

Request for Applications (RFA) Announcement: Nevada State Opioid Response Grant (SOR 4)

The State of Nevada, through the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Bureau of Behavioral Health, Wellness and Prevention (BBHWP) is pleased to announce the availability of funding through the State Opioid Response Grant (SOR 4). This funding opportunity is in response to the urgent need to address the opioid and stimulant crisis plaguing Nevada's communities.

The project period will run from January 1, 2025 through September 29, 2027. Budgets will need to be resubmitted annually for each year of the project (Year 1: January 1, 2025 – September 29, 2025, Year 2: September 30, 2025 - September 29, 2026, and Year 3: September 30, 2026 - September 29, 2027).

Background:

The SOR Program is an initiative led by the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. DHHS. The SOR grant aims to address the opioid crisis by providing funding to states to support prevention, treatment, recovery and harm reduction efforts related to opioid use disorder (OUD), stimulant use disorder (StimUD) and opioid and/or stimulant-related overdoses.

SAMHSA launched SOR in response to the growing opioid epidemic, which has had devastating effects on communities across the United States. SOR seeks to expand access to evidence-based treatment, improve the quality of care for individuals with OUD and/or StimUD, and enhance efforts to prevent opioid misuse and overdose.

Utilizing the latest SOR award, the State of Nevada DHHS DPBH BBHWP is seeking applications from community stakeholders to support the state's efforts to combat the opioid and stimulant epidemic and save lives affected by OUD and/or StimUD.

Funding Priorities:

Funding priorities will be guided by the recommendations made by SAMHSA as part of [State Opioid Response Notice of Funding Opportunity \(NOFO\) No. TI-24-008](#), emphasizing infrastructure and framework development to support effective program implementation. Health equity considerations and adherence to best practices and evidence-based programs are fundamental to achieving sustainable and equitable outcomes for all Nevadans.

Priority Populations:

- Veterans
- LGBTQI+
- Pregnant and postpartum persons
- People who use drugs
- Black, Native American, Indigenous, and People of Color (BIPOC)
- Older adults
- Youth and adolescents

- Rural communities
- Low income
- Marginalized communities
- Justice-involved individuals
- Young adults 25-34 years old
- Uninsured individuals

Additionally, activities in support of the Nevada Attorney General’s Substance Use Response Working Group (SURG) latest recommendations (2023) will be given special consideration.

Applicants may submit proposals to implement a range of activities, including, but not limited to:

Broadening Access to Naloxone:

Expand access to naloxone, a lifesaving medication for opioid overdose reversal, and other overdose prevention strategies specifically targeted at individuals with OUD and/or StimUD. (Resource*: [SAMHSA Opioid Overdose Prevention Toolkit](#))

Increasing Use of Medications to Treat OUD:

Enhance utilization of evidence-based medications for the treatment of OUD through Opioid Treatment Programs, Office-Based Addiction Treatment Programs, Federally Qualified Health Centers, community health centers, and other related healthcare and community-based service providers. (Resource*: [SAMHSA TIP 63: Medications for Opioid Use Disorder](#))

Expanding Access to Evidence-Based Treatment for StimUD:

Explore and implement emerging evidence-based treatments for StimUD in a variety of settings, including behavioral health clinics, FQHCs, community health centers, peer support programs, and other healthcare and community-based service providers that focus on substance use disorders. (Resource*: [SAMHSA TIP 33 Treatment for Stimulant Use Disorders](#))

Providing Treatment and Supports During Pregnancy and Postpartum:

Ensure comprehensive treatment and support services for pregnant individuals with OUD and/or StimUD during the postpartum period. (Resource*: [SAMHSA Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants](#))

Expanding Services for Neonatal Opioid Withdrawal Syndrome:

Develop and implement programs to address the needs of infants affected by neonatal opioid withdrawal syndrome and explore the impacts of stimulant use during pregnancy. (Resource*: [American Academy of Pediatrics Guidelines on Neonatal Opioid Withdrawal Syndrome](#))

Supporting Warm Handoff Programs and Recovery Services:

Support warm handoff initiatives facilitating seamless transitions from emergency departments to treatment and recovery services for individuals with OUD and/or StimUD. (Resource*: [Warm Hand-Off Programs - A NACo Opioid Solutions Strategy Brief: Core Strategy](#))

Enhancing OUD and StimUD Treatment in Correctional Facilities:

