NORTH Dakota Be Legendary. | Behavioral Health — HEALTH & HUMAN SERVICES

STATE OPIOID RESPONSE GRANT

KICK-OFF MEETING
NOVEMBER 1, 2022

TODAY'S AGENDA

- Overview of the SOR grant

- Statewide Efforts

- Community Efforts

- Data Collection and Reimbursement

- Funding Restrictions

- Technical Assistance Resources

GRANT OVERVIEW AND INTRODUCTIONS

North Dakota Team

- **Laura Anderson**
  - Principle Investigator
- **James Knopik**
  - Program Director
- **Opioid Project Coordinator**
  - To be announced
- **Amy Lies**
  - Program Administrator
- **Tom Volk**
  - Prevention Technical Assistance
- **Angela Niffenegger**
  - Treatment Technical Assistance
- **Data Coordinator**
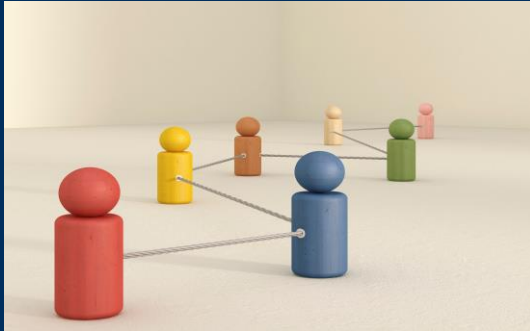 - PIRE – Martha Waller, Karen Friend, Alan Stein-Seroussi

STATE OPIOID RESPONSE GRANT

- North Dakota awarded $4,000,000

- 9/30/2022 to 9/29/2023

- Purpose:
  - 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 (MOUD);
  - Support the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders;
  - Support the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.
  - Reduce unmet treatment needs and opioid-related overdose deaths across America.

GRANT GOALS

Prevent substance (mis)use (specifically focused on opioids and stimulants)

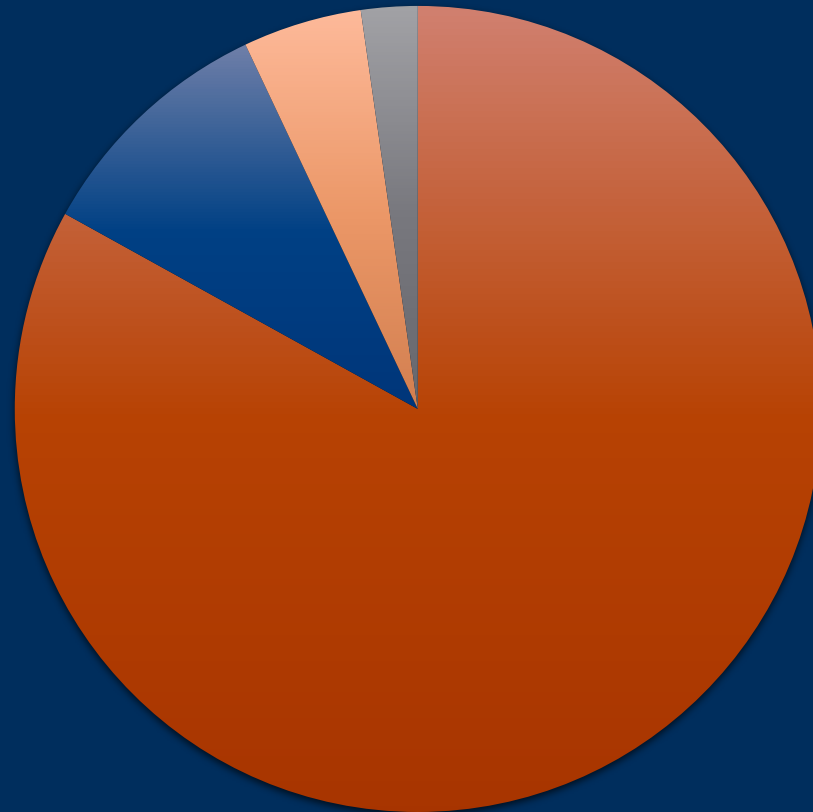Reduce harm related to opioids and stimulants

