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State of Nevada Department of Health and Human Services

State Opioid Response (SOR) III Grant

Bureau of Behavioral Health Wellness and Prevention



2/3/2023

Helping people. It's who we are and what we do.



Purpose

- The State Opioid Response (SOR) project aims to address the opioid and stimulant crisis in Nevada through:
 - Increasing access to treatment
 - Reducing unmet treatment need
 - Reducing opioid/stimulant overdose related deaths.
- The complexity of the issues of opioid and stimulant use requires a multipronged approach that brings together prevention, early intervention, treatment, law enforcement, public policy, public health models, and recovery-oriented systems of care.
- Nevada is required to establish a long-term sustainable, coordinated, recovery-oriented system of care.

Required Activities

- **Direct Services**
- Recipients and sub-awardees must use SAMHSA's grant funds primarily to support direct services. This includes the following activities:
 - Needs Assessment
 - Naloxone Distribution and Saturation Plan
 - Comprehensive State Strategic Plan
 - Service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders.
- **Needs Assessment**
- Develop a needs assessment using statewide epidemiological data. If a needs assessment effort is already in place, work with the local, state, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and update its findings.
 - The scope of OUD and substance use disorders and overdose mortality in recent years.
 - The strengths, unmet service needs, and critical gaps in your service system across diverse racial, ethnic, geographic, and other demographic, groups.
 - Areas where opioid and stimulant misuse, substance use disorder, use of emergency medical resources for substance use such as hospitalization, and overdose are the most prevalent.
 - The number and location of opioid treatment providers in the state, including Opioid Treatment Programs (OTPs).
 - All existing activities and their funding sources in the state that address opioid and stimulant use prevention, harm reduction (e.g., fentanyl test strip purchase and distribution), treatment, and recovery activities and remaining gaps in these activities.
 - A naloxone distribution and saturation plan. particularly focused on areas with high rates of overdose mortality.
- **Naloxone Distribution and Saturation Plan**
 - **Amount of annual naloxone needed** to reach saturation in Nevada and the estimated gap in the current supply;
 - **Targeted distribution and communication strategy** to get the appropriate type of naloxone into the hands of those most likely to witness an overdose and in the locations where they are most likely to occur;
 - **Partnerships** with existing public and private efforts external to SOR such as through Medicaid, "buyers' clubs", and recent court settlements;
 - **Budget** that includes the cost of the naloxone and other operational requirements; and
 - **Detailed timeline** to implement the plan including procurement requirements.
- **Comprehensive State Strategic Plan**



Required Activities

- **Comprehensive State Strategic Plan Needs to Address:**
- Gaps in prevention, harm reduction, treatment, and recovery services related to opioids and stimulants identified in the needs assessment.
- **This plan must address the needs of diverse populations, including:**
 - Underserved populations (e.g., racial/ethnic minorities and LGBTQI+) and older adults with targeted interventions
 - Strategies and activities that will be incorporated to address to promote behavioral health equity.
 - Outreach efforts to engage tribes, tribal organizations, and urban Indian organizations to ensure that strategies are implemented to meet their needs.
- Implement service delivery models that enable the **full spectrum of treatment and recovery support services** that facilitate positive treatment outcomes and long-term recovery from opioid and stimulant use disorders.
- **Models for evidence-based treatment include:**
 - Hub and spoke models
 - Treatment in federally and state-regulated OTPs.
 - Addiction specialty care programs.
 - Non-specialty settings such as emergency departments, urgent care centers, and pharmacies that also support appropriate MOUD and recovery support services.
 - Inpatient/residential programs that provide intensive treatment services to those meeting medical necessity and which offer MOUD.
 - Primary care where MOUD is provided and linkages to psychosocial services and recovery support services centered on the comprehensive treatment of OUD.
 - Programs that address the multi-faceted and complex needs of individuals with stimulant use disorder
 - Low threshold MOUD treatment programs
 - Innovative telehealth strategies in rural and underserved areas



Required Activities

- **Recovery Support Services**

- Peer supports,
- Recovery coaches,
- Vocational training,
- Employment support,
- Transportation,
- Childcare,
- Legal assistance,
- Recovery Community Organizations,
- Housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance),
- Dental kits to promote oral health for individuals with OUD enrolled in treatment with buprenorphine (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol containing mouthwash, and educational information related to accessing dental care), and
- Recovery Housing.

