

State Targeted Response (STR) to Opioid Crisis Grant Overview

DRAFT FOR DISCUSSION 2-24-17

The Department of Health Services, Division of Care and Treatment Services (DCTS) is eligible to apply for federal funding provided to states through the 21st Century Cures Act to address the Opioid Crisis in the state. The Governor directed DHS to apply for this grant, called the State Targeted Response to Opioid Crisis or STR.

The Governor's Opioid Abuse Task Force provided recommendations to DHS as to areas that should be addressed by the state, including through future federal grant applications. The DCTS used those recommendations along with the requirements in the STR grant announcement to craft the SAMHSA STR grant proposal that was submitted in mid-February.

Although DHS has not yet been awarded the funds, SAMHSA has indicated that as long as our application meets all the requirements in the grant and is willing to make any changes they require, the state will receive an allocation. SAMHSA has projected they will have awards available to us as early as May 2017. They have also indicated that states will need to begin providing services within 4 months of the award. For that reason, DCTS is moving ahead to begin implementation of a number of components of the grant, including \$1.8 Million in funding that was set aside in the grant application to provide funding to counties and tribes for the uninsured and underinsured and in particular to serve people with Opioid Use Disorder who are on a waiting list for services.

There are a number of requirements that counties and tribes must meet in order to receive a portion of the STR funding, which are articulated below, including that the funds must be provided for high need communities. Because the WCHSA Behavioral Health PAC meeting was cancelled on 2/24/17, DCTS is distributing this draft of a process (starting on page three of this document) for distributing \$1.8 Million a year for two years. DCTS is looking for any comments from the WCHSA BH PAC members and the WCHSA Executive Committee at this time. DCTS will be issuing a survey of counties and tribes that is needed to help refine the communities of high need. This survey may go out prior to the 3/31/17 meeting. However, DCTS will also follow-up with a discussion at the 3/31/17 WCHSA BH PAC meeting.

Purpose of State Targeted Response to Opioid Crisis Grant: To expand access to evidence-based treatment and recovery supports for opioid use disorders, increase retention in opioid treatment services, improve service consumers' quality of life, advance effective opioid misuse prevention strategies, and reduce opioid-related deaths.

Eligible Applicant: DCTS/BPTR as Single State Agency for Substance Abuse

Wisconsin Applied For: \$7,636,938 per year for two years

Required Activities:

- Develop or update Needs Assessment/develop Strategic Plan that targets high need areas of the state
- Implement primary and secondary prevention using EBPs proven to reduce Opioid Use Disorders (OUD) associated deaths
- Expand access to EBP OUD treatment, which includes access to Medication Assisted Treatment
- Provide assistance to under/uninsured patients
- Provide treatment transition, support and coverage for patients reentering communities from criminal justice settings or other rehab settings
- Enhance or support the provision of peer and other recovery support services
- Coordination with all other Opioid related grants/non-duplication
- All agencies receiving funding cannot deny access to any patient who says they are not in recovery solely on his/her use of Pharmacotherapy
- County reporting through the standard SABG reporting system – DHS’s PPS (Program Participation System) county client-level reporting system; will negotiate an adequate reporting approach for tribes
- Begin serving clients within 4 months
- 80% must be spent on Treatment and Recovery Supports
- 5% on Administration, data reporting and program development

Wisconsin’s STR Grant Funding Proposal Summary

Contractual Budget

Hospital Based Response Peer (Recovery) Coaches	\$1,800,000
County/Tribal Target Response to Waiting Lists for Uninsured/Underinsured /with Req MOE	\$1,887,092
50% of Cost for 3 new HOPES Opiate Tx Programs High Need Communities	\$1,008,000
Community Innovations/MAT Expansion Grants via RFP	\$1,000,000
DOC Recovery Coaches	\$500,000
Addiction Recovery Resource HotLine	\$400,000
Regional Prevention Resource Centers	\$330,000
Recovery Corps Training	\$60,000
ER SBIRT Toolkits	\$22,000
County Crisis Services Best Practices Dissemination	\$28,000
Telehealth Expansion Toolkit	\$20,000
Targeted Professional Training on Opiate Addiction EBPs	\$200,000
Subtotal Contractual	\$7,255,092
State Staffing, Data Collection and Administration	\$381,846

TOTAL ANNUAL BUDGET

\$7,636,938

Process for Distribution of State Targeted Response (STR) to Opioid Crisis \$1.8 Million in Year One Funding for Treatment for Uninsured/Underinsured in Counties and Tribes

Needs Assessment for High Need Communities of Focus:

SAMHSA requires states to target the resources of the STR Grant to the areas of highest need for addressing Opioid related treatment and support in their state. DCTS has completed an initial needs assessment as required in the grant application to identify the preliminary Communities of Focus. SAMHSA is also requiring states to update any initial needs assessments, as needed, to continually identify communities of highest need.

