Informational Webinar: April 10, 2018



Opioid Action Plan Implementation Initiative **Request for Applications**

HOUSEKEEPING

- Tune into audio either via phone OR your computer, not both
- MUTE YOUR PHONE
- Type questions into the chat/question box, will be answered at end

NC Opioid Action Plan Implementation Initiative **Request for Applications (RFA)**

- Grant application instructions & budget template https://www.ncdhhs.gov/about/grant-opportunities/mental-healthdevelopmental-disabilities-substance-abuse-services-grant-opportunities
- Due Tuesday, May 4, 2018 by 5:00pm
- Submit only by email to <u>Opioidinitiative@dhhs.nc.gov</u>

NC Opioid Action Plan Implementation Initiative **Request for Applications (RFA)**

- Maximum amount per grant: \$150,000
- Anticipated notification of awards: June 15, 2018
- Anticipated: 10 and 20 funded awards
- Contract period: July 1, 2018 June 30, 2019
 - One year, non-renewable
- One grant application per organization will be reviewed
- All contingent upon funding availability (state funds)

Eligible Applicants

- Local government agencies
 - –e.g., public health departments, departments of social services, county corrections, EMS agencies
- Community organizations
- Hospitals, health centers, clinics, pharmacies
- Other organizations that have a history of work in population health, substance use disorder prevention or treatment, harm reduction, and/or mental health services
- Non-profit organizations that have a history of work with people directly impacted by drug use

NC Opioid Action Plan: Focus areas

- Create a coordinated infrastructure
- Reduce oversupply of prescription opioids
- Reduce diversion of prescription drugs and flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available and link overdose survivors to care
- Expand treatment and recovery oriented systems of care
- Measure our impact and revise strategies based on results

ncdhhs.gov/opioid-epidemic

North Carolina Injury & Violence

NC Opioid Action Plan



OAP Implementation Initiative

- Purpose: Implement strategies to
 - -prevent opioid overdoses
 - -increase access to opioid use disorder treatment
 - -build local capacity to respond to the opioid epidemic by funding specific activities highlighted in the NC Opioid Action Plan

RFA Funding Restrictions

- Initiative funded through the NCGA
 - At this time, SFY 2019 appropriations have not yet been finalized
 - -Notification is contingent upon funding availability
- All grant funded projects must consist of activities included in the approved list
 - Applicants may propose one or a combination of these activities
- Proposals that include at least one activity from Category A will be considered first, before proposals that only include activities from Category B

Category A: Supported Activities

1. Fund certified peer-support specialists or NC certified peer-support training to improve linkage to or retention in recovery and treatment

Category A: Supported Activities

2. Connect justice-involved persons to harm reduction, treatment, and recovery services. This may include establishing or expand existing pre-arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD], Hope Projects) or post-arrest diversion programs (e.g. recovery courts)

Category A: Supported Activities

3. Establish post-overdose reversal response

teams to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, and treatment and recovery supports

Category B: Supported Activities

- **1.** Create or expand syringe exchange programs
 - Work to build a referral network with SEPs for all required services, including naloxone access and treatment services
 Funding cannot support the cost of syringes
- 2. Train first responders, community members, or others on naloxone administration
- 3. Train pharmacists to provide overdose prevention education to patients receiving opioids, increase pharmacist dispensing of naloxone, and link patients to treatment/recovery providers

Category B: Supported Activities

- 4. Conduct training on substance use disorder and Medication Assisted Treatment (MAT) for audiences who interact with populations on MAT – e.g., local DSS agencies, court officials, law enforcement, etc.
- 5. Support training and technical assistance for sites to deliver office-based opioid agonist treatment (OBOT) services

Limitations and Restrictions

- Grant funds must be utilized in NC
- Funds are reimbursed on an expenditure basis
- No lump sum payments will be provided
- Grant funds awarded are one-time only funds and may not be carried forward beyond June 30, 2019
- See RFA for conditions about purchasing equipment in excess of \$500