Improve access to evidence-based treatment

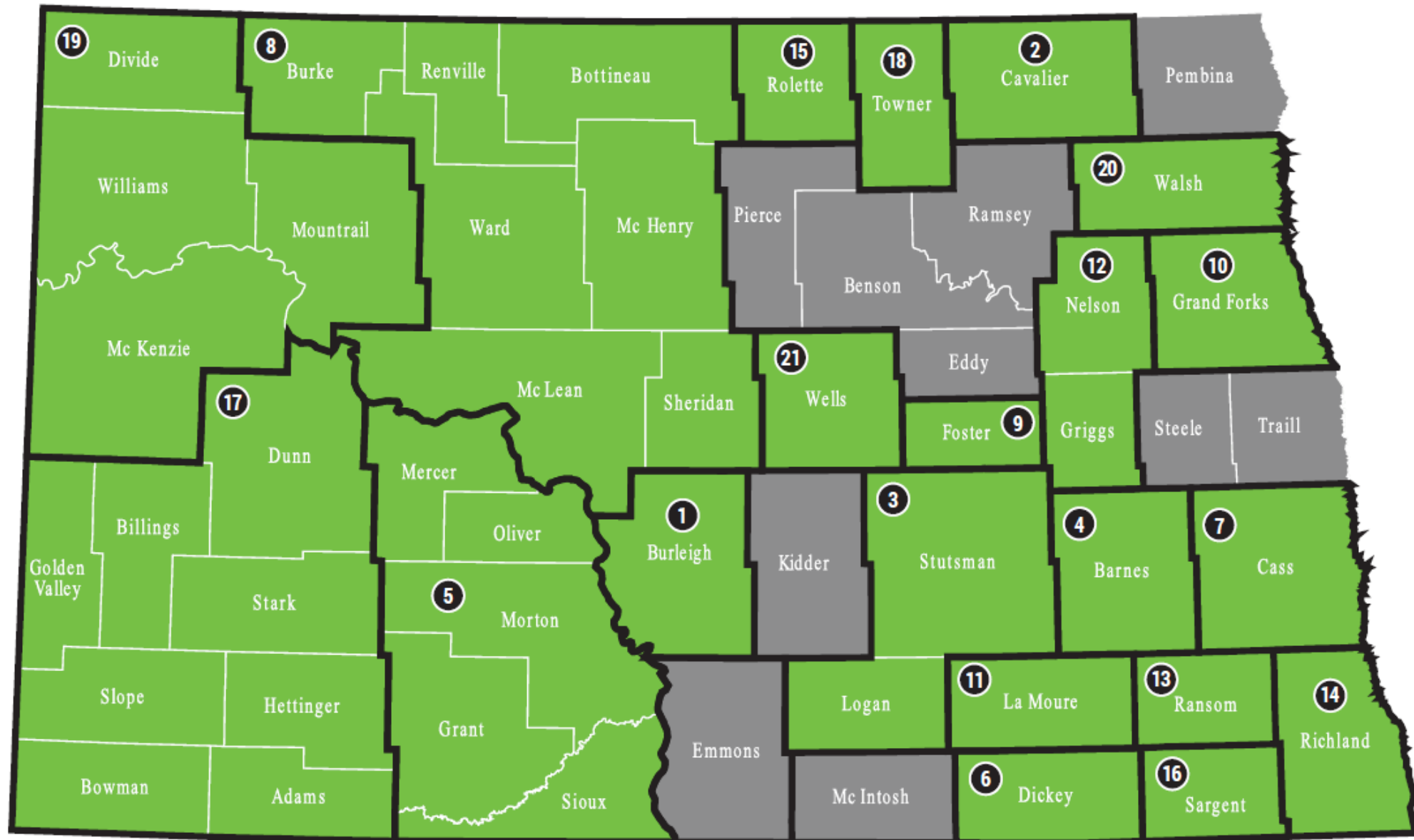Increase access to recovery support services

