Mississippi Department of Mental Health

Bureau of Behavioral Health

Alcohol and Drug Addictive Services

State Opioid Response (SOR) III Grant

Funding Opportunity Announcement

Application Due Date: ***October 6th, 2023***

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State of Mississippi
State Opioid Response (SOR) III Grant

The Mississippi Department of Mental Health (DMH) is pleased to announce the availability of competitive subgrant funding made available by State Opioid Response (SOR) III discretionary grant funding. The SOR III grant aims to address Opioid Stimulant Use Disorder (OSUD) by:

1. Providing access to medication-assisted treatment (MAT)
2. Reducing unmet OSUD treatment needs
3. Reducing opioid overdose-related deaths

I. AWARD INFORMATION

SAMHSA Eligibility

The purpose of this SAMHSA-funded program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (OUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders.

The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across the state.

DMH Eligibility

Unless otherwise approved by DMH, eligible applicants are subgrantees currently certified in accordance with the latest version of the *Mississippi Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Subgrantees*.

Terms of Payment

This is a cost-reimbursement (fee-for-service) grant program. Applicants must be financially capable of incurring all program costs *for at least 90 days* until reimbursed by DMH. Programs may not receive payment in advance of costs incurred. A signed fee-for-service contract for SOR III funding is an attachment to this FOA.

Award Period

The award period of the SOR III, Y2 grant is a twelve (12) month cycle from **October 1, 2023, to September 29, 2024.** Applicants will be eligible to receive funding contingent upon compliance with program rules and regulations and the State's receipt of continuation funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Evaluation Special Condition

Ongoing monitoring and evaluation are vital for assessing program efficacy and service delivery quality. Each SOR III subgrantee will comply with SAMSHA-SOR III and DMH requirements.

- o The Regional Compliance Coordinators (RCCs) will work with each SOR provider in their region to assure data and program compliance.
- o The SOR III Evaluation Team will send out monthly reviews of GPRA data collection for completed GPRAs and 6-month follow-up rates.
- o The SOR III Evaluation Team will conduct a 6-month compliance survey prior to midyear and year-end reporting.
- o SOR III subgrantees will utilize 6-month follow-up incentives to increase GPRA completions.
- o SOR III subgrantees will integrate continency management into their SOR programming.

SOR Subgrantees:

1. The WITS data system will be utilized for all SOR III GPRA entries within the timeframes required by the 15th of each month.
2. All funding requests will be entered into WITS through the 837 procedure or manually.
3. Subgrantees are required to participate in all SOR III state and local-level evaluation and compliance processes to allow the State to sustain, monitor, evaluate, and improve grant activities.
   a. The Regional Compliance Coordinators (RCCs) will conduct site visits to include DMH SOR staff, as assigned.
   b. A GPRA data compliance tool will be completed and distributed monthly.
   c. The SOR III Compliance Review Tool will be completed every 6 months within established timelines. The DMH SOR III Evaluation Team will distribute the survey for the midyear report. Date TBD.
   d. Subgrantees must attend all technical assistance trainings and meetings as scheduled by the State and/or the Federal government. The first SOR III Provider Meeting will be in November. The date is TBD.
4. SOR subgrantees will advertise and promote Opioid Stimulant Use Disorder (OSUD) treatment by including SOR funding and MAT services in all written and internet marketing, and outreach materials. Each SOR III provider will work with the SOR website, *StandUP MS*, and the DMH training unit to promote SOR services and treatments throughout the catchment area. The SOR RCCs will include SOR subgrantee staff in outreach of prevention activities in the region.
5. Each SOR provider will work with the RCCs to promote Prevention Services to schools in their catchment area.
6. Services must assure least restrictive and local treatment options. SOR subgrantees will provide a best practice model to include:
   a. Treatment team will make referrals to appropriate services to include individualized treatment options in the least restrictive environment and near to residence.
   b. All referral programs and services will allow access to anyone receiving or requesting MAT treatment.

  c. Assistance and support in obtaining Medicaid, Disability, private insurance, or additional funding support.

  d. Assistance obtaining Recovery Support resources, including housing.

  e. Collaborate with MS Department of Rehabilitation Services to secure work or education when need is indicated.

  f. Assure a stigma-free and welcoming environment for all SOR III clients.

7. <u>SAMHSA and SOR eligibility requirements are the only eligibility requirements for SOR admission</u>. All SOR clients must be informed of MAT options. All clients whose services are SOR-funded are required to have an OSUD primary diagnosis. All SOR clients must be below the 200% poverty level threshold established by SAMSHA's standard.