- **Recovery Housing:**

- Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction.
 - Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner.
- Recipients must describe the mechanism(s) in place in their jurisdiction to assure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting.

- **Provide Harm Reduction Services**





Allowable Activities

- Develop and implement evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient/residential levels of care.
- Purchase and/or implement mobile and/or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal regulations. The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:
 - Administering and dispensing medications for opioid use disorder treatment;
 - Collecting samples for drug testing or analysis;
 - Dispensing of take-home medications;
 - Conducting intake/initial psychosocial and appropriate medical assessments, with a full physical examination to be completed or provided within 14-days of admission, in units that provide appropriate privacy and adequate space;
 - Initiating methadone or buprenorphine after an appropriate medical assessment has been performed; and
 - Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services. Non-mobile medication units may also offer the above services where space allows for quality patient care and are consistent with state and local laws and regulations.
- Purchase and distribution of fentanyl test strips (FTS).
- Develop and implement evidence-based contingency management programs to treat stimulant use disorder and concurrent substance misuse and improve retention in care.
- Provide training and activities to enhance and expand the substance use and co-occurring substance use and mental health treatment workforce.
- Develop and implement tobacco/nicotine product (e.g., vaping) cessation programs, activities, and/or strategies.



Funding Restrictions/Limitations

- There are **administrative costs** associated with administering the SOR grant; and infrastructure changes may be needed to implement the services or improve their effectiveness.
- **No more than 5 percent** of the total grant award for the budget period can be spent on administrative costs (indirect cost). and the types of infrastructure development listed below, if necessary, to support the direct service expansion of the grant project.
- These can include:
 - Adopting and/or enhancing your computer system;
 - Management information system (MIS);
 - Electronic health records (EHRs), etc., to document and manage client needs, care process, integration with related support services, and outcomes.
 - Training/workforce development to help project staff administer the grant program.
 - Policy development to support needed service system improvements.
 - Examples: Rate-setting activities; establishment of standards of care; and development/revision of credentialing, licensure, or accreditation requirements
- **No more than 5 percent** of the total grant award for the budget period may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up.



Funding Caps:

- Do not include activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders.
 - This restriction extends to both grassroots lobbying efforts and direct lobbying.
 - For state, local, and other governmental recipients, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are not considered impermissible lobbying activities and may be supported by federal funds.
- No funding may be used to procure DATA waiver training by recipients or subrecipients of this funding.
- Only U.S. Food and Drug Administration (FDA) – approved products that address opioid use disorder and/or opioid overdose can be purchased with Opioid SOR grant funds.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders





SAMHSA Opioid Funding Timeline

STR/SOR Funding History

Nevada STR/SOR

Nevada Received Both STR and SOR Grant Funding: Funding Streams Overlapped

	Year 1	Year 2	No Cost Extension (NCE)			
State Targeted Response to the Opioid Crisis (O-STR)	May 2017 – April 2018	May 2018 – April 2019	May 2019 – April 2020			
			Year 1	Year 2	NCE	
			October 2018 – September 2019	October 2019 – September 2020	October 2020 – September 2021	
			Supplement		Supplement NCE	
			March 2019 – September 2020		October 2020 – September 2021	
				Year 1	Year 2	NCE
State Opioid Response Grant SOR II (SOR II)				October 2020 – September 2021	October 2021 – September 2022	October 2022 – September 2023
						Year 1
State Opioid Response Grant III (SOR III)						Year 2
						NCE
						October 2022 – September 2023
						October 2023 – October 2024
						October 2024 – September 2025



SOR III Year 1 Budget Overview:

	Total	Administrative	Data	Pass-Through
Personnel:	111,973	\$111,973		
Travel:	\$37,306	\$37,306		
Equipment:	\$15,561		\$15,561	
Operating:	\$11,610	\$11,610		
Contractual:	\$16,250,401	\$499,202.05	\$700,110.05	\$15,051,078.90
Training:	\$12,950	\$12,950		
Other:	\$54,925	\$44,425	\$10,500	
Indirect Cost:	\$228,695	\$118,695	\$110,000	
% of Budget:	100%	5%	5%	90%

Personnel Costs

	Budget Amount Total:	Admin Costs:
Personnel		
HPS I	\$68,105.00	\$68,105.00
MA II	\$17,321.00	\$17,321.00
HPM III	\$26,547.00	\$26,547.00
Total	\$111,973.00	\$111,973.00