Enhance access to quality treatment services for individuals with OUD and/or StimUD within correctional facilities. (Resource*: [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#))

Enriching Prevention Strategies:

Strengthen prevention efforts through evidence-based interventions targeting both opioid and stimulant use, focusing on at-risk populations. (Resource*: [New York State Office of Addiction Services and Supports' Evidence-based Prevention Programs](#))

Expanding of Harm Reduction Programs:

Increase access to harm reduction services to reduce the spread of infectious diseases and overdose deaths, with a focus on individuals with OUD and/or StimUD. (Resource*: [SAMHSA Harm Reduction Framework | SAMHSA](#))

Developing Partnerships with Social Service Agencies:

Develop partnerships with statewide agencies to provide holistic support, housing, employment, mental health services, and supportive services for families and children of individuals with OUD and/or StimUD.

Addressing Workforce Shortages:

Increase access to career growth for individuals interested in pursuing careers in substance use counseling, focusing on OUD and/or StimUD through behavioral health programs, internships, and mentorships at universities, colleges, and hospitals.

Increasing Education Opportunities for Behavioral Health Professionals

Increase education opportunities for primary care, behavioral health, and peer support professionals to improve health equity, inclusion, trauma-informed care, and competency in treating OUD and/or StimUD.

Providing Culturally Competent Care:

Increase culturally appropriate outreach and education efforts for at-risk populations, including those affected by OUD and/or StimUD. This may include vulnerable age groups, sexual orientations, cultures, tribes, genders, underserved rural and historically under-resourced populations. (Resource*: [Evidence-Based and Culturally Relevant Behavioral Health Interventions in Practice: Strategies and Lessons Learned from NNEDLearn \(2011-2020\)](#) (samhsa.gov))

Increasing MOUD for Youth and Prevention Programs:

Increase Medication for Opioid Use Disorder (MOUD) and explore prevention and treatment programs for youth affected by opioid and stimulant use disorders. (Resources*: [Medication for Adolescents and Young Adults with Opioid Use Disorder](#); [SAMHSA Advisory: Prescription Stimulant Misuse and Prevention Among Youth and Young Adults](#))

Reducing Infectious Diseases through Enhanced Services:

Reduce the incidence of infectious diseases by increasing access to syringe service programs and vaccine access for vulnerable populations with high rates of infectious disease correlated with substance use, including individuals with OUD and/or StimUD. (Resource*: [NACCHO'S Centering People Who Use Drugs to Address the Syndemic of HIV, STIs, Hepatitis, and Overdose: Winter Exchange Article](#))

Increasing Public Awareness Campaigns:

Increase public awareness campaigns to target high-risk areas and populations identified by publicly available overdose data sources, including awareness on the dangers of both opioid and stimulant use. (Resource*: [University of Nevada Reno's School of Public Health Nevada Opioid Communication Assessment](#))

Supporting Rural Community Initiatives:

Support initiatives to address and include the unique challenges in rural communities, leveraging telehealth services and transportation assistance to underserved areas, with a focus on OUD and/or StimUD. (Resource*: [CDC's Public Health Strategies for Opioid Overdoses Policy Brief](#))

Supporting Successful Reentry for Justice-Involved Individuals with OUD and/or StimUD:

Implement reentry programs that ensure continuity of care for individuals with OUD and/or StimUD transitioning from incarceration to the community. This includes pre-release planning and partnerships with community organizations. (Resource*: [Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide](#))

Integrating Forensic Peers into Carceral Settings:

Employ forensic peers in correctional facilities to provide support and guidance to individuals with OUD and/or StimUD. Forensic peers should assist in discharge planning and the transition to community-based recovery services. (Resource*: [Bureau of Justice Assistance's Peer Recovery Support Services in Correctional Settings](#))

Bolstering Peer Recovery Support Specialist Work:

Expand the role of peer recovery support specialists in various settings, including healthcare, community, and employment services. Enhance training to include competencies related to StimUD and/or OUD. Ensure their involvement in all aspects of the recovery process, from initial treatment to long-term follow-up and policy development. (Resource*: [SAMHSA's TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services](#))

*The resources listed above are supplemental materials meant to serve as a tool for applicants and are not exhaustive guides for what is and is not allowable.

