because it does not seem to apply to the type of funds we are requesting? Do I only need to fill in the budget summary under other expenses like we have in the past?**

    All applications require a budget. You should identify the amount of funding being requested under the budget narrative, provide information regarding: the total number of people targeted, the services provided, and expected dollars needed for each service type provided.

11. **Scope of work states it must be filled out in the form provided but then is followed with (no more than five pages) Does this mean that the form/s being filled out cannot be more than 5 pages or does it mean you also want a narrative type scope of work?**

    The Scope of Work document should be created by applicants. The table should be duplicated as needed.

    Many applicants will have more than one objective. The total number of pages for all activities for the scope of work should be no longer than five pages.

12. **The application states that it can't be more than four pages. However, the it currently already at four pages. It asks us to list all our third-party payers for Mental health services, which is lots of insurance companies. There are currently only two lines for this, and if we add lines for all of them, we will be over four pages. Any suggestions?**

   The number of pages for the actual application will move to no more than five pages.

13. **Will there be awards for more than the 750k for the larger facilities?**

   The NOFO is an open and competitive process. DPBH reserves the right to increase or decrease funding or the number of awards based on the needs of the state as well as the quality or quantity of application. There is no guarantee of funding at any previous level. You may, however, identify in the application that funding will serve a specific capacity and you have the ability to serve an additional number of clients. This will ensure that DPBH recognizes that should monies be available, there is the opportunity.

14. **We are almost finished with the grant. However, I am finding a couple of items confusing in the NOFO. On page 35, F. Key Personnel? Are we to include everyone whom we asking money for? And then as an addendum, we are to include their resume and any licenses they have, is this correct? I had originally thought the key personnel were only those employees etc. like the Project Manager providing the project services, but I think I am wrong. On page 25, it sounds like you want everyone listed. If that is correct, then it would mean we would list everyone including the Executive Director & the CFO since we are asking for money for them. Which answer is correct? Should we list all employees we are asking for money or only the key personnel who are actually facilitating the project?**

   Only one two-page resume should be included, which should be the clinical lead for the organization. DPBH reserves the right to request additional information.

15. **Does the community-based treatment category include a community recovery organization such as FFR?**

   Yes.

16. **Can we submit one application if we are one organization that has two recovery centers located and providing services in the north and the south? Both serve the same target population. Or do we need to submit two separate applications based on the geographical area served?**

   Yes, you may submit one application, be sure to identify that you are serving north and south in abstract, budget and narrative. Additionally, ensure the SOW outlines the services to be provided, the number of anticipated individuals to be served, and differentiate if they will be taking place in the north, south or both locations.

17. **Will we be continuing the fee for service rate for the Substance Abuse Block Grant as it has been in place with the Combined Mental Health and Substance Abuse Treatment Block Grant? We are getting a rate of 43.64 per day per client. If this is not what is planed in the future, can you explain the funding plan for the next four years for transitional living facilities?**

    The existing fee for service schedule is attached and should be what you work with – the current version is attached as part of the NOFO.

18. **What format do you want us to use for calculating our ask based on FFS residential bed nights and TH bed nights?**

    In the other category - by service type.

19. **The proposal says the detailed budget should only be used for Women's Services. For non-Women's Services, what budget form do we use? For example, for FFS treatment is there a spreadsheet we should be using to calculate our budgeted ask amount?**

    The detailed budget means in terms of asking for anything outside of FFS for direct services. You can still use the same budget form for SAPTA, SOR, or Women's Services. The only difference is that FFS for SAPTA Block Grant will be on FFS allowable services in the other category only.

20. **In addition to applying for continued funding for these two programs, do I have to also apply for continued funding for our HIV/PWID testing and TB testing programs?**

    No. As a note, this is a new grant process so technically not "continued" funding.

21. **For the application section of the proposal we have to indicate priority area. These two programs don't necessarily fall under one of those priority areas. How should I proceed.**

    Pick one that is most appropriate and explain your service in abstract and narrative.

