

1. Statement of Need and Summary of Progress

As a result of increasing resources being deployed to address the opioid crisis, for the first time in several years, NH’s overdose fatality rate is suspected to drop. The Office of the Chief Medical Examiner is projecting 470 (24 cases still pending) fatal overdoses for 2018 compared to 488 in 2017¹. Due to this progress, NH remains confident that State Opioid Response (SOR) resources will enable the state to meet the original goals and objectives for increased access and reduced fatalities (**Table 1**).

Goal	Objective	Data Source(s)
Individuals seeking access to services for OUD will receive access to MAT and other clinically appropriate services.	<ul style="list-style-type: none"> • Increase referral of individuals with OUD to MAT services, as measured by 80% of individuals served with SOR funds being referred to MAT if indicated as clinically appropriate • Increase the number of individuals with OUD accessing MAT, as measured by 50% of individuals with OUD served with SOR funds receiving at least three (3) MAT-related services. • By August 2020, the number of DATA waived prescribers who prescribe at least 10 MAT related medications annually will increase by 15% 	<ul style="list-style-type: none"> • Web Information Technology System • Vendor reporting • SAMHSA DATA Waiver Registry • Medicaid Claims
NH will reduce opioid overdose fatalities	By August 2020, overdose fatalities in NH will decrease by 8-12%.	<ul style="list-style-type: none"> • New Hampshire Drug Monitoring Initiative Report • EMS Data • Hospital Data • Medical Examiner Data

Table 1. NH Goals and Objectives- SOR Proposal

Although this progress is encouraging, key populations and regions remain overwhelmed by the impacts of the opioid crisis. While the state overall saw a reduction in overdose fatalities, Belknap and Cheshire counties experienced increases during the same time period, pointing to continued regional differences in service capacity and resources to address the crisis. Additionally, both Manchester and Nashua, host cities for Safe Stations programs, repeatedly report that individuals accessing Safe Stations continue to come from all over the state (**Figure**

¹ Office of the Chief Medical Examiner, Drug Monitoring Initiative, February 2019 Report.

1.). This highlights the need to continue to invest in regional services in resource limited areas and expand marketing and outreach efforts to promote the state’s new access system funded by SOR.



Manchester Opioid Crisis Summary

Communities Served By The Manchester SafeStation Program

Community	Count	Community	Count	Community	Count	Community	Count
MANCHESTER, NH	2304	TILTON, NH	21	PITTSFIELD, NH	10	SANDOWN, NH	6
Nashua, NH	297	LITCHFIELD, NH	19	BOSCAWEN, NH	10	PORTLAND, ME	6
ROCHESTER, NH	161	EXETER, NH	18	HAVERTHILL, MA	10	ASHLAND, NH	6
CONCORD, NH	157	AUBURN, NH	18	ALTON, NH	10	ANTRIM, NH	6
LACONIA, NH	139	MEREDITH, NH	18	PETERBOROUGH, NH	10	DANVILLE, NH	6
DERRY, NH	113	NORTHFIELD, NH	17	EPSOM, NH	10	NORTHWOOD, NH	6
FRANKLIN, NH	88	EPPING, NH	17	BARRINGTON, NH	9	KINGSTON, NH	6
SALEM, NH	73	DEERFIELD, NH	16	DUNBARTON, NH	9	NEWMARKET, NH	6
DOVER, NH	72	PLYMOUTH, NH	16	FREMONT, NH	9	THORNTON, NH	5
GOFFSTOWN, NH	58	GILFORD, NH	16	MYRTLE BEACH, SC	9	EAST KINGSTON, NH	5
LONDONDERRY, NH	57	LAWRENCE, MA	16	WINDHAM, NH	8	RUMNEY, NH	5
RAYMOND, NH	46	LITTLETON, NH	16	Gilmanton, NH	8	JAFFREY, NH	5
SEABROOK, NH	42	LYNN, MA	15	BOW, NH	8	NEW IPSWICH, MA	5
BEDFORD, NH	40	BRISTOL, NH	15	NORTH CONWAY, NH	8	LANCASTER, NH	5
HOOKSETT, NH	39	ALEXANDRIA, NH	14	ATKINSON, NH	8	OSSIPPEE, NH	5
MILFORD, NH	36	HAMPTON, NH	14	HAMPSTEAD, NH	8	MADBURY, NH	5
HUDSON, NH	36	CLAREMONT, NH	14	HOLLIS, NH	7	YARMOUTH, MA	5
FARMINGTON, NH	33	WOLFEBORO, NH	14	CANTERBURY, NH	7	DUBLIN, NH	5
OSSIPEE, NH	33	NEW BOSTON, NH	14	NEW DURHAM, NH	7	HILL, NH	5
SOMERSWORTH, NH	31	LEBANON, NH	13	STRAFFORD, NH	7	KITTERY, ME	4
MERRIMACK, NH	30	HILLSBORO, NH	13	Greenville, NH	7	TEMPLE, NH	4
BERLIN, NH	30	PLAISTOW, NH	12	SANFORD, ME	7	SANDWICH, NH	4
BELMONT, NH	30	MILTON, NH	12	Chester, NH	7	BERWICK, ME	4
KEENE, NH	30	WAKEFIELD, NH	12	NEW HAMPTON, NH	6	WILMINGTON, MA	4
BOSTON, MA	29	BARNSTEAD, NH	12	WILTON, NH	6	BENNINGTON, NH	4
WEARE, NH	28	CANDIA, NH	12	HARTFORD, CT	6	GREENFIELD, NH	4
ALLENSTOWN, NH	27	SALISBURY, MA	11	GROVETON, NH	6	METHUEN, MA	4
PORTSMOUTH, NH	26	CONWAY, NH	11	COLEBROOK, NH	6	SWANZEY, NH	4
PEMBROKE, NH	24	HENNIKER, NH	11	PELHAM, NH	6	NEWTON, NH	4
LOWELL, MA	22	LOUDON, NH	11	EFFINGHAM, NH	6	HANCOCK, NH	4

Data as of 3/22/2019

Figure 1. Manchester Safe Stations Visits

One of NH’s major investments with SOR resources has been a restructure of the service access system through the implementation of a NH specific hub and spoke model for access and delivery of OUD services. This new system went live on January 1, 2019. The hubs, known as Doorways, apply NH’s regional access point model to serve as a more comprehensive, 24/7 physical and telephonic statewide access and referral center with nine physical locations and statewide coverage through telehealth services in rural and underserved areas. The locations of these Doorways is situated to ensure that no one in NH has to travel more than sixty minutes to begin the process towards recovery (Appendix A). Since January 2019, Doorways have served 916 individuals seeking assistance and made more than 400 referrals to critical OUD services, including medication assisted treatment (MAT) (Figure 2.)