Therefore, DHS/DCTS will survey counties and tribes as to their current waiting list for people with Opioid Use Disorder (OUD) to determine the current state of unmet needs for treatment services for the uninsured and underinsured in the state. This survey will include the number of people waiting, the type of service they are waiting for and how many people the county or tribe could serve in 2017 with additional funding. In addition the survey will ask about the availability of Medication Assisted Treatment through the county/tribal substance abuse treatment services, the ability and interest of the county or tribe to work to expand Medication Assisted Treatment for their clients. The county or tribe must reply to the survey in order to be included in the STR funding allocations.

DHS/DCTS will review this information on county and tribal waiting lists along with data on the number of overdose deaths, emergency department admissions due to opioid related overdoses, ambulance run data to determine the High Need Communities of Focus for STR Treatment Funding for the Uninsured/Underinsured.

DHS/DCTS must assure SAMHSA that the STR funding is coordinated with and not duplicative of other federal grants for Opioid Use disorder response. For this reason, Sauk and Columbia County which currently receive MAT PDOA grant funds will not be a part of the STR funding in 2017.

Maintenance of Effort:

SAMHSA requirements for the STR grant funds include that the resources from the grant cannot be used to supplant any state or local resources and must be coordinated with other federal grants. In order to demonstrate to SAMHSA that Wisconsin has met this requirement, DCTS will do the following:

- DHS/DCTS will identify the reported annual expenditures from the counties on substance use disorder treatment from the DHS PPS 942 Report for CY 2016 to use as a baseline of funding spent on people with substance use disorders; an adequate expenditure report will be negotiated with tribes.
- DHS/DCTS will identify from the PPS Substance Abuse Module the number of people served with a substance use disorder (including opioids) by county in CY 2016 that will serve as the baseline of the number of people served.

- DHS/DCTS will use both of these factors to determine the maintenance of effort for each county and for the state as a whole.
- For a county or tribe to be considered for a share of the STR funding for 2017, the county or tribe must up front agree to, and then demonstrate that they have served more clients with substance use disorder (including opioids) in 2017 than in 2016 as reported in PPS Substance Abuse Module. The county/tribe must report additional persons with OUD that were served with STR grant funds in 2017.

Proposed DHS/DCTS County and Tribal Application Process:

DHS/DCTS will issue a Numbered Memo (with a target date of April 2017) to solicit applications from all the identified High Need Communities of Focus based on the revised Needs Assessment that takes into account the County/Tribal Survey results. The DCTS Memo will articulate the required federal STR grant criteria for funding and solicit applications from those counties and tribes that agree to the federal and state requirements for STR funding.

DHS/DCTS will determine an initial level of STR funding and a target number of people to be served from those Counties and Tribes in the High Need Communities of Focus based on their Survey Response on the number of people they project they can serve as well as the other High Need factors in their community.

If a county or tribe from the High Need Communities demonstrates that they are meeting their initial target of numbers to be served and indicate they could serve additional people with OUDs, the DHS/DCTS will allocate any remaining STR funding for the contract period to those counties/tribes.

Counties must agree to use the PPS Reporting system to report on people served and services provided under the STR grant process as well as having accurate and timely PPS Substance Abuse module reporting in 2017. A reporting method having adequate integrity will be negotiated with tribes, for example a report from the Indian Health Service Resource and Patient Management System (RPMS) electronic health record system.

Summary of Key Parameters for County/Tribal STR Funding:

- Maintenance of Effort is demonstrated through:
 - Serving more people with SUDs than served in CY 2016 (2016 PPS Data, SA Module to set baseline number). A sufficient number of those additional people served will have an OUD supported by STR grant funding
 - Spending more money serving people with SUDs than spent in CY 2016 (2016 PPS 942 substance abuse reported expenses; expenditure reporting for tribes will be negotiated). A sufficient amount of the additional funding will have been spent on people with OUD supported by STR grant funding
- Must use Evidence-based practices for opioid addiction treatment, including having Medication Assisted Treatment available for those who may need it and do not have access to those services

- Must allow access for treatment transition, support and coverage for patients reentering communities from criminal justice settings or other rehab settings
- Must begin delivering services within initial grant period (estimated to be June 15th – December 2017)

DRAFT FOR DISCUSSION ONLY