BREAK DOWN OF BUDGET

Funding Allocations

- Contracts
- Narcan/Disposal Products
- Evaluation
- Administrative Costs

North Dakota State Opioid Response (SOR) Grant
Community Implementation

SOR GRANTEES – COMMUNITY AND TRIBAL

- Bismarck-Burleigh Public Health
- Cavalier County Health District
- Central Valley Health Unit
- City-County Health Department
- Custer Health
- Dickey County Health District
- Fargo-Cass Public Health Unit
- First District Health Unit
- Foster County Health Department
- Grand Forks Public Health Unit
- LaMoure County Public Health Department

- Nelson-Griggs District Health Unit
- Ransom County Public Health
- Richland County Health Department
- Rolette County Public Health Unit
- Sargent County District Health Unit
- Southwestern District Health Unit
- Towner County Public
- Upper Missouri District Health Unit
- Walsh County Health Department
- Wells County District Health Unit

*Tribal awards will be announced soon

SOR GRANTEES – OTHER

- North Dakota Department of Corrections – MOUD Program
- North Dakota State University – ONE Program
- Lighthouse Central Registry
- Flint Media
- PIRE
- FEI/WITS
- Sanford Fargo Emergency Department
- ND Board of Pharmacy NARX Care

*Some efforts on this slide are not funded with the SOR Grant

STATEWIDE EFFORTS

GOAL 1: PREVENT SUBSTANCE (MIS)USE (SPECIFICALLY FOCUSED ON OPIOIDS AND STIMULANTS)

- Enhance evidence-base communication efforts

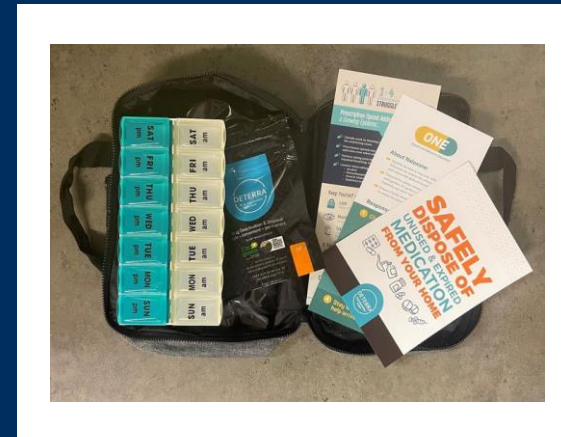- Purchase safe medication disposal products

ONE Program

- 800 pharmacy screenings per month
- Medication safety: home care (LPHUs)
- Medication safety: jails and prisons (LPHUs
- DisposeRx
- Dare to Discuss
- University opioid safety programs
- Environmental scan
- PharmD curriculum

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GOAL 2: REDUCE HARM RELATED TO OPIOIDS AND STIMULANTS

- Purchase naloxone

- Identify gaps in naloxone distribution

- Training on recognition of opioid overdose and appropriate use of naloxone

- Fentanyl test strips for syringe service programs

GOAL 3: IMPROVE ACCESS TO EVIDENCE-BASED TREATMENT

- Provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings

- Increase capacity of treatment providers to provide evidence-based treatment including contingency management
  - SAMHSA requirements for contingency management
  - Training opportunities from ATTC/ORN

CONTINGENCY MANAGEMENT EDUCATION REQUIREMENTS

- The core principals of contingency management
- Target behavior;
- The population of focus;
- Type of reinforcer (incentive);
- Magnitude (or amount) of reinforcer;
- Frequency of reinforcement distribution;
- Timing of reinforcement distribution; and,
- Duration reinforcement(s) will be used
- How to describe contingency management to eligible and ineligible patients
- Evidence-based models of contingency management and protocols to ensure continued adherence to evidence-based principles
- The importance of evidence-based practice on patient outcomes

- Testing methods and protocols for target substance use disorders and/or behaviors
- Allowable incentives, appropriate selection of incentives, storage of incentives, the distribution of incentives, and immediacy of awards
- Integration of contingency management into comprehensive clinical activities and program design. Contingency management should be integrated into services, counseling and treatment activities that provide ongoing support to the clients
- Documentation standards
- Roles and responsibilities, including the role of the supervisor, decision maker, and direct care staff
- Techniques for supervisors to provide on-going oversight and coaching

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION (DOCR)

Medication for Opioid Use Disorder (MOUD) Program

GOAL 4: INCREASE ACCESS TO RECOVERY SUPPORT SERVICES

- Integrate peer support into crisis/emergency department settings

COMMUNITY EFFORTS

What are other grantees doing?