Month to Month Totals Summary			
	Jan '19	Feb '19	TTL to Date
Calls from 211	199	182	381
Clinical Evaluations	180	189	369
Naloxone Kits Distributed	72	71	143
Treatment Referrals	187	265	452
Clients Served*	472	444	916

* The total number of clients served as of 3/3/2019 is 916, this number represents the unduplicated count of individuals that were either seen in person or assisted by telephone. This includes clients seeking services, and friends or family seeking information on how to help a loved one.

Figure 2. Doorway Month to Month Totals Summary

2. Supplemental Funding Activities

NH intends to utilize supplemental SOR grant resources to continue to expand, enhance, and standardize services for individuals with opioid use disorder (OUD) statewide. Over the last several months, NH has rapidly deployed more than \$17M in year one SOR funding to address the initiatives and priorities outlined in the state’s first proposal. Since that time, services being implemented have worked closely with the Department to identify continued service gaps and target populations that remain challenged as a result of both financial and service capacity barriers. Supplemental funds enable NH to address these barriers and specific investments to be made with supplemental funds are outlined in Table 2 below.

The Doorway model has enabled the state to hear directly from entities working with OUD clients on accessing services to support recovery. NH’s allocation of supplemental resources is largely based on direct feedback from Doorway and spoke providers that have been working to assist clients in overcoming specific barriers to recovery. NH intends to use the SOR supplement to make new investments that were not previously contemplated in the original SOR proposal or enhance existing investments to build capacity even further. These initiatives are outlined below in more detail (**Table 2.**)

All supplemental projects that NH proposes will meet the intent of the FOA specifically by addressing the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD.

Activity	New or Existing/Method of Implementation	Initiative Enhanced and Link to FOA Requirement	Amount	Justification
Additional naloxone kits for Doorways to distribute regionally	Existing/amendments to Doorway contracts	<ul style="list-style-type: none"> • Naloxone distribution • Reducing opioid overdose related deaths 	\$1,000,000	Given the high rates of overdose fatalities, the state consistently sees a need for increased naloxone for those at-risk of an overdose event. This funding will ensure adequate supply of naloxone through the grant term.
Maintaining and expanding access to residential treatment services through room and board reimbursements for Medicaid eligible individuals with OUD in facilities offering ASAM Levels of Care 3.1-3.5.	Existing/amendments to residential treatment contracts and identifying additional residential vendors	<ul style="list-style-type: none"> • Ensuring access to residential treatment levels of care. • Increasing access to treatment • Reducing unmet treatment need 	\$3,000,000	This will allow the Department to contract with additional providers who offer this level of treatment who are, or currently working to be, Medicaid enrolled providers but do not have a current contract with the state. Additional funding is also needed to add to the contracts with our current vendors based on the current run rate for this service.
Increased flex funds to cover co-pays, transportation, childcare to enable participation in treatment/recovery services	Existing/coordination with DHHS Flex Funds staff and SOR funded entities	<ul style="list-style-type: none"> • Flexible needs funding for OUD clients • Increasing access to treatment • Reducing unmet treatment need 	\$1,000,000	The Doorways have identified these services as barriers to individuals and their families seeking Doorway and treatment and recovery services. While the SOR grant provided \$50K per Doorway in a

				flex fund account, Doorways have identified flex funds as critical resources to support recovery.
Housing vouchers for temporary stays for individuals awaiting treatment and recovery services	New/amendment to Doorways contracts	<ul style="list-style-type: none"> • Expansion of temporary respite housing options for individuals served by Doorways • Reducing unmet treatment need 	\$2,500,000	Housing is the #1 item cited by The Doorways as a barrier, with individuals potentially going to Manchester or Nashua Safe Stations locations due to the immediate access to respite/temporary beds in their region.
Enhance programs for specialty populations including justice involved men/women, pregnant women, high-risk populations in need of MAT, and children and families involved in the child welfare system	Existing/amendments to existing State Targeted Response (STR) vendor contracts/potential procurements and/or identification of sub-recipients for additional specialty services	<ul style="list-style-type: none"> • Expansion of existing State Targeted Response (STR) to the Opioid Crisis projects • Increasing access to treatment • Reducing unmet treatment need 	\$1,500,000	The original State Targeted Response and SOR funding supported programming for MAT for pregnant women with OUD, recovery support for pregnant women, re-entry care coordination for individuals leaving corrections and programming for families involved in the child welfare system. This funding will allow the Department to enhance and expand the services for these populations, which is especially critical given the expiration of STR funding in April 2019.

Enhancements to 211 call center capacity to address crisis and information calls	Existing/amendment to 211 contract	<ul style="list-style-type: none"> • Implementation of a one-stop shop model to manage crisis calls and promote information access • Increasing access to treatment 	\$100,000	As the marketing and outreach for SOR initiatives is launched, the Department anticipates that it will need more capacity at 211 to address increased call volumes, especially as housing services become available.
Technical assistance for SOR Funded providers	New/identify sub-recipient to provide technical assistance	All SOR initiatives	\$150,000	SOR contracted providers have asked for ongoing technical assistance and regular forums within which to discuss successes and challenges collectively. The Department will seek access to subject matters on issues such as confidentiality and regulatory and policy guidelines as SOR programs are implemented and become fully operational.

Table 2. Summary table of supplemental funding projects

In addition to the enhancements and new initiatives outlined above, NH will also use a small portion of the supplemental funds to address key SOR administrative items, including adding a staff person to oversee the eligibility and distribution of the additional flex funds within the Doorways. This additional staff person has been identified as necessary given legal and regulatory issues related to self-referrals and self-dealing that are at higher risk when flexible needs funds are shared between service providers for clients. Other administrative costs include an administrative staff person and costs associated with required state audit functions and indirect costs. Administrative costs do not exceed the 5% allowed by the FOA.