Unallowable Expenses and Activities**

When applying for Nevada SOR funding, it is important to ensure that the proposed budget and activities align with SAMHSA's guidelines for allowable expenses. The following is a list of unallowable expenses and activities that cannot be funded under this grant program:

1. Supplanting Existing Funds

Federal funds must supplement, not replace, existing state or local funds. Using SOR funds to replace state or local funds for ongoing activities that would otherwise be funded through those sources is strictly prohibited.

2. Lobbying and Advocacy

Grant funds may not be used for lobbying activities designed to influence legislation, appropriations, regulations, administrative actions, or Executive Orders.

3. Construction and Major Capital Improvements

Funds generally cannot be used for construction, renovations, or capital improvements of facilities. This includes the purchase or improvement of land, or the cost of equipment or systems intended to be capitalized. However, there is an exception for minor renovations:

- **Minor Renovations:** Subrecipients may be allowed to use up to a certain percentage of their award (as specified in the [State Opioid Response Notice of Funding Opportunity \(NOFO\) No. TI-24-008](#)) for minor renovations of existing facilities. This typically includes non-structural changes, such as painting, carpeting, or minor repairs that do not alter the building's foundational or structural elements.
- **Allowable Renovation Expenses:** The allowable expenses under this provision are those that are necessary for the implementation of grant activities and must be approved by SAMHSA before funds are allocated.

If there is any uncertainty regarding what constitutes allowable renovation expenses, please contact the Nevada SOR Team for clarification before submitting your budget.

4. Direct Payments to Recipients of Services

Grant funds cannot be used for direct payments or cash incentives to individuals receiving services, except as part of a SAMHSA-approved contingency management (CM) program. Recipients may provide non-cash incentives up to \$30 per data collection follow-up interview, and contingency management programs may offer incentives, subject to a maximum of \$75 per budget period. CM programs must comply with specific training and documentation requirements.

While direct cash payments to individuals to enter or continue treatment are unallowable, the provision of non-cash incentives, rental assistance, and utility support as part of recovery services is allowed.

5. Entertainment, Food, and Beverages

Costs related to entertainment, including social activities, alcohol, and unrelated meals or refreshments, are not allowable. This includes expenses related to food or beverages for meetings or events unless specifically justified and approved by SAMHSA as necessary to achieve program goals.

6. Expenses Related to Fines and Penalties

Funds may not be used to cover fines, penalties, or legal fees resulting from the violation of, or failure to comply with, federal, state, or local laws and regulations.

7. Reimbursable Services Covered by Other Programs

Services that are reimbursable through other sources such as Medicaid, Medicare, or private insurance cannot be covered by SOR funds. The recipient must ensure that all other payment options have been exhausted before using grant funds. This includes, but is not limited to, clinical treatment services, medications, and other healthcare services that can be billed to Medicaid or any third-party payer. SOR funds are intended to be used to expand access to care, enhance services, and support activities that are not otherwise covered by Medicaid or other insurance programs, regardless of rates of reimbursement.

8. Fundraising Activities

Funds cannot be used for fundraising activities, including the production of promotional materials or events intended to raise additional funds.

9. Goods or Services for Personal Use

Costs for goods or services for personal use of the grantee's employees are not allowable.

10. Inconsistent with Federal and State Requirements

Any activities or expenses that do not comply with applicable federal, state, and local laws and regulations are unallowable.

11. Debt Retirement

Funds cannot be used for the repayment of debts or the payment of interest or late fees on outstanding debts.

****Note:** This list is not exhaustive. If you have any questions regarding allowable and unallowable expenses, please reference the SAMHSA [State Opioid Response Notice of Funding Opportunity \(NOFO\) No. TI-24-008](#) or contact the Nevada SOR Team for clarification and guidance.

Requirement for GPRA Data Collection and Reporting

As a condition of funding under the Nevada State Opioid Response (SOR) Grant Program, all entities providing treatment and recovery services are required to collect and report Government Performance and Results Act (GPRA) data. This requirement ensures that the outcomes of funded programs can be accurately tracked, assessed, and reported to meet SAMHSA's obligations under the GPRA Modernization Act of 2010.

What is GPRA?

The Government Performance and Results Act (GPRA) is a federal law that mandates government agencies to demonstrate the effectiveness of their programs through performance measurement. For SAMHSA-funded programs, this means collecting specific data related to client outcomes, service delivery, and program impact.