Limitations and Restrictions

Restricted

Funds may not be used

- to purchase vehicles
- to pay down existing mortgages and/or other loans
- for construction of new facilities
- to purchase syringes

Allowable

- Mileage reimbursement
- Leasing vehicles
- Requests for capital directly related to proposed project
 - Include an explanation of why the capital expense is needed
 - Complete the capital expense section of the grant budget template
 - Two quotes must be included for any single piece of equipment or software costing \$5,000 or greater and for any type of building or facility modification/renovation costing \$5,000 or more
- Other medical supplies to support syringe exchange programs

Sustainability

- All projects must show ability to create systems and processes that promote sustainability of the project/efforts being funded
 - -Sustainability: ability of the project to maintain whatever improvements are created during the grant's term by providing evidence of administrative, programmatic, technological, policy, and/or fiscal arrangements beyond the expiration of grant funding

Required Application Components

- Organization Information and Signature Sheet
- Budget template
- Copies of quotes (if needed)
- Summary of Evaluation Criteria & Baseline Data
- Letters of support (if applicable)
- Narrative document
 - –12 page limit
 - -Single-spaced
 - -1" margins
 - -Arial font sized 11
 - -Using the section headings that follow

Narrative: Sections and Scoring

- Proposal Summary (≤500 words) (0 points/Not scored)
- Organization Background (5 points)
- Assessment of Need(s) (10 points)
- Project Description and Narrative (15 points)
- Collaboration and Community Support (10 Points)
- Project Evaluation (15 Points)
- Potential Impact (20 Points)
- Organizational Sustainability (15 Points)
- Line Item Budget and Budget Narrative (10 Points)

Required Performance Measures Universal

- Grantees must report (baseline, target)
 - Number of unintentional and intentional opioid overdose deaths in the geographic region among the population of focus

E.g. All opiate deaths for all residents of X, Y, and Z counties
 –Number of unduplicated people served

- Narrative should include how you
 - define your geographic area/population of focus
 collect these required data

Required Performance Measures: Universal

Opioid Action Plan Implementation Initiative: Universal Measures

Number of unintentional and intentional opioid overdose deaths among the population of focus

Measure	Baseline value as of 07/01/2018	Target to be reached by 06/30/2019
Number of unintentional and intentional opioid overdose deaths in the geographic region among the population of focus		
Measure Type	Output	
Data Source		
Collection Process and		
Calculation		
Collection Frequency	Annually	
Data Limitations		

Total number of people served

Measure	Baseline value as of 07/01/2018	Target to be reached by 06/30/2019
Number of unduplicated people		
served		
Measure Type	Output	
Data Source		
Collection Process and		
Calculation		
Collection Frequency	Annually	
Data Limitations		

Required Performance Measures

Activity Specific

- Complete all metric tables for each activity included in the proposed project
 - –E.g. if you propose to support peer support specialists, you must report on 2 universal measures <u>and</u> 3 additional required metrics specific to the peer support activity
- If desired, you may add up to two additional measures specific to each activity (not required)

Required Performance Measures

Activity Specific

• For each measure, you will need to include the following information:

- -Data Source: Where will you obtain the information you report for your performance measures?
- -Collection Process and Calculation: What method will you use to collect the information?
- -Collection Frequency: How often will you collect the information?
- Data Limitations: What may prevent you from obtaining this information?