NH maintains that any program supported by SOR funds will be required to be identified as clinical best practice in accordance with ASAM, listed as an appropriate intervention on the SAMHSA Evidence-Based Practices Resource Center, published in a peer-reviewed journal and found to have positive effects, based on a theoretical perspective that has validated research, or

supported by a documented body of knowledge generated from similar or related services that indicate effectiveness.

3. Implementation Timeline for Year One Supplemental Resources

The below implementation timeline reflects the assumed timeline of activities for deployment of supplemental funding resources following an April notice of supplemental funding plan approval. Should approval arrive later, the timeframes outlined below may be adjusted.

YEAR ONE Key Activities April 2019-September 2020	Time Frame	Responsible Staff	Milestone
Work completed ahead of award notification to ensure fidelity to rapid service expectations			
RFPs for new or enhanced projects created and posted	April-May 2019	Project Director SOR Team	RFPs written and Posted to State Website
RFP Review and Selection	May-June 2019	Project Director SOR Team	Review team meets, formal selection notice sent
Sole source contracts amended and prepared for execution	April-June 2019	Project Director SOR Team	Contract amendments completed
Work completed following notice of award			
DHHS formally accepts supplemental federal funds	April 2019	DHHS Commissioner	Federal funding received
DHHS recruits for new positions	May-July 2019	Project Director DHHS Staff	Positions posted and candidates selected
New contracts and amendments presented to Governor and Council for approval	July-August 2019	Project Director SOR Team	Governor and Council approves contracts
Vendors begin delivering services	July-August 2019	Vendors (sub-recipients)	Eligible service activities evidenced
Data collection and reporting processes are implemented as required	September 2019 + on-going	Project Director DHHS Staff Vendors (sub-recipients)	Quarterly reports submitted
Annual report submitted to SAMHSA	September 2019	Project Director SOR Team Opioid Coordinator	Report completed and submitted

4. Staffing

NH has all of the initially proposed SOR staff hired and in place. These staff are critical to the implementation of the SOR initiatives and will remain in place throughout the SOR grant terms. Below are brief summaries of the roles and responsibilities for the proposed additional staff noted in Section 2 above and updated information for the Key Personnel required in the FOA. The two positions proposed for supplemental funding are currently vacant and will be hired within 60 days following notice of supplemental funding plan approval.

SOR Project Director, Barry Sandberg, is the SOR Project Director. As Project Director, Mr. Sandberg is the point of contact for SAMHSA for SOR-related items and provides daily oversight of the grant. This position is responsible for overseeing the implementation of all project activities, internal and external coordination, developing materials, and conducting meetings. Prior to coming to NH, Mr. Sandberg worked in Massachusetts in the public and nonprofit sectors. His work experience includes health care, elder affairs, corrections and HIV/AIDS. Mr. Sandberg worked as a Senior Project Director for the University of Massachusetts Medical School, and Grants Management Specialist for the MA Department of Corrections. While at the Medical School, Mr. Sandberg had oversight for 22 training and service contracts across the 6 New England states. He has also worked in numerous nonprofits agencies on the planning, program and management levels. Accompanying his work experience, Mr. Sandberg holds a Master's in Public Administration (MPA) and a certificate in Project Management. This position is 100% FTE and is considered **Key Personnel** for the grant.

State Opioid Coordinator, Russell Keene, MBA, is the State Opioid Coordinator. The State Opioid Coordinator is responsible for ensuring coordination among the various streams of federal funding coming to the state to address the opioid crisis. Given that the state has a multitude of leadership level positions working towards a coordinated response to the opioid crisis, this position serves as a high-level grants coordinator to ensure consistency in goals, objectives, and measurements across multiple funding streams throughout the state. Mr. Keene works closely with the Project Director, the SOR team, DHHS leadership and the Governor's Office to ensure a coordinated response to the crisis. Mr. Keene has over 20 years in healthcare experience, serving as the Chief Financial Officer at Androscoggin Valley Hospital (AVH) for 7 years. He was named Chief Executive Officer in 2002 and remained in that capacity until 2015. He was one of the drivers of the development of a new hospital system in the State's North Country, which brought together four hospitals in a consortium to ensure financial viability by integrating administrative functions. He was President of the organization which had 1,300 employees and revenue of over \$350M until stepping aside in 2018. During most of 2018 he completed consulting assignments in North Carolina. This position is 100% FTE and is considered **Key Personnel** for the grant.

SOR Flexible Needs Fund Specialist. The SOR Flexible Needs Fund Specialist is a new position that will be established with supplemental funding. This position will be responsible for eligibility determinations for flex funding resources in accordance with SOR funding restrictions. Originally, the Department anticipated sub-recipients managing flexible funds for clients but regulatory and legal issues have created significant barriers. By bringing the eligibility for flex funding within the Department, DHHS intends to avoid potential conflicts of interest for SOR

funded service providers. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

SOR Administrative Assistant. The SOR Administrative Assistant is a new position that will be established with supplemental funding. This position will provide administrative support for the SOR-funded positions, reporting directly to the State Opioid Coordinator. The job duties include serving as a team member to review and disseminate reports and public information, serve as the point of contact for internal and external parties, schedule meetings, prepare meeting agendas, attend meetings, write and maintain all meeting notes and coordinate with other administrative staff throughout the department. This position will be 100% FTE. A sample job description is available in the Biographical Sketches and Job Description attachment.

5. Data Collection and Performance Measurement

NH intends to follow the same data collection, reporting and monitoring protocols for initiatives supported with supplemental SOR funds as those funded under the initial SOR proposal. Presently, NH uses the Web Information Technology System (WITS) for program management, evaluation, data collection, and reporting purposes. WITS is an Electronic Health Record with Meaningful Use Certification, which is focused on Behavioral Health and related safety net programs. WITS in the State of NH is used for substance use disorder treatment for all levels of care, with Treatment Episode Data Set (TEDS) and National Outcomes Measurement (NOMs) reporting, management of data sharing through a 42 CFR Part 2 compliant consent and referral module, Impaired Driver Care Management Programs (IDCMP) service providers and Opiate Treatment Programs (OTPs), prevention programs, Federal grant management, including full integration with GPRA reporting systems and support of Block Grant reporting requirements, and voucher management system contract management of providers.