COMMUNITY IMPLEMENTATION GRANTEES

- Required activities
  - Complete a community naloxone assessment
    - Template will be provided of week
  - Disseminate naloxone
  - Training on recognition of opioid overdose and use of naloxone
  - Collaborate with local pharmacies to bring awareness of the ONE Program
  - Partner with BHD to bring awareness of contingency management training
  - Collaborate will SOR grantees and SOR funded programs
- Optional activities

NALOXONE SATURATION NEEDS

Number of kits needed to be distributed in each LPHU region to ensure 90% of overdoses will have naloxone available

Bismarck-Burleigh Public Health	985
Cavalier County Health District	37
Central Valley Health Unit	235
City-County Health Department	127
Custer Health Unit	497
Dickey County Health District	50
Fargo Cass Public Health	1845
First District Health Unit	972
Foster County Community Health	34
Grand Forks Public Health Department	732
LaMoure County Public Health Department	41
Nelson/Griggs District Health Unit	53
Ransom County Public Health Department	57
Richland County Health Department	165
Rolette County Public Health District	122
Sargent County District Health Unit	39
Southwestern District Health Unit	488
Towner County Public Health District	22
Upper Missouri District Health Unit	677
Walsh County Health District	106
Wells County District Health Unit	40

UNFUNDED LPHUS – NALOXONE SATURATION

Emmons County Public Health	33
Kidder County District Health Unit	24
Lake Region District Health Unit	239
McIntosh District Health Unit	25
Pembina County Health Department	68
Steele County Public Health Department	18
Trail District Health Unit	80

Statewide Total	7810

GOAL 1: PREVENT SUBSTANCE (MIS)USE (SPECIFICALLY FOCUSED ON OPIOIDS AND STIMULANTS)

1

Enhance evidence-based communication efforts by bringing public awareness to "**Parents Lead**"

15 LPHUs

2

Enhance evidence-based communication efforts by brining public awareness to "**Opioids: Fill with Care**"

16 LPHUs

3

Increase utilization of **safe medication disposal** practices (i.e. Take Back locations, Take Back events, Deterra Bags, Dispose RX)

18 LPHUs

GOAL 2: REDUCE HARM RELATED TO OPIOIDS AND STIMULANTS

- 5 Local public health units operating a Syringe Service Programs

- Funds utilized for operations, operating a mobile unit, and to distributing naloxone and fentanyl tests strips

- 8 Local public health units who are not operating a Syringe Service Program

- Utilizing funds to:
  - Contract with a SSP
  - Promoting SSPs
  - Providing transportation to a SSP
  - Exploring operating a SSP

GOAL 3: IMPROVE ACCESS TO EVIDENCE-BASED TREATMENT

- 13 LPHUs implementing strategies

- Strategies include:
  - Identifying local barriers and creating a plan to reduce barriers
  - Reduce stigma through messaging
  - Provide transportation or transportation vouchers to access treatment
  - Support existing treatment services
  - Expansion of existing treatment services

GOAL 4: INCREASE ACCESS TO RECOVERY SUPPORT SERVICES

- 13 LPHUS implementing strategies
- Strategies include:
  - Increasing Peer Support Specialist services
  - Providing transportation
  - Providing for childcare during recovery services
  - Educate and reduce stigma through messaging

DATA COLLECTION AND REIMBURSEMENT

SOR EVALUATION

- Pacific Institute for Research and Evaluation (PIRE)

- Monthly Reporting Form (MRF)
  - Similar to MRF for 2021-2022
  - Forms due by the 10th of each following month
  - First form will include Oct. and Nov. – Due December 10th