Other Requirements

Grantees shall also submit:

- Reports (quarterly and as requested)
- Monthly Reimbursements/Invoices –Due by the 10th of each month

Helpful Resources/References



NC's Opioid Action Plan, 2017-2021

ncdhhs.gov/opioid-epidemic

IVPB Poisoning Data

http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm

OHHS Home Assistance Divisions A	About DHHS DHHS Contacts Search: Submit			
Health and Human Servi	ces Chronic Disease and Injury Section			
IVP Home	DHHS > DPH > Chronic Disease and Injury Section > IVP Branch > Data > Poisoning Data			
About Us	Injury and Violence Prevention Branch			
Contact Us	soning Data			
Data and Surveillance	+ Data and Surveillance Navigation			
Prevention Resources	Deaths, hospitalizations, and emergency department (ED) visits due to poisoning, particularly medication and			
Resources and Reports	drug poisoning, have become a growing public health concern nationally and in North Carolina. Since 1999 the number of drug poisoning deaths in North Carolina has increased by 440%, from 363 to 1,965 in 2016. Additionally, in 2014 there were nearly 12,000 hospitalizations and almost 22,000 ED visits related to			
Related Pages				
CDC: Unintentional Poisoning CDC: Prescription Drug Overdose	medication and drug poisoning. (More recent hospital and ED data are not currently available due to a <u>coding</u> <u>transition</u> .)			
	Historically, prescription drugs have been a major driver of this epidemic. However, illicit drugs are also contributing to this problem in increasing numbers. Heroin or other synthetic narcotics (like fentanyl) were involved in over 60 percent of unintentional opioid deaths in 2016. The number of cocaine overdose deaths is also on the rise.			
	Visit <u>Poisoning Prevention</u> and <u>Unintentional Poisoning from Prescription Drugs</u> for more information on preventing poisoning deaths in North Carolina.			
	N.C. Summary Data			
	 <u>NC Overdose Data: Trends and Surveillance</u> is a recorded presentation of core overdose data. 			
	O3/19/18: Download the slides: <u>Core Overdose Data Slides January 2018</u> (PPTX, 6.7 MB)			
	 <u>The Prescription and Drug Overdose Fact Sheet</u> (PDF, 180 KB) provides a snapshot of prescription drug overdose deaths. 			
	<u>The option related Overdose Fact Sheet</u> provides information specific to the option spidemic.			
	County Overdose Slide Sets			
(Note: When downloading and opening a slide set, within PowerPoint you may see a security notice warning you about links to other files. If so, you can ignore the notice and click the "Cancel" button to continue opening the file. Do not click the "Update Links" button.			
	Select County Get County Report			

- Death Data
- Hospital Data
- ED Data

North Carolina Injury & Violence PREVENTION Branch

IVPB Poisoning Data

http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm



NC Opioid Action Plan Data Dashboard <u>https://injuryfreenc.shinyapps.io/OpioidActionPlan/</u>

NC Opioid Dashboard	≡			Health and Human Services	
State / County View:	2018-03-15: Is this dashboard helpful? Click here for feedback survey!				
NC 👻	🗥 NC Opioid Action Plan Data Dashboard				
MC OAP Dashboard Home	In 2016, nearly 4 North Carolinians died each day from an unintentional opioid overdose. From 1999-2016, almost 11,000 North Carolinians lost their lives to unintentional opioid overdose. To combat the opioid crisis, the North Carolina Department of Health and Human Services worked with community partners to develop				
🚯 Metric Summary Table	North Carolina's Opioid Action Plan (NC OAP). The NC OAP launched in June of 2017 and established thirteen data metrics to track and monitor the opioid epidemic. The opioid data dashboard on this site is meant to provide integration and visualization of state and county-level metrics for stakeholders across NC to track progress				
- Reduce Death/ED Outcomes	towards reaching the goals outlined in NC OAP. For more information on the NC OAP visit: https://www.ncdhhs.gov/opioids NC Overdose Overview Stats:				
- Reduce Oversupply	1,384	4,177	600,343,000	3,684	
- Reduce Diversion	NC resident unintentional opioid overdose deaths in 2016	NC resident opioid overdose ED visits in 2016	Opioid pills dispensed to NC residents in 2016	Reported community naloxone reversals in NC in 2016	
- Naloxone Access	opioid overdose deaths in 2010	VISITS III 2010			
- Treatment & Recovery	Check out the following 'How-To' video below to learn about the different ways you can use the dashboard, navigate its features, and apply the information to best meet your needs. We offer the information on the NC Opioid Dashboard in staged approaches, starting with an overview Summary Table of the metrics from North Carolina's Opioid Action Plan, followed by specific metric information organized by its five strategy areas. For detailed information on each of the metric, including trends over time and a map of the data in each county, click the strategy area link to the left. Each metric also links to the Technical Notes for those who'd like to get into the nitty gritty				
	details of the data.				
Links:	How-To Video				
C ^a NC DHHS: Opioid Crisis	More burning table Unintentional opioid-related deaths are increasing in NC Thinks the more of unintentional again failed ordering in the failed faile				
☑ NC DHHS-IVP: Poisoning Data	unintentional opasid related deaths in Q4 of 2022.	is in the fourth guarter (QC of 2021. Our goal is to reduce this expected number by 20%, which would is reporting times, the most surrent data are at least three guarters behind. 2017 douth data are provisi tealth Statistics.			
☑ NC Safer Syringe	Treatment & Recovery Unintentional Opioid-Related Deaths	Most Recent Quarter's Unintentional Opioid-Relat by County le	ed Deaths		
C ^R NC OPDAAC	400 Links: 99 310	1	2		
Naloxone Saves NC	C HIRS: Open4 Criss	Delevertarial Spicial Analase Deutra (d. (2017 G))			
Injury Free NC: Overdose	2 NC 04004C 2000 2005 2010	2015 2620 5-27			

ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative

NC DHHS » Divisions » Public Health » North Carolina Safer Syringe Initiative

North Carolina Safer Syringe Initiative

Welcome to the North Carolina Safer Syringe Initiative. Here you will be able to find information about existing syringe exchange programs in the state, resources for healthcare providers and law enforcement agencies, testing and treatment programs, details about the limited immunity provided under the syringe exchange law, and information for health departments, community-based organizations, and other agencies interested in starting their own exchanges. Please find an updating list of active programs and contact information <u>here</u>.

North Carolina Safer Syringe Initiative Assistance

As of July 11, 2016, North Carolina (S.L. 2016-88) Z allows for the legal establishment of hypodermic syringe and needle exchange programs. Any governmental or nongovernmental organization "that promotes scientifically proven ways of mitigating health risks associated with drug use and other high risk behaviors" can start a syringe exchange program (SEP). The Division of Public Health and the Department of Health and Human Services do not operate syringe exchanges in North Carolina.

Included in the law is a provision that protects SEP employees, volunteers, and participants from being charged with possession of syringes or other injection supplies, including those with residual amounts of controlled substances present, if obtained or returned to a SEP. SEP

Public Health

Child Service Coordination

North Carolina Safer Syringe Initiative

Syringe Exchange Programs in North Carolina

Syringe Exchange FAQs

Quick Answers for Law Enforcement Personnel

Participant Cards and Limited Immunity

Resources for Providers

<u>Preventing Transmission of</u> <u>Infections</u>

HIV and Hepatitis C Prevention and Treatment Resources

naloxonesaves.org

NaloxoneSaves.Org

Providing information to pharmacies and the public about North Carolina's statewide standing order for naloxone





GENERAL INFORMATION

I am looking for more information about naloxone

Helpful Resources

• DATA 2000 Waiver https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000

Pre-Arrest Diversion Program

http://www.nchrc.org/lead/law-enforcement-assisted-diversion/

NC Certified Peer Support Specialist Program https://pss.unc.edu/

Summary/Reminders

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Type Questions into the Chat Box now

Will answer as many as possible here and post FAQs online

Questions and Answers

More Questions?

 Questions regarding the grant application may be directed to Smith Worth by email at <u>Opioidinitiative@dhhs.nc.gov</u>

-Emailed questions accepted through April 16, 2018

• Frequently Asked Questions will be posted on the DMHDDSAS website <u>www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities</u>



THANK YOU!

Good luck!!