With this system, NH is able to collect and report on data at the client, program, and provider levels. Doorway providers are using WITS to complete data entry for all clients served with SOR resources. The existing WITS system, along with data being collected through contract requirements and other state agencies, will allow for the mid-year and annual progress report and reporting of all required performance measures, including client-level data on diagnoses, demographic characteristic, substance use, services received, types of MAT received, length of stay in treatment, employment status, criminal justice involvement, and housing as required in the FOA.

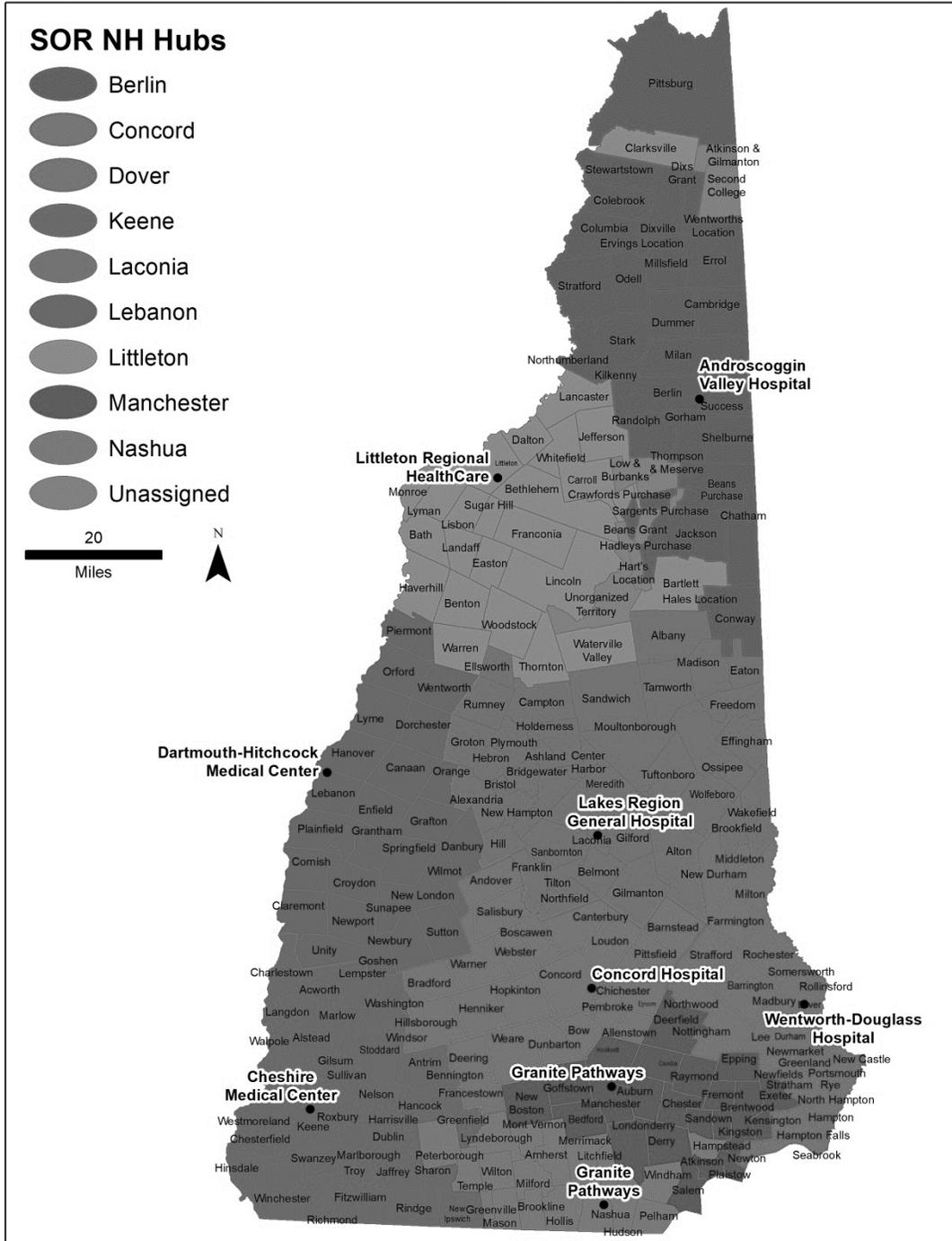
NH has used a portion of the allowable data collection funds to invest in WITS modifications to meet the GPRA requirements of the FOA. WITS' current version of the Discretionary Services GPRA tool supports data collection for the SOR program. This includes the intake, 3 month, 6 month, and discharge GPRA interviews. The system currently includes an automated, nightly upload of all completed GPRA data to the SPARS system, and once the GPRA has been approved by the OMB, WITS data will be uploaded to the SPARS system nightly to allow for real-time access of SOR data. While the GPRA tool is pending OMB approval, all Doorways have been collecting paper GPRAs' on clients. NH is committed to providing SAMHSA with data collected on these clients should it be requested.

Additionally, WITS also includes a follow-up due screen and related alerts to ensure that the state can monitor the GPRA follow ups that are coming due, as well as monitor overall compliance with the grant's rules regarding 80% completion of follow ups within the specified timeframe.

Data collection will take place in the form of entry into the WITS or comparable system by vendors and through contract management conducted by the SOR Project Staff. All data will be reviewed and analyzed the SOR Data Coordinator and SOR Project Director. In addition to client-level data collected in WITS, ad-hoc reports from vendors are requested regularly to demonstrate point-in-time impacts of SOR investments.

Appendix A

NH Doorways Locations



NH STATE OPIOID RESPONSE SUPPLEMENTAL FUNDING POST AWARD AMENDMENT
 BUDGET & JUSTIFICATION
 Substance Abuse and Mental Health Services Administration
 (FOA) No. TI-18-015
 CFDA NO.: 93.788

NH SOR SUPPLEMENTAL FUNDING POST AWARD AMENDMENT BUDGET AND JUSTIFICATION

Items below that supplemental funding is being requested for are marked in *italics* in the justification portion of each section.