- Coordinate GPRA data collection as required
  - After December 9th a new GPRA form will be utilized

SOR MONTHLY REPORTING FORM (MRF)

- Number of naloxone kits
  - How many Naloxone kits were distributed to the community coming from supplies **provided directly from BHD**? _____
  - How many Naloxone kits were distributed to the community coming from supplies **purchased directly by the LPHU**? _____
- How many people were trained to provide school-based prevention and education activities to school-aged children since the last reporting period?
- How many people in your state entity were reached through outreach activities that **target** underserved and/or diverse population (e.g., race, ethnicity, sex/gender, age, and disability status) (racial/ethnic minorities, LGBTQ+, older adults) to address the opioid and/or stimulant crisis since the last reporting period?

SOR MONTHLY REPORTING FORM (MRF)

- Enter the total number of clients served by MOUD this month. (This is the count of distinct persons served during the month. If you provided Jane Doe with MOUD services three times this month, you would count her once.)

- Enter the total number of clients served by Recovery Support Services this month. (This is the number of distinct individuals receiving this service. If you served Jane Doe three times this month for Recovery Support Services, you would count her once.)*

- ONE Program Home Health Program
  - Enter into RED Cap – ONE Program will include in their MRF

SOR REIMBURSEMENTS

Submit all monthly reimbursements to Amy Lies – amlies@nd.gov

- Submit by the 10th of each following month

- Monthly reimbursement (SFN1763) amount identified in contract
  - Contracts still being processed
  - https://www.nd.gov/eforms/Doc/sfn01763.pdf

FUNDING RESTRICTIONS

FUNDING RESTRICTIONS

FUNDS CANNOT:

- Be utilized for services that can be **supported through other accessible sources of funding** such as other federal discretionary and formula grant funds, (e.g. HHS, CDC, CMS, HRSA, and SAMHSA), DOJ (OJP/BJA) and non-federal funds, 3rd party insurance, and sliding scale self-pay among others.

- Be expended through the grant or a subaward by any agency which would **deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications** for the treatment of substance use disorders

- Be utilized for treatment or recovery services for individuals **without a history of or current issues with opioids or stimulants misuse**.

FUNDING RESTRICTIONS

FUNDS CANNOT:

- Be utilized to **procure DATA waiver training** as this training is offered free of charge from SAMHSA at pcssnow.org

- Be utilized to **provide incentives** to any Health Care Professional for receipt of a Data Waiver or any type of Professional Development Training.

- Be utilized, directly or indirectly, to purchase, prescribe, or provide **marijuana or treatment using marijuana**.

FUNDING RESTRICTIONS

FUNDS CANNOT:

- Pay for **promotion items**

- Pay for the **purchase or construction of any building or structure** to house part of the program

- Be used to **supplant current funding of existing activities**. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant. Grant funds may be used to supplement existing activities.

- Contingencies may be used to reward and incentivize treatment compliance. **Clients may not receive contingencies totaling more than $75 per budget period**. The contingency amounts are subject to change.

FUNDING RESTRICTIONS

FUNDS CANNOT:

- Be used to make **direct payments to individuals to enter treatment** or continue to participate in prevention or treatment services.

- Be used for meals. **Meals are generally unallowable** unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed $3.00 per person per day.

- **Purchase sterile needles or syringes** for the hypodermic injection of any illegal drug

TRAINING AND TECHNICAL ASSISTANCE

RESOURCES

- Parents Lead
  - Youth Substance Use: Signs and Symptoms | Parents Lead
  - Reducing your Child's Risk for Substance Use | Parents Lead

- Communities | Health and Human Services North Dakota

- Opioids | Health and Human Services North Dakota

- Shared Community Resources | Health and Human Services North Dakota

- Evidence-Based Prevention Strategies Targeting Opioid Abuse and Overdose | Health and Human Services North Dakota

- Evidence-Based Treatment and Recovery Strategies for Opioid Use Disorder | Health and Human Services North Dakota

QUESTIONS