Data Collection Requirements

Entities must use a standardized data collection tool provided by SAMHSA, which will gather information at three key points:

- **Intake:** When a client first receives SAMHSA-funded services.
- **Six-Month Follow-Up:** Six months after the initial intake to assess ongoing client outcomes.
- **Discharge:** Upon completion or termination of services.

The tool used for this data collection is the GPRA Client Outcome Measures for Discretionary Programs, which tracks various aspects of client progress, including abstinence, employment, education, housing stability, and other key indicators.

Reporting Requirements

- Data must be submitted within 7 days of collection.
- Recipients are expected to achieve a six-month follow-up rate of 80% for all clients.

Training and Technical Assistance

Upon award, recipients will receive training and technical assistance to effectively implement GPRA data collection and reporting.

Eligibility:

SOR funding is designed to support a wide range of entities committed to combating the opioid and stimulant crisis across the state. To ensure that funded programs are effective and sustainable, the SOR grant is available to various types of organizations that have demonstrated the capacity to deliver impactful services. This includes:

Nevada-Based Government Agencies: County health departments, city governments, state agencies, and other local government entities may apply for SOR grants to support prevention, treatment, and recovery efforts at the community level. These entities often work closely with healthcare providers, law enforcement, and community-based organizations to implement programs and services.

Community-Based Organizations: Nonprofit organizations, community health centers, substance use treatment providers, tribal entities, and other community-based organizations may apply for SOR funding to expand access to services, provide education and outreach, and support individuals affected by opioid and/or stimulant use disorders.

Healthcare Providers: Hospitals, clinics, and healthcare systems may apply for SOR grants to enhance opioid and stimulant-related services, such as MOUD, overdose prevention, monitoring and management of co-occurring disorders, integrated care and case management and behavioral therapies. These entities play a crucial role in delivering healthcare services and addressing the needs of individuals with opioid use disorder.

Coalitions and Partnerships: Collaborative efforts involving multiple stakeholders, including government agencies, healthcare providers, community organizations, and advocacy groups, may apply for SOR grants to implement comprehensive strategies to address the opioid crisis. These partnerships leverage diverse expertise and resources to maximize impact.

For-Profit Entities: Businesses and organizations operating within the state of Nevada that can demonstrate a commitment to addressing the opioid crisis through harm reduction, treatment, prevention, or recovery services.

Experience Requirement: SAMHSA requires that each mental health/substance use disorder prevention, treatment, recovery support and harm reduction organization must have at least two years of experience providing relevant services as of July 1, 2024. This ensures that the organizations have established a track record in delivering services before they can receive funding under the SOR grant.

Informational Webinar:

An informational webinar will be held on Tuesday, September 17, 2024, at 1:00 PM (PST) to provide an overview of the State Opioid Response (SOR) 4 application requirements. This webinar will offer potential applicants an opportunity to learn more about the funding process, key application components, and eligibility criteria. Additionally, there will be a Q&A session to address any questions. We encourage all interested applicants to attend this webinar to ensure a thorough understanding of the application process.

Details on how to join the webinar will be provided closer to the date and posted to the Nevada SOR webpage: https://dphh.nv.gov/Programs/BBHWP/SOR/About_SOR/.

Letter of Interest and Application Deadlines:

Letter of Interest

Entities interested in applying for funding are asked to submit a short Letter of Interest (LOI) to the Nevada State Opioid Response Program ahead of submitting the full application by October 1, 2024. The LOI should include:

- Name of Organization
- Contact Information
- Which area(s) of focus your project addresses: Prevention, Treatment, Recovery, and/or Harm Reduction
- Project Period Dates
- Estimated Funding Request for Year 1 of the Project

Application

Applications must be submitted electronically via email to both the Nevada SOR Section Manager, Breanne Van Dyne bvandyne@health.nv.gov and Nevada SOR Unit Supervisor, Ally Abbatangelo aabbatangelo@health.nv.gov by October 15, 2024.

Please use the *Nevada State Opioid Response (SOR 4) Application* and budget templates found on the [SOR 4 RFA Announcement](#) page.

Late applications are not guaranteed funding during this budget period. However, they may be considered for inclusion in an application pool for potential funding opportunities at a later time, subject to the availability of funds and the priorities of the program.

Contact Information:

For any questions regarding the application process, please contact:

- Breanne Van Dyne, Nevada SOR Section Manager, bvandyne@health.nv.gov
- Ally Abbatangelo, Nevada SOR Unit Supervisor, aabbatangelo@health.nv.gov