FEDERAL REQUEST

A. PERSONNEL

PERSONNEL					
Position	Name	Key Staff	Annual Salary/Rate	Level of Effort	Cost
(1) State Opioid Coordinator	Russell Keene	Yes	\$72,739	100%	\$72,739
(2) Program Specialist IV/ SOR Project Director	Barry Sandberg	Yes	\$53,091	100%	\$53,091
(3) Business Systems Analyst/ SOR Data Coordinator	Amy Lauzon	No	\$60,935	100%	\$60,935
(4) Internal Auditor II/ SOR Program Auditor	Susan Ryan	No	\$42,783	100%	\$42,783
(5) Business Administrator II/ SOR Finance Manager	Melissa Girard	No	\$46,690	100%	\$46,690
(6) Program Specialist IV/ SOR Contracts and Program Manager	Amanda Spreeman	No	\$51,980	100%	\$51,980
(7) Program Specialist IV/SOR Flexible Funding Administrator	Vacant, to be hired within 60 days of notice of supplemental award	No	\$18,606	100%	\$18,606
(8) Administrative Assistant 1/SOR	Vacant, to be hired within	No	\$12,714	100%	\$12,714

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Administrative Assistant	60 days of notice of supplemental award				
FEDERAL REQUEST					\$359,538

1. The State Opioid Coordinator will be responsible for ensuring coordination among the various streams of federal funding coming to the state to address the opioid crisis. This position will work closely with the Project Director, SOR Project Staff, DHHS leadership and the Governor’s Office to ensure a coordinated response to the crisis. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost. **This position is considered Key Personnel.**
2. The SOR Project Director will provide daily oversight of the grant. This position is responsible for overseeing the implementation of the project activities, internal and external coordination, developing materials, and conducting meetings. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost. **This position is considered Key Personnel.**
3. The SOR Data Coordinator will be responsible for overseeing the collection, utilization and management of the data generated by SOR services. The data coordinator will be key to ensuring compliance to onboarding vendors to SPARS and ensuring accurate use and reporting of the GPRA interview, as well as maintain oversight of the 80 percent follow up rate requirements. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost.
4. The SOR Program Auditor will serve audit and quality improvement functions for all SOR funded initiatives. This position will be responsible for aiding in ongoing contract development and compliance, maintenance and oversight of expectations with State and Federal deliverables and regulations, and coordination with the SOR Data Coordinator to ensure that data required for these funds are appropriately collected and reported in a timely manner. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost.
5. The SOR Finance Manager will be responsible for overseeing the financial reporting and invoicing management for SOR services. The Finance Manager will be key to ensuring compliance with Federal financial expectations and collaborating with the Project Director on meeting reporting deadlines and deliverables for expenditure of funds. The Finance Manager will also aid in sustainability planning for SOR funded initiatives to ensure continued service access once the grant period ends. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost.

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6. The SOR Contracts and Program Manager will be responsible for implementation and maintenance of contract and procurement projects for SOR funded initiatives, as well as ongoing contract management and monitoring of SOR projects. The SOR Contracts Manager will coordinate contract oversight with existing Bureau of Drug and Alcohol Services staff members to avoid duplication in oversight and communications with vendors around SOR specific expectations. Salary calculation is based off of actual position start date and not reflective of a full twelve-month cost.
7. *The SOR Flexible Funding Administrator is a new position identified as necessary as a result of the deployment of SOR resources. This position will join the SOR staff and work closely with the Bureau of Drug and Alcohol Services to ensure continuity and coordination of multiple flexible funding resources that pay for uninsured or underinsured clients to receive OUD services. This position will be responsible for eligibility determinations for flex funding resources in accordance with SOR funding restrictions. Originally, the Department anticipated sub-recipients managing flexible funds for clients but regulatory and legal issues have created significant barriers. By bringing the eligibility for flex funding within the Department, DHHS intends to avoid potential conflicts of interest for SOR funded service providers. Salary calculation is based off of anticipated position start date and not reflective of a full twelve-month cost.*
8. *The SOR Administrative Assistant will support the 7 SOR staff members. The current capacity for administrative support exceeds demand based on the volume of SOR-related projects. The Administrative Assistant will work to support meeting schedules, SOR-related sub-recipient communications, and document/materials preparation. Salary calculation is based off of anticipated position start date and not reflective of a full twelve-month cost.*

B. FRINGE BENEFITS

PERSONNEL				
Position	Name	Rate	Total Salary Charged to Award	Total Fringe Charged to Award
State Opioid Coordinator	Russell Keene	57.70%	\$72,739	\$32,259
Program Specialist IV/ SOR Project Director	Barry Sandberg	57.70%	\$53,091	\$22,591
Business Systems Analyst II/ SOR Data Coordinator	Amy Lauzon	57.70%	\$60,935	\$24,014

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Internal Auditor II/ SOR Program Auditor	Susan Ryan	57.70%	\$42,783	\$33,473
Business Administrator II/ SOR Finance Manager	Melissa Girard	57.70%	\$46,690	\$37,804
Program Specialist IV/ SOR Contracts Manager	Amanda Spreeman	57.70%	\$51,980	\$39,241
Program Specialist IV/SOR Flexible Funds Administrator	Vacant, to be hired within 60 days of notice of supplemental award	57.70%	\$18,606	\$10,477
Administrative Assistant I/SOR Administrative Assistant	Vacant, to be hired within 60 days of notice of supplemental award	57.70%	\$12,714	\$8,866
FEDERAL REQUEST				\$208,725

NH Department of Health and Human Services Fringe benefits are comprised of:

Fringe Category	Rate	Details
Health Insurance	28.80%	-
Dental Insurance	1.7%	-
Life Insurance	0.03%	-
Retirement	12.15%	-
Social Security	6.2%	-
Medicare	1.45%	-
Additional Fringe	7.85%	Used to reimburse the general fund for payments to retiree's health insurance. Required for all pension covered positions that are paid from sources other than general funds
Total	57.70%	

The fringe benefit rate for full-time employees for years one and two is calculated at 57.70%. Rates calculated above are reflective of a portion of the grant year based on actual or

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anticipated start date for the positions and not reflective of a cost associated with a full twelve months.