- Know your clients' rights in accordance with ADA. Underinsured means those who have private insurance, but insurance does not cover their treatment. Persons who are identified as underinsured are eligible for the SOR III grant.

8. Subgrantees will identify a SOR WITS data entry staff person, as well as a SOR Program Coordinator. A separate local evaluator for this subgrant is not necessary. The SOR III Evaluation Team will provide evaluation technical assistance and related services.

9. Changes in key staff must be communicated to DMH WITS and SOR programs leaderships. SOR DMH staff is not responsible for missed correspondence due to lack of current contact information. Staff changes should be reported to Aerika Lott at Aerika.lott@dmh.ms.gov.

II. IMPLEMENTATION

All State awarded subgrantees are required to use:

1. Current evidence-based treatments, practices, and interventions for OSUD and stimulant use disorders.

2. SAMHSA requires that MAT services are made available to those diagnosed with OUD, to include OUD, and OSUD as primary diagnosis.

3. SAMSHA approved MAT medications must be available in all forms.

4. Medically managed withdrawal (the updated term for detoxification) only is not the standard care for OSUD, and is associated with a very high relapse rate, while also significantly increasing an individual's risk for opioid overdose and death if opioid use is resumed.

  a. SAMHSA does not recognize medically managed withdrawal, when done in isolation, as an evidence-based practice for OSUD. SOR funds will not be reimbursed for this isolated "detox" practice.

  b. If medically managed withdrawal services are administered by SOR subgrantees, they must be accompanied by the offer of the approved MAT medications.

  c. The DEA has eliminated the waiver for prescribers of MAT and requires 8 hours of training for all practitioners.

  d. Each MAT provider must have a current medical license and verification of DEA compliance for required training.

  e. All SOR subgrantees will have teleMAT resources available to assure prompt MAT treatment to maintain current MAT medication levels and

f. withdrawal treatment. The SOR teleMAT provider, Harbor Houses of Jackson treatment program meets all DEA requirements. The Harbor House program also provides treatment that is not billed to individual SOR subgrantees budgets. Harbor House has separate funding enabling collaboration with other subgrantees. Each SOR treatment provider must have a primary and backup resource to assure continued MAT treatment.

Treatment Provider applicants must be able to implement the following strategies:

Strategy 1: OSUD Treatment Service Provision
Provide all SOR clients with teleMAT resources available to assure timely and appropriate evidence-based treatment service delivery to individuals diagnosed with opioid/stimulant use disorder.
Describe your ability to *provide evidence-based residential and/or outpatient treatment* for people with OSUD.
1. Treatment team and MAT referral process and timeline.
2. Process for conducting ASAM criteria.
3. Assurance of availability of all approved MAT treatment and medication services.
4. Admission criteria used to refer to SOR III. SOR eligibility criteria is solely based on income and an OSUD primary diagnosis.

Strategy 2: OSUD Technical Assistance and Training
1. Describe the process for new hire and ongoing training to assure compliance with DMH, WITS, and SOR III requirements.
2. Identify SOR III Data Supervisor, Program Director, and training staff within your agency. Please note that the DMH and workforce development contractor the MS Public Health Institute (MSPHI) will provide ongoing and current training opportunities for prevention, treatment, and recovery support for OSUD.
3. WITS and ASAM trainings are required for all SOR staff persons. Therapists must attend Motivational Interviewing training through MSPHI.
4. RCCs will check with MSPHI on training status of SOR staff prior to the site review process. All required training is provided free of charge by MSPHI.

Strategy 3: Recovery/Peer Support
1. Describe your plan to provide OSUD services and treatment in a stigma-free and welcoming manner.
2. Describe your process to assure that recovery/peer support services and referrals include acceptance for people re-entering your community that might experience stigma and lack of acceptance, including but not limited to:
    a. SOR clients who have been released from criminal justice settings.
    b. SOR clients who are pregnant or parenting (male or female) who are guardians of minor children.
    c. Gender identification differences.
    d. Identified race, culture, faith, or ethnicity specific to your catchment area such as Native American or Hispanic communities.

Strategy 4: SOR III Data and Program Compliance

1. Describe your ongoing training process to assure compliance with DMH, SOR III, and SAMHSA requirements to include WITS, financial reimbursement, and GPRA requirements.
2. Identify SOR III program staff and data coordinators while also providing a written plan to assure compliance with WITS data reporting and GPRA data compliance.