Travel Costs

	Budget Amount Total:	Admin Costs:
Travel		
Out of State	\$24,975.00	\$24,975.00
In State	\$6,331.00	\$6,331.00
Dr. Woodard	\$6,000.00	\$6,000.00
Total	\$307,306.00	\$307,306.00



Equipment

	Budget Amount:	Data:
Equipment		
Laptops	\$9,793.00	\$9,793.00
Monitors	\$3,430.00	\$3,430.00
Docking Station	\$2,086.00	\$2,086.00
Keyboard & Mouse	\$252.00	\$252.00
Total	\$15,561.00	\$15,561.00

Operating

	Budget Amount:	Admin:
Operating		
Cell Phone Service	\$3,500.00	\$3,500.00
Office Chairs	\$1,440.00	\$1,440.00
VARIDESK	\$4,270.00	\$4,270.00
Bureau-wide Allocation	\$2,400.00	\$2,400.00
Total	\$11,610.00	\$11,610.00



Contractual

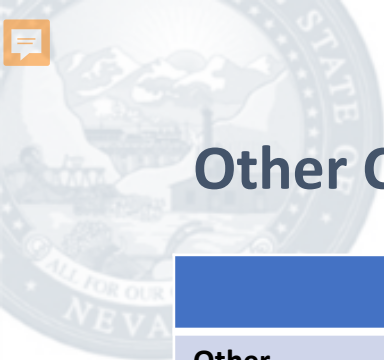
	Budget Amount:	Admin:	Data:	Pass Through:
Contractual				
CASAT	\$13,060,418.00	\$8,500.00	\$27,500.00	\$13,024,418.00
Clark County Social Services	\$45,026.00			\$45,026.00
Family Support Center	\$49,106.00			\$49,106.00
Rural NV Hospital Partners - South	\$47,281.00			\$47,281.00
Rural NV Hospital Partners - North	\$47,281.00			\$47,909.00
Washoe County Human Services Agency	\$47,909.00			\$59,560.00
Department of Welfare and Supportive Services – Recovery Friendly Workplace (RFW)	\$59,560.00			\$350,000.00
FEI, WITS	\$100,000.00		\$100,000.00	
Carahsoft	\$15,039.00		\$15,039.00	



Contractual (continued)

	Budget Amount	Admin	Data	Pass Through
Contractual (continued)				
BRFSS- UNR	\$40,000.00		\$40,000.00	
BRFSS-UNLV	\$40,000.00		\$40,000.00	
Cardinal Health	\$1,000,000.00			\$1,000,000.00
FTS Distributor	\$100,000.00			\$100,000.00
MTSS	\$250,000.00			\$250,000.00
CDC Foundation	\$750,432.00	\$375,000.00	\$375,432.00	
Reliable Health Care	\$65,000.00	\$40,000.00	\$25,000.00	
Statewide ACES Coordinators	\$230,630.00	\$75,712.05	\$77,139.05	\$77,778.90
Total	\$16,250,401.00	\$499,212.05	\$102,139.05	\$1,427,778.90





Other Costs

	Budget Amount	Admin	Data
Other			
Rent	\$18,840.00	\$8,480.00	
Office Supplies	\$21,000.00	\$10,500.00	\$10,500.00
Monday.com	\$3,500.00	\$3,500.00	
Adobe Pro	\$1,295.00	\$1,295.00	
PRSA Membership	\$140.00	\$140.00	
CADCA Mid-Year	\$2,200.00	\$2,200.00	
NGMA Conference Registration	\$2,200.00	\$2,200.00	
NGMA membership	\$250.00	\$250.00	
Bruman – Virtual Training	\$3,570.00	\$3,570.00	
Bruman – Spring Forum 2023	\$2,290.00	\$2,290.00	
Total	\$44,425.00	\$44,425.00	\$10,500.00





Training

Training	Budget Amount	Admin
Staff Development – Fall	\$5,250.00	\$5,250.00
Staff Development - Spring	\$7,700.00	\$7,700.00
Total	\$12,950.00	\$12,950.00

Indirect Rate

Indirect Rate	Budget Amount	Admin	Data
Indirect Cost	\$228,695.00	\$118,695.00	\$110,000.00