C. TRAVEL

TRAVEL				
Purpose	Destination	Item	Calculation	Travel Cost Charged to the Award
(1) Local travel	Various NH locations	Mileage	8,257 miles x \$0.545/mile	\$4,500
FEDERAL REQUEST				\$4,500

1. Local travel is needed to attend SOR-related local meetings, project activities, site visit audits of sub-recipients, and training events. Local travel rate is based on organizations policies/procedures for privately owned vehicle reimbursement. *Supplemental funds will be used to cover a portion of the travel costs associated with the two new personnel supported with supplemental funding.*

D. EQUIPMENT

NH does not intend to utilize SOR funding for equipment

E. SUPPLIES

SUPPLIES		
Item(s)	Rate	Cost
(1) General Office Supplies	\$263/month x 12 months ²	\$3,156
(2) Postage	\$40/month x 12 months	\$480
(3) Laptops	\$1,250/each x 8	\$10,000
(4) Software	\$780/each x 8	\$6,240
(5) Office equipment (desk/chairs)	\$2,500/each x 8	\$20,000
FEDERAL REQUEST		\$39,876

1. Office supplies are needed for general administration and operation of SOR projects. *Supplemental funds will be used to cover a portion of the office supplies costs associated with the two new personnel supported with supplemental funding.*

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2. Postage is needed for general administration and operation of SOR projects.
Supplemental funds will be used to cover a portion of the postage costs associated with the two new personnel supported with supplemental funding.
3. Laptop computers are needed for project work, management, oversight and any SOR related presentations and communications. *Supplemental funds will be used to cover a portion of the laptop costs associated with the two new personnel supported with supplemental funding.*
4. Software is needed for project work, management, oversight and any SOR related presentations and communications. *Supplemental funds will be used to cover a portion of the software costs associated with the two new personnel supported with supplemental funding.*
5. Office equipment is needed for general administration and operation of SOR projects. *Supplemental funds will be used to cover a portion of the office equipment costs associated with the two new personnel supported with supplemental funding.*

F. CONTRACTS

Name	Service	Rate	Other	Cost
(1) Regional Doorways for access, screening, assessment, referral, care coordination, and naloxone distribution to individuals and communities	Treatment Services Care coordination Naloxone Distribution Temporary Housing Vouchers	Minimum of 5,000 individuals served per year Minimum of 15,000 naloxone kits/year @ \$75/kit.	Contracts in place with eight (8) vendors serving nine (9) locations throughout NH	\$11,781,704
(2) Doorway overnight clinical telephone coverage and coordination	Treatment Services Care coordination		Contract in place with one vendor providing statewide coverage for overnight calls in coordination with Doorway sub-recipients	\$1,043,573

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(3) MAT Expansion in the Community and for Pregnant women	Treatment services	Includes estimated costs for staffing, supplies, training, medication payments for un/underinsured	Multiple sub-recipients selected and providing services	\$698,341
(4) MAT Waiver Training and Tracking	Training	Includes estimated costs for a minimum of 10 trainings and software purchase for tracking system	Sub-recipient selected and providing trainings	\$27,000
(5) Anyone Anytime re-boot (including prevention component, lock it up campaign, and marketing Doorways and service access)	Media and marketing services	Historical cost for ad-buys, messaging development, print materials	Sub-recipient selected and implementing marketing campaigns	\$500,000
(6) Room and Board coverage for Medicaid Eligible Clients with OUD receiving ASAM Levels of Care 3.1-3.5	Treatment services	\$100 per diem	Multiple sub-recipients selected and providing services, additional sub-recipients will be identified	\$6,562,900
(7) Transitional Living payments for BDAS Eligible Clients	Transitional living	\$75 per diem	Sub-recipient selected and providing services	\$208,256
(8) State Targeted Response (STR) Expansion, includes expanded DYCF, DOC re-entry services, recovery supports for pregnant women/parents, MAT for high-risk populations, and families/children involved with child welfare	Treatment and Recovery Services	Includes historical costs for staffing, supplies, training, service reimbursements for un/underinsured	Contract amendments with existing STR sub-recipients, potential procurements and/or identification of sub-recipients for additional	\$3,901,566

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			specialty services	
(9) Peer Recovery Support Services at RCOs, includes funds for recovery housing vouchers	Recovery services	Includes estimated costs for staffing, supplies, training, recovery support reimbursements for un/underinsured	Procurement completed and sub-recipient selected, to begin providing services no later than April 2019.	\$2,500,000
(10) Crisis call center through 211 for OUD information and service referral	Information and Treatment Services	Includes historical and estimated costs for staffing, supplies, training, and call-center operations	Sole Source contract with existing qualified sub-recipient (Granite United Way)	\$600,000
(11) One stop shop website for information and service access	Information and Education	Includes historical and estimated costs for website development and maintenance	Sub-recipient selected and providing services	\$150,000
(12) Expand access to recovery housing-funding evidence based support services delivery at recovery housing	Recovery services	Includes estimated costs for staffing, supplies, training, recovery support reimbursements for un/underinsured	Sub-recipients selected and providing services, additional sub-recipients to be identified through procurement.	\$1,500,000
(13) Expand community based prevention strategies throughout school settings and for at-risk children	Prevention	Includes historical and estimated costs for implementation of community-based prevention programming.	Procurement for services with contract effective date no later than June 2019	\$395,000
(14) MAT induction for individuals in corrections	Treatment	Includes historical costs for staffing, training, equipment, and medication purchase.	MOU with the Department of Corrections	\$1,000,000

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(15) Vocational training stipends, workforce readiness initiative coordinated with Recovery Friendly Workplace	Recovery services	Includes estimated costs for staffing, supplies, training, stipend payments and reimbursement for non-covered clinical services.	Procurement completed and sub-recipients selected with services to begin no later than April 2019	\$250,000
(16) Mobile crisis response for OUD	Treatment and recovery services	Includes estimated costs for staffing, supplies, training, and reimbursement for non-covered clinical and recovery support services	Procurement completed and sub-recipients selected with services to begin no later than May 2019	\$1,200,000
(17) Expand education and training available to support evidence-based implementation of funded programs and key training needs, including trauma-informed trainings, overprescribing around key professionals (eg: dentists), and addressing parenting/child development for programs serving children, grandfamilies.	Training and Education	Includes historical costs for staffing and training for a minimum of 8 trainings/year	Procurement for services with contract effective date no later than April 2019	\$301,229
(18) State EHR Enhancement for data collection	Enhancement to Web Information Technology System to ensure adequate data	Includes quoted cost from vendor for upgrades to system	Contract amendment with existing qualified vendor	\$155,000