III. USE OF FUNDING

1. All SOR III subgrantees must utilize funding under a fee-for-service reimbursement schedule for individuals with a diagnosis of OSUD.
2. All MAT treatment and medications must be available for treatment team/MAT prescriber consideration.
3. Potential SOR III clients' income can be no more than the most current 200% Federal Poverty Level as determined at intake.
4. All SOR III services are rendered in accordance with SAMHSA SOR III and DMH requirements.
5. SOR III funding must be provided as a payer of last resort.
6. Proof of eligibility (using DMH-provided financial determination form) must be included in the individual file.

All subgrantees must utilize funding in adherence to their DMH-approved budgets and notice-of-award (NOA) agreements.

Any deviation from these requirements must have prior approval by DMH SOR staff in accordance with the exception request process for ancillary costs.

All SOR III subgrantees must utilize the WITS system for reimbursement of all SOR III-related services.

NOTE: DMH AND SAMHSA reserve the right to alter data collection and reporting requirements as necessary.

IV. PROGRAM NARRATIVE REQUIREMENTS:

1. **Program Narrative to include the following in sequence.**
   a. Current SOR III Funding
      i. Provide current balance of SOR III funding for Year 1.

   b. Service Area Specification and Local Needs Assessment
      i. Identify the geographic catchment area where services will be delivered.
      ii. Provide a local needs assessment including prevalence of opioid/stimulant use disorder (OSUD) and related harms (overdose, overdose deaths, etc.) in your catchment area as well as service gaps. Please utilize data from 2019-2022.

     c. Collaboration Plan
        i. To assure individual and specific treatment for persons with OSUD, please provide a plan for current or future collaboration with other SOR III subgrantees or state and local entities.

     d. Projected Client Numbers and Planned Services
        i. Indicate the projected number of SOR III clients for this grant period and describe the services expected to be provided.
        ii. Describe your plan for community outreach, including specific plans for communities that are underserved or marginalized.

Applicant Requirements

In describing the services proposed to deliver (Section D in Project Narrative), applicants must provide assurance of their ability to meet the following requirements.

Ability to Provide OSUD Services: Section 1263 of the Consolidated Appropriations Act of 2023 requires that beginning June 27, 2023, practitioners applying for a new or renewed Drug Enforcement Administration (DEA) registration will need to attest to having completed a total of at least 8 hours of training on opioid or other substance use disorders. All applicants must provide this assurance. Please consult information featured at this link: https://www.samhsa.gov/medications-substance-use-disorders/training-requirements-mate-act-resources.

1. **OSUD/MAT Treatment Provider Applicants:**
     a. Please list and describe evidence-based treatment and recovery support services currently provided.
     b. Current and prior use of medication-assisted treatment (MAT) including medication and method used.
        ***NOTE: The ability to provide MAT directly or through referral is a requirement for all treatment provider subgrantees under the SOR III grant.

2. **Training/Education Provider Applicants:**
     a. Describe evidence-based training/education services provided to treatment staff.
     b. Provide a summary of data illustrating training/education services provided (e.g., number and demographics reached, curriculum, trainers, format, surveys utilized, trainee evaluations) to treatment staff.
     c. Submit documentation of trainings attended for workforce development.
     d. If not providing MAT services and medications onsite, describe MAT plan and collaboration with the outsourced MAT treatment team.

3. **Goals and Objectives**
     a. Describe the purpose of the proposed services and/or program(s), including goals and measurable objectives.
     b. Provide a timeline for planning activities and implementation of proposed services and/or programs. Include all resources available.

     c. Describe your 6-month follow-up incentive plan.
     d. If you currently have a contingency management plan, please describe and submit any associated written policies and practices.

4. **Data Collection and Reporting**
     a. Describe the quality improvement process that will be used to track performance measures and objectives and how the data will drive the ongoing implementation of the services and/or programs within your agency.
     b. Describe your agency's capacity to perform data collection to meet the reporting requirements. This plan should include adequate, trained staff and compliance with DMH and SOR III data collection in both the data warehouse and WITS.
     c. Discuss the Data Supervisor's plan for training of new staff members and data review of GPRA and all DMH data requirements to assure compliance and accuracy.

5. **Treatment subgrantees under the fee-for-service arrangement** must utilize WITS 837 reporting procedures or manually gather, enter, and report data through the WITS online system and/or data warehouse. SOR III subgrantees must adhere to DMH timelines for data collection and reimbursement. All DMH standards are operable in addition to SAMHSA requirements.

6. **Identify strategy for SOR III prevention data and programs to comply with SAMHSA and DMH requirements.**
     a. Training and/or education subgrantees must be able to gather and report the following data:
          i. Training and education data will be included in the mid-year and year-end surveys.
        *** NOTE: DMH and SAMHSA reserve the right to alter data collection and reporting requirements, as necessary.

