Substance Abuse and Mental Health Services Administration

STATE OPIOID RESPONSE (SOR) GRANT

DHHS PUBLIC INPUT SESSION
JULY 23, 2018
Agenda

▶ Grant opportunity overview and timeline
▶ Grant parameters
▶ Key data requirements
▶ Stakeholder comment
▶ Next Steps
Grant opportunity overview and timeline

- NH eligible for up to $45,794,694 for Federal Fiscal Year 18 and 19
- Two years to spend funds
  - State FY19:$22,897,347
  - State FY20:$22,897,347
- Funding specific to opioid use disorder (OUD)
- Funding goals:
  - increase access to medication-assisted treatment
  - reduce unmet treatment need
  - reduce opioid overdose related deaths

- June 14: SAMHSA posts Funding Opportunity Announcement
- Now-July 27: DHHS accepting public input
- August 13: Application Due
- September 30: Notice of Award
- Approx. December 2018: Services available
Grant overview cont.

• Require use of evidence based treatment for OUD (MAT), alignment with State Targeted Response grant strategic plan, services delivered by the third month after grant award

• Key populations include: Veterans/service members, Ryan White HIV AIDS program, justice involved/re-entering the community

• Of the $22,897,347 per year
  • Up to 2% may be spent on data collection
  • Up to 5% may be spent on administration of the grant

• Key staff required:
  • Must include Project Director
  • Must include full-time State Opioid Coordinator position: responsible for coordinating opioid-related federal funding across the State
Funding Parameters

ALLOWANCES
- MAT financing and support if FDA approved product
- Recovery support services, including recovery housing.
- Purchase/distribute/train on naloxone
- Provide assistance to patients with treatment costs.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Address barriers to receiving treatment
- Telehealth
- Tobacco cessation programs
- Can fund nonprofit or for-profit entities

RESTRICTIONS
- Financial support for recovery housing is limited to “legitimate and appropriate” facilities
- Telehealth limited to rural/underserved areas
- Cannot support non-evidence based approaches
- Cannot pay for programs that deny service due to MAT status
- Cannot fund bricks and mortar
- Cannot pay for meals
- Funds must be payer of last resort (exhaust insurance and other financing options first)
Data requirements

Minimum required data elements: (client-level)
- Diagnoses
- Demographics
- Substance use
- Services received
- Criminal justice involvement
- Housing status
- Employment status

<table>
<thead>
<tr>
<th>Specific Data Collection Tools</th>
<th>Mandatory performance measures</th>
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<tbody>
<tr>
<td>Government Performance and Results (GPRA) tool required:</td>
<td>Recipients must achieve 80% follow-up rate at:</td>
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<tr>
<td>1) Fact to Face interview</td>
<td>• 3 months</td>
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<tr>
<td>2) Four data collection points</td>
<td>• 6 months</td>
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<td>1) Intake</td>
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<td>2) 3 months post-intake</td>
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<td>3) 6 months post-intake</td>
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<td>4) Discharge</td>
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SAMHSA will announce additional required data elements following award
Next Steps

• DHHS will continue accepting input until July 27, 2018

  • July 23 session ✓

  • Submit to SOR@dhhs.nh.gov

• DHHS will vet input through funding allowances/restrictions
  • Will seek clarification on use of funds from SAMHSA if necessary

• Submit final application to SAMHSA on/by August 13, 2018