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	collection software for GPRA and follow-up requirements		Included as part of 2% allowable for data collection costs	
(19) Technical assistance for SOR vendors	Training and Education	Includes historical costs associated with project specific TA	Sub-recipient identified for TA contract no later than May 2019	\$150,000
FEDERAL REQUEST				\$32,924,569

JUSTIFICATION:

- NH has sole source contracts to existing qualified sub-recipient(s) to provide Doorway services that include statewide coverage for client assessment, evaluation, referral, care coordination, financial assistance, service availability tracking, telehealth services, MAT induction in hospitals and ERs, and naloxone distribution. Costs are based on review of similar organizational history of expenses and actual annual cost of naloxone purchase. Sub-recipients include Concord Hospital, Granite Pathways, Cheshire Medical Center, Dartmouth Hitchcock, Androscoggin Valley Hospital, Littleton Regional Hospital, Wentworth Douglass Hospital, and Lakes Region General Hospital. *Supplemental funding will be used to add resources for naloxone and housing vouchers for individuals served by the Doorway(s) based on current identified resource gaps.*
- NH has a sole source contract in place with Dartmouth Hitchcock Medical Center to provide overnight telephone clinical coverage for all nine (9) Doorway locations. Cost is based on budget submitted to the Department by selected sub-recipient.
- Contracts in place for multiple sub-recipients to expand medication assisted treatment and opioid treatment programs. These funds will cover care coordination and data collection expenses to meet grant and contract requirements as well as funding for direct patient MAT services for clients. Funding for direct services will be limited to who are underinsured or uninsured and will also provide financial assistance for medication co-pays and service deductibles for eligible patients. Costs based on organizational history of expenses for MAT expansion efforts. Sub-recipients include Harbor Homes, Lakes Region General Healthcare, Mary Hitchcock Memorial Hospital, Riverbend Community Mental Health, Elliot Health System.

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4. Contract in place for single sub-recipient to ensure expanded DATA Waiver trainings and tracking of trained prescribers. Costs based on organization history of expenses for sponsoring trainings. Sub-recipient is NH Medical Society
5. Existing qualified sub-recipient (John Snow Inc., DBA Community Health Institute, NH Center for Excellence) to expand and develop public education and outreach through the Anyone Anytime media campaign. Costs based on organizational history of expenses for campaign.
6. Existing qualified sub-recipients (multiple substance use disorder treatment vendors) to maintain and expand residential levels of care (ASAM Levels 3.1-3.5) for individuals with OUD. Costs based on organizational history of expenses for residential treatment services. Sub-recipients include Southeastern NH Alcohol and Drug Services, Dismas Home of NH, Greater Nashua Council on Alcoholism, Headrest, Easter Seals, Hope on Haven Hill, North Country Health Consortium, and Phoenix House of New England. *Supplemental funding will be used to expand the number of residential treatment providers who offer this level of treatment who are, or currently working to be, Medicaid enrolled providers but do not have a current contract with the Department. Additional funding also is needed to add to the current sub-recipients based on the current run rate.*
7. Existing qualified sub-recipient to support access to transitional living services for individuals with OUD. Costs based on organizational history of expenses for covering transitional living. Sub-recipient is Families in Transition
8. Existing qualified sub-recipients (Granite Pathways, Gorham Family Resource Center, Harbor Homes, Mary Hitchcock Memorial Hospital, Dept. of Corrections) to expand existing scopes of work for State Targeted Response to the Opioid Crisis grant funded initiatives. These funds will increase access to MAT for pregnant women with OUD, re-entry care coordination for men leaving corrections, expand recovery supports for pregnant women, and expand prevention programming to child welfare involved families with OUD. Funding will be used for direct patient treatment and recovery services for patients who are uninsured or under insured and for services that are often not covered by traditional payer systems. Funding will also be used for provision of support services to enhance outcomes for the family unit (parenting education, childcare provision etc.) are key to the projects' success. Costs based on organizational history of expenses for STR projects. *Supplemental funding will allow the Department to enhance and expand the services for these specialty populations based on the expiration of the existing STR grant in April 2019.*
9. Contract in place for a qualified sub-recipient to expand access to peer recovery support services (PRSS) at recovery community organizations (RCOs) and access to legitimate recovery housing facilities. Funds used for services that are often not covered by

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traditional payer systems, including vouchers for recovery housing. Costs based on organizational history of expenses for expansion of PRSS. Sub-recipient is Harbor Homes. *Supplemental funding will be used to expand the number of RCOs and services provided at each center throughout the state. Supplemental funding will allow for contracts with hospitals not affiliated with Doorways to provide peer recovery supports and make appropriate referrals.*

10. Existing qualified sub-recipient (Granite United Way) to ensure access to immediate assistance through a crisis call center through 211 that will coordinate with the Doorways (1) to ensure timely access to care. Costs based on organizational history of expenses related to call-center operations. *Supplemental funding will expand staffing capacity at 211 to manage crisis calls based on increased volume resulting from the marketing campaign (4).*
11. Contract in place for a single sub-recipient (Portland WebWorks) to design and maintain a public facing website that aids in consumer navigation of services for OUD. Website will ensure access to immediate assistance that will coordinate with the Doorways (1) and crisis call center (9) to ensure timely access to care. Costs based on organizational history of expenses related to website development
12. Procurement in progress for multiple sub-recipients to expand access to legitimate recovery housing services. Funds used for services that are often not covered by traditional payer systems. Facilities will be prohibited from using funds for brick and mortar investments. Costs based on actual budgets submitted on behalf of recovery housing providers through review of procurement documents. *Supplemental funding will be used to procure for additional Recovery Residences to serve the general population of individuals with OUD who are in need of housing in a supported, safe, recovery housing environment in compliance with the appropriate NARR standard.*
13. Procurement for multiple sub-recipients to expand access to evidence-based prevention strategies in schools and for at-risk children. Funds will support implementation of a plan for core prevention curriculums and community based initiatives staffing and service costs (eg: ACERT). Costs based on organizational history of and estimated expenses related to prevention program implementation.
14. MOU in place with the Department of Corrections is necessary to expand MAT induction for individuals re-entering the community from corrections. These services will coordinate with the Doorways (1) and the expansion of the STR project for re-entry care coordination (5). Funding will be used for direct patient treatment and MAT services for patients who are uninsured or under insured and for services that are often not covered by traditional payer systems for those who are incarcerated. Costs based on organizational history of expenses related to MAT provision at the correctional facility.