22. **Do I have to submit a separate application for STR funding? I also have SOR and SAPTA Funds, do they have to be submitted together?**

    STR funding has ended. You may submit for SOR funding if it is applicable. If the application scores high enough, DPBH will identify funding stream. However, any request for SOR would be a separate application (different activities) and you would use the community services.

    The SAPTA for FFS services would be a separate application.

23. **In our grant, I explained FTE's etc. and under the line item their title and name, but under personnel I did not see an area for a budget narrative or a justification, especially with personnel. Is this not a requirement?**

    If you explained in detail under the FTE line in name and title and what the function was, that is appropriate for the application.

24. **Usually, there is a Scope of Work form sent out with the NOFO. Is this the case, or are we to use our template.**

   This is a new application and not a request for an extension.   Follow the NOFO with the subheading and complete with what you would be providing as services.

25. **How many resumes and licenses should we include with the application? Page 24 says to include a resume and a copy of all required licenses for each person listed as key personnel. Page 30 and Page 53 say to include the resume of the key staff member, no more than 2 pages.**

   See Question 14.

26. **Estimated Number of Awards mentions ($100K-$750K) as award ranges. Are these shared as examples for a 1-year performance period or a 2-year performance period?**

   These are examples of two-year award periods, with the understanding that the DPBH may modify grant awards based on quality and quantity of applications.

27. **We drafted a budget for a 12-month period using the budget template provided. During the prior round of Q&A, it was stated that the budgets should be submitted for two years. If our budget is identical for both years, do we submit the same budget template twice (one marked as 2020-21 and another one marked as 2021-22) to show the projected cost over two years?**

   Yes, or you may add the totals into the grant and identify them as being for a 24-month period, with the understanding that the DPBH may modify grant awards based on quality and quantity of applications.

28. **For primarily prevention-based services, is one funding source (SAPTA Block Grant Funds or SOR) more appropriate? If we expand to serve women with substance use disorder instead of just opioid use disorder, can we still qualify for SOR funding?**

   SAPTA Block Grants funds are not allowable for prevention activities.   For applicants proposing service population and activities, DPBH will define allowable funding if activities and services score high enough during evaluation. See questions regarding activities for SOR funding.

29. **On the application form, which Priority Area (P1-P4) would we choose since we do not provide treatment but rather, we support pregnant women with linkage to care?**
      I. **Priority Area (Note – Applicants may not check more than one priority area). Applicants may submit more than one application.**

   Pregnant Women and/or Women with Children:
   P1: Transitional Housing for Pregnant Women with Dependent Children
   P2: Community-Based Treatment
   P3: Residential Treatment
   P4: Multi-Service Delivery which must include transitional housing, community-based treatment, and residential treatment.

   Select Community-Based Services, with details of your program activities.

30. **Can we submit an indirect cost rate if not FFS Services?**

   Yes, if not FFS Services. For Indirect Costs, applicant organizations are to provide documentation of federally negotiated indirect cost rate agreement, if available. If subrecipient does not have this, it will receive the MTDC or modified de minimus indirect cost rate of 10% of total cost pursuant to the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance), §200.414. Note that if the federal award has a lesser rate than the subrecipient's federally negotiated rate, the rate on the award will be followed.

31. **In addendum 2 of the Treatment Block Grant Application, this is the modified text:**
   For those applying for consideration of SOR funding only, services may include prevention, treatment, and/or recovery services.

   Yes, the questions and answers below will provide more information on SOR.

32. **In review of the SAPTA (Treatment Block Grant) NOFO, there are no guidelines for what services are allowable for prevention services. Please provide a list of allowable and unallowable prevention activities. Please provide a list of the different areas of prevention that are allowable (ex: Health promotion, primary, secondary, tertiary, etc.). Please determine if the funding minimum and maximum still stand including prevention services**

   The funding limits are still in place for all applications, regardless of type or size of organization. All organizations applying for any SAPTA funds must be SAPTA certified or have the ability to become SAPTA certified within six months for the appropriate level of care, to include administrative. DPBH reserves the right to modify grant awards based on quality and quantity of applications.
   The State Opioid Response (SOR) program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs). This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and

methamphetamine. Activities allowable for funding outside of the FFS, SAPTA program, include dollars for the State Opioid Response Grant (SOR) funds. Any SOR Grantee is required to expand access to overdose prevention, treatment and recovery support services. Nevada expects to meet the goals of the SOR Grant through the following activities:

