

APPLICATION FOR GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

PROGRAM DESCRIPTION

The California Department of Health Care Services, under its federal funding for the State Opioid Response “*Medication Assisted Treatment Expansion Project 2.0*” has provided funds to be distributed to county teams participating in the first cohort of *Expanding Access to MAT in County Criminal Justice Settings*. The table below provides the maximum funding allocated to each eligible county.

Maximum Funding	County
\$90,000	Humboldt
	Mariposa
	Inyo
	Yolo
\$200,000	Sacramento
	San Diego
	San Bernardino

FUNDING OBJECTIVES

Funds are intended to expedite implementation of SUD screening, assessment, treatment, and access to MAT in county jails and drug courts while local sustainable funds are secured. As each county has unique circumstance, there is flexibility in the use of funds so long as funds support the stated objective.

ELIGIBILITY REQUIREMENTS

Only one agency may apply from each team. To be responsive to unique county needs, any agency represented on the County Team is eligible to be the applicant for the funds. The Lead Agency for the project is not required to be the applicant agency for this funding.

Eligibility is contingent upon submittal of data from the county jail(s) for at least the period July - September 2019 to include all the following data elements. Full 2019 reporting is preferred but not required, and applicants should provide data for as many months as possible. This data will be tracked aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

- Average daily population
- Number of intakes
- Monthly # intakes requiring detox/withdrawal protocol for:
 - Alcohol
 - Opioids
 - Benzodiazepines
 - Methamphetamine
 - Other
- Monthly # persons withdrawn from methadone

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- Monthly # persons withdrawn from buprenorphine
- Monthly # persons withdrawn from naltrexone
- Monthly # persons continued on methadone
 - Pregnant women
 - Others
- Monthly # persons continued on buprenorphine
 - Pregnant women
 - Others
- Monthly # persons continued on naltrexone
- Monthly # persons inducted on methadone
- Monthly # persons inducted on buprenorphine
- Monthly # persons inducted on naltrexone
- Monthly # persons given Vivitrol injections
- Monthly # drug overdoses in jail
- # units of naloxone provided at release and/or to visitors

PROJECT TIMEFRAME

Application submittal	Friday, November 1, 2019 at 5:00 p.m. to your coach
Notice of funding approval	Friday, November 15, 2019
MOU issued to applicant	Wednesday, November 27, 2019
Initial funds disbursed	Upon receipt of signed MOU from County
Interim report due	Friday, May 1, 2020
Remaining funds disbursed	Upon receipt of approved interim report
Spending period	Through September 30, 2020

FUNDING DECISIONS

DHCS reserves the right to approve or deny funds under this grant and to recoup unspent funds after the grant period ends.

GRANT PAYMENTS

HMA will disburse 50% of project funds to award agencies upon receipt of signed Memorandum of Understanding (MOU) with county. Pending receipt of an acceptable interim report no later than May 1, 2020, the remaining 50% of funds will be disbursed.

SPENDING TIMEFRAME

Counties must expend awarded funds by September 30, 2020.

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ELIGIBLE EXPENSES

The following expenses are eligible for grant funds. Refer questions about other expenses to your HMA team coach.

- Salary and benefits for permanent or limited term county employees, for duties that address grant objectives.
- Staff contracted through county-approved contractors, for duties that address grant objectives
- Equipment required by employees or contractors in carrying out duties that address grant objectives. This may include computers or software.
- Professional materials related to grant objectives, including subscriptions, manuals, and reference materials.
- Training expenses related to grant objectives.
- Travel expenses for agency staff or MAT team members related to grant activities, within state allowances
- Patient education materials specific to MAT and OUD
- Indirect expenses not to exceed 5% of the grant total may be used for administration and overhead costs related to the grant.
- Cost of Sublocade or other subcutaneous or injectable MAT medications if under a pilot which includes measurable outcomes and a specific time period
- Medication safes and lock boxes
- Telehealth expenses for hardware and provider fees directly related to providing MAT
- Minor facility improvements to enable administration and safeguarding of MAT in jail or drug court
- Improvements to electronic health records such as templates and data sharing functionality related to MAT
- Hosting or conducting outreach, meetings, and other events to engage stakeholders and directly related to MAT expansion in criminal justice
 - The reasonable cost of food for such events are covered so long as the meal/refreshments are incorporated into the activity (like a working lunch)
- Promotional materials related to expanding MAT in criminal justice settings
- Other expenses approved by HMA

INELIGIBLE EXPENSES

Funds may not be used to:

- Supplant existing activities or staff assignments
- Purchase methadone, oral or sublingual buprenorphine, oral naltrexone, or naloxone
- Supplant existing Vivitrol purchases
- Purchase equipment or supplies other than as noted above
- Indirect costs in excess of 5% of the grant total
- Telehealth kiosks
- Facility improvements unrelated to those named above
- Non-FDA approved medication or devices for treating OUD
- Alcoholic beverages

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FEDERAL AND STATE OF CALIFORNIA REGULATIONS/FUNDING

Agreements are subject to the approval of and the receipt by HMA of funding from the State of California's Department of Healthcare Services (DHCS). DHCS' funding of the Expanding MAT in County Criminal Justice Program is federal pass-through money from the Substance Abuse and Mental Health Services Administration (SAMSHA), a branch of the U.S. Department of Health and Human Services

(DHSS). Accordingly, site agreements will include standard federal rules and regulations, notably 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards., and applicable rules and regulations from the State of California. HMA will incorporate the applicable federal and state rules and regulations into the terms and conditions of the agreements.

Applicants are required to adhere to the budget guidelines included in the MAT in County Criminal Justice Program Budget Template (Attachment 2). Applicants must submit their budget in the template format. Applications that do not conform to this template may not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in US Dollars. Costs should remain valid for ninety (90) calendar days from application submission.

REPORTING REQUIREMENTS

Grant recipients will be required to submit the following:

- Monthly statistics for the period October 2019 – August 2020 for the data points noted in Eligibility Requirements.
- Interim Project Status Report and Financial Report by May 1, 2020. Reporting templates will be provided.
- Final Project Report and Financial Report within 30 days of project end date.

SUBMITTAL REQUIREMENTS

Applicant must submit the following completed forms via email to the County MAT HMA coach no later than Friday November 1 