V. FUNDING RESTRICTIONS

1. **SOR grant funds may <u>NOT</u> be used** to implement services that would deny any eligible client, patient, or individual access to a program because of their use of medication-assisted treatment (MAT). In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Subgrantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.

2. **SOR grant funds may <u>NOT</u> be used to** pay for any medications or medical devices not approved by the U.S. Food and Drug Administration (USFDA).

3. **SOR grant funds may <u>NOT</u> be used to** pay for any lease before, during or beyond the project period.

4. **SOR grant funds may <u>NOT</u> be used to** pay for the purchase or construction of any building or structure to house any part of the program.

5. **SOR grant funds may <u>NOT</u> be used to** provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible upon certification of DMH.)

6. **SOR grant funds may <u>NOT</u> be used to** provide detoxification services unless the patient is also offered the opportunity to transition to extended-release naltrexone (Vivitrol®) or (Sublocade).

7. **SOR grant funds may <u>NOT</u> be used** make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

8. **SOR grant funds may <u>NOT</u> be used** pay for training refreshments above $2.50 per person.

9. **SOR grant funds may <u>NOT</u> be used** support non-evidence-based treatment approaches.

VI. SELECTION OF SUBGRANTEES

1. **Treatment Provider applicants** will be selected based on each provider's application showing:
   a. Ability to provide required access to medication-assisted treatment (MAT).
   b. Ability to provide other evidence-based services.
   c. Ability to gather and report required data into WITS and the data warehouse.
   d. Prior experience providing services for OSUD patients.
   e. Ability to serve priority populations with OSUD including:
      i. Pregnant and/or parenting women
      ii. Intravenous substance users
      iii. Individuals needing medically monitored withdrawal management MAT
      iv. Veterans
      v. Ex-offenders
      vi. Native Americans
      vii. Any other factors deemed relevant to the application by DMH.

2. **Training and/or Education Provider applicants** will be selected based on each provider's application:
   a. History of providing training and/or education services.
   b. Ability to gather and report necessary data as required by DMH and SAMHSA into WITS and the data warehouse.
   c. Established resources for providing training and/or educational services including knowledge of the trainer.
   d. Outline for ongoing relevant training utilizing ORN ATTC and MSPHI and implement ASAM criteria for client placement.

Opioid Response Network: https://opioidresponsenetwork.org/

Addiction Technology Transfer Center: https://attcnetwork.org/

Mississippi Public Health Institute: https://msphi.org/

American Society of Addiction Medicine: https://www.asam.org/

Adequate staff and supervision to ensure proper documentation and training of SOR III grant requirements and DMH policy and procedures.

3. **All Other Provider applicants** will be selected based on each provider's application showing:
    a. History of providing proposed services.
    b. Quality of staff.
    c. Established resources for providing proposed services.
    d. Any other factors deemed relevant to the application by DMH.
    e. Documented DMH certification of all services provided and funded by SOR III.

VII. SUBMISSION PROCESS:

1. The following information should be used for the submission of your electronic version:

https://na3.docusign.net/Member/PowerFormSigning.aspx?PowerFormId=5caf743b-0cf5-48cb-8111-77f8e6f78460&env=na3&acct=f03caff0-d8b6-4e91-ba70-c12592a3e516&v=2

VIII. APPLICATION BUDGET

1. Please note that SOR III budget revisions will only be considered in extenuating circumstances with prior approval of DMH SOR team.

2. Please note that funding requests will be based on prior year spending and availability.

3. Please note that DMH SOR III staff reserve the right to move funds from SOR subgrantees if funds or data entry do not comply with DMH timelines. Such funds will be redistributed to programs who are compliant and in need of additional funding.

4. Application budgets must be submitted using DMH 100-1, 100-2, and 100-3 forms, and a Budget Narrative. Treatment Provider applicants must also submit the Fee-For-Service Chart.

5. a summary of what is included in the applicant's budget and how the funding will be utilized. This document should be a minimum of one page in length.

IX. APPLICATION CHECKLIST

1. All applications must include the following:
   a. Budget
      i. DMH 100-1
      ii. DMH 100-2 (if applicable)
      iii. DMH 100-3
      iv. Fee-For-Service Chart (Treatment Subgrantees only)

2. All Provider Applicants must submit the following:
   a. Budget Narrative — 1 page minimum
   b. Program Narrative — 7 pages maximum (single-spaced)
   c. Updated medical license for SOR MAT prescribers and proof of DEA compliance with training requirements.
   d. Access plan for all MAT medications