- Implement system design models that will most rapidly address the gaps in systems of care to deliver evidence-based treatment interventions, including induction and maintenance of medication assisted treatment services (MAT) medication and psychosocial interventions;
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for Opioid Use Disorder (OUD) treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions. (For more relevant resources: https://www.samhsa.gov/medication-assisted-treatment.)
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based on measures developed in collaboration with the Department of Health and Human Services (DHHS); and
- Ensure individuals have opportunities for engagement in treatment and recovery supports throughout the continuum of care in order to increase retention in care.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.
- Expansion of prevention efforts targeting populations including families and/or children effected by Opioid Use Disorder.

Activities that are non-allowable, include:
- Supplanting of funding for existing positions.
- Individual provider purchase of naloxone.
- Training and Technical Assistance
- Individual provider purchase of MAT (i.e. Buprenorphine, Suboxone, Methadone, Naltrexone, Vivitrol).
- The purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures.
- The purchasing of vehicles or lease of a vehicle.
- Bus passes / transportation.
- Participant or staff incentives.

Applications applying for SOR should identify in the narrative which of the services will be provided, utilizing the same headings.

1. Outpatient Clinical Treatment and Recovery Services
2. Medication Assisted Treatment Expansion
3. Tribal Treatment and Recovery Services

4. Peer Recovery Support Services
5. Enhanced supports for children and/or families impacted by opioid use utilizing evidence-based practices to including home-visiting and/or strategies to address trauma and adverse childhood experiences.
6. Innovative considerations and planning

33. How do we determine need in an area?

Applicants will need to use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs/SUDs in geographic, demographic and service level terms. Applicants will be required to describe how they will expand access to overdose prevention, treatment and recovery support services. Applicants will also be required to describe how they will advance substance misuse prevention in coordination with other efforts occurring throughout the State of Nevada. Applicants must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities within their service area. Applicants are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

34. What are allowable activities under SOR? What is evidence-based activities?

SAMHSA's services grants are intended to fund services or practices that have a demonstrated evidence base and that are appropriate for the population(s) of focus. An evidence-based practice (EBP) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence. Both researchers and practitioners recognize that EBPs are essential to improving the effectiveness of services in the behavioral health field. While SAMHSA realizes that EBPs have not been developed for all populations and/or service settings, application reviewers will closely examine proposed interventions for their evidence base and appropriateness for the population to be served. If an EBP(s) exists for the types of problems or disorders being addressed, the expectation is that EBP(s) will be utilized and that grantees are competent in implementing them.

All allowable activities must be evidence-based and may include:

• Develop and implement evidence-based prevention, treatment, and recovery support services to address opioid misuse and use disorders to include stimulant misuse and use disorders. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient hospitalization.

• Develop and implement contingency management strategies to engage patients in care. Contingencies may be used to reward and incentivize treatment compliance with a maximum contingency value being $15 per contingency. Each patient may not receive contingencies totaling more than $75 per year of his/her treatment.

• Support innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.

- Develop and implement tobacco/nicotine product (e.g.: vaping) cessation programs, activities, and/or strategies.

This includes implementing service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery.

35. **What type of reports have to be submitted for SOR?**

Subawardees will be required to submit monthly progress reports. Additionally, a*ll sub-awardees of SOR funds are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010*. Applicants must document a plan for data collection and reporting using the Data Collection and Performance Measurement tools. Subawardees will be required to report a series of data elements that will enable both the State of Nevada and SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Subawardees will be required to report client-level data on elements including but not limited to diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements will also be required and will be provided upon award. Examples of the type of data collection tools required can be found at here. Data will be collected via a face-to-face interview using this tool at four data collection points: intake to services, three months post intake, six months post intake, and at discharge. All award recipients will be expected complete a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a three-month follow-up rate of 80 percent and a six-month follow-up rate of 80 percent. GPRA training and technical assistance will be offered to recipients. The collection of these data enables SAMHSA to report on key outcome measures relating to the grant program. Performance data will be reported to the public via SAMHSA's Congressional Justification posted on the SAMHSA website.