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15. Procurement in progress for multiple sub-recipients to expand access vocational training opportunities and workforce readiness initiatives for individuals entering or in recovery. Costs based on organizational estimate of expenses based on multiple reviews of similar services nationwide and local estimates from existing programs.
16. Procurement in progress for multiple sub-recipients to expand access mobile response teams coordinated with the Doorway (1) for individuals with OUD in crisis to enable successful patient outcomes. Costs based on organizational history of expenses related to mobile response team implementation for similar populations.
17. Contract in place with single sub-recipient (John Snow Inc., DBA Community Health Institute, NH Center for Excellence) to expand access to a menu of education and training opportunities for prevention, treatment and recovery trainings related to OUD and evidence-based OUD services and interventions. Training services necessary to ensure adequate implementation of SOR funded initiatives. Costs based on organizational history of expenses related workforce development and training initiatives.
18. Existing qualified sub-recipient (FEI) to ensure necessary updates to electronic health record and data collection system that enables sub-recipients to meet SOR GPRA and follow-up requirements. Costs based on quote for changes of system from FEI.
19. Qualified sub-recipient to be identified to provide ongoing technical assistance to SOR contractors on matters related to policy, legal, regulatory, and operational needs. Costs associated with historical expenses associated with project specific TA funded by the Department.

G. CONSTRUCTION

NH does not intend to utilize SOR funding for construction

H. OTHER COSTS

FEDERAL REQUEST

ACTIVITY:	SERVICES PROVIDED UNDER CONTRACT	RATE	OTHER	COST
(1) State Audit set-aside	Mandatory NH Department of Administrative Services Audit Cost @ .001%	.001%	RSA 124:16 requires all agencies which receive federal funds to set-aside a	\$34,983

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	of Federal Request		percentage (.001%) of the amount received to pay for financial and compliance audits	
(2) Data collection stipends	Incentive stipends provided to providers to ensure data collection and patient follow up requirements met		Included as part of 2% allowable for data collection	\$150,000
(3) Telecommunications (phone, cell phone, conference calls)	Phone, cell phone, conference calls for SOR project staff	\$200/month x 8 employees x 12 months		\$19,200
(4) Flexible funds for financial barriers to recovery	Recovery support services; flexible funds to cover uninsured or underinsured clients for non-reimbursable services to include: copays, transportation, childcare		SOR Flex Funding Administrator establishing eligibility criteria and processes for distribution	\$1,208,138
FEDERAL REQUEST				\$1,412,321

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JUSTIFICATION

6. Required .001% set aside for state of New Hampshire Department of Administrative Services audit. *Supplemental funds will be used to cover a portion of the audit set-aside requirement.*
7. The data incentive is needed to meet program goals in order to encourage client follow up to achieve the required 80% follow up rate at 3 and 6 months.
8. Monthly telephone costs reflect the telecommunications needs for SOR project staff and are attributed to communications for the SOR SAMHSA project only. *Supplemental funds will be used to cover a portion of the telecommunications costs associated with the two new personnel supported with supplemental funding.*
9. NH intends to bring the management and oversight of flexible funds to address financial barriers to recovery within the Department rather than requiring sub-recipients to manage this initiative. This protects sub-recipients from legal issues related to self-referrals and enables the Department to ensure flex fund use is in accordance with requirements of the SOR grant. Cost based on anticipated spend over the course of the grant term based on historical spending rates for enhanced services and flex-like funding in previous contracts. *Supplemental funds will be used to increase flex funds to meet the demand for supportive services, including covering costs for co-pays, transportation, childcare, and other supports that enable individuals with OUD to participate in treatment.*

I. TOTAL DIRECT CHARGES

Federal Request- Total Direct Charges **\$34,949,529**

J. INDIRECT COST RATE

CALCULATION:	INDIRECT COST CHARGED TO THE AWARD
(1) Organizations indirect cost allocation plan The NH DHHS submitted a departmental cost allocation plan to the US DHHS Division of Cost Allocation for approval, effective July 1, 2007. Based on the approved DHHS cost allocation plan, costs are allocated to benefiting programs or grants based on methods contained in the plan. Allocated costs include: division administration, program administration, finance, human resources, rent, statewide cost allocation, etc. On	\$30,000

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grant applications, the allocated costs are shown as a value based on previous cost allocation analysis.	
FEDERAL REQUEST	\$30,000

Proposed Project Period

a. Start Date: 09/30/2018 b. End Date: 09/29/2020

BUDGET SUMMARY

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$359,538*	\$512,119	\$512,119	\$512,119	\$512,119	2,408,014
Fringe	\$208,725	\$297,036	\$297,036	\$297,036	\$297,036	1,396,869
Travel	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	22,500
Equipment	0	0	0	0	0	0
Supplies	\$39,876	\$3,281	\$3,281	\$3,281	\$3,281	53,000
Contractual	\$32,924,569	\$21,901,356	\$21,901,356	\$21,901,356	\$21,901,356	120,529,993
Other	\$1,412,321	\$249,316	\$249,316	\$249,316	\$249,316	2,409,585
Total Direct Charges	\$34,949,529	\$22,967,608	\$22,967,608	\$22,967,608	\$22,967,608	126,819,961
Indirect Charges	\$30,000	\$15,000	\$15,000	\$15,000	\$15,000	90,000
Total Project Costs	\$34,979,529	\$22,982,608	\$22,982,608	\$22,982,608	\$22,982,608	126,909,961

***FOR REQUESTED FUTURE YEAR**

1. Personnel and fringe benefits in years two-five reflect a full twelve month cost vs. year one costs reflecting condensed costs associated with start dates in the middle of the grant year.

2. NH anticipates slight changes in the line items for some contracts and supplies in the budget between year one and year two. This is the result of several year one costs including start up investments that are not expected to be carried over into year two. The year two budget estimate is \$22,982,608.

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3. A COLA adjustment has been built into the year two budget expectations for personnel.

TOTAL: FEDERAL REQUEST **\$34,979,529**