36. **We have never applied for SOR funding before, can you provide some categories or information on what is allowable for SOR funding?**

- **Outpatient Clinical Treatment and Recovery Services**

The purpose of this programing is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT within a Patient-Centered Opioid Addiction Treatment Model (P-COAT).

- **Medication Assisted Treatment Expansion**

The purpose of this programing is to expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving ASAM/Division Criteria Levels of Service; *Technical assistance and/or mentoring will be offered to awarded sub recipients to assist with the onboarding of MAT services.*

- **Tribal Treatment and Recovery Services**

Services targeting tribal populations utilizing culturally appropriate treatment services to address the needs of the community including prevention, treatment and recovery. Services will be focusing on improving MAT access for tribal communities, both urban and rural.

- **Peer Recovery Support Services**

All Recovery Support Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. When working in conjunction with other behavioral and primary health services, peer support has been found to promote sustained behavior change for people at risk. Peer Recovery Support Service programs are not intended to replace the role of formal treatment.

Note: Organizations that are Medicaid eligible (e.g. qualify for provider type 14, 17, 82) providing peer recovery support services under this award must be capable of providing services as outlined within Medicaid Chapter 400.

- **Enhanced Support for Children or Families Affected by Opiate Use**

This service delivery category will provide opportunities for working with children and adolescents whose parents or families are affected by opiate use. Growing evidence has shown that providing a family-focused approach will have beneficial effects on family members to support the recovery process and build resiliency and protective factors within the family structure.

Eligible Services and Programs:
- Mental Health services
- Substance use prevention and treatment
- In-home parent skill-based programs, which include parenting skills training, parent education and individual and family counseling.
- Kinship Navigator Programs
- Residential parent-child substance use treatment programs
- Developmentally Appropriate Transition Supports for Older Youth

- **Innovative Considerations and Planning Grant**

The Division of Public and Behavioral Health, Bureau of Behavioral Health, Wellness, and Prevention, The Substance Abuse Prevention and Treatment Agency (SAPTA) under the State Opioid Response funding solicits applications from entities devising innovative planning and programming to effect change on the OUD crisis in Nevada. Considerations will be given to organizations that have a project outside the previous category areas that can become sustainable through this infusion of funds and meet one or more required or allowable activities. Provide a detailed narrative outlining the evidence-based practice you will be implementing to support reducing opioid use disorders and promoting medication assisted treatment and the required and/or allowable activities that your project will support.

37. Can we get retroactive funding for the cost of applying to the grant?

No. This is a competitive process and as such, sub recipient(s) who receive awards through this NOFO are not guaranteed future funding. All costs incurred in responding to this NOFO will be borne by the applicant(s). In the event no qualified applicants are identified through this NOFO, the Division of Public and Behavioral Health reserves the right to perform alternate measures to identify potential applicants.

38. What are some of the salaries that SOR funding will pay for?

Funds requested cannot be used to supplant existing positions. The expectation is that staff supported by these funds cannot bill 3rd party payers for services rendered by grant funded positions. Potential of funding could be considered for the below:

Allowable funds for the onboarding of new staff positions:

- Nevada Licensed Healthcare Professionals
- Nevada Licensed Medical Provider
- Nevada Licensed / Certified Behavioral Health Professionals
- Nevada Licensed EMT I or EMT II
- Peer Recovery Support Specialists

39. Prevention programs have struggled with the application since it is treatment heavy although it allows for SOR prevention. How do the prevention programs complete their application?

Applicants for SOR should complete the same application, and selected community-based services. The budget should be a detailed budget that aligns to the scope of work and narrative. The abstract should be clear on the activities you are proposing.   The narrative activities remain the same and must include the same high level of detail.

40. I'm nearly positive the intent is five (5) pages as we cannot write a response to the funding and sustainability questions without exceeding 4 pages. Would you please confirm/clarify?

The application section is allowed to be five pages and the page count should reflect up to five pages for the application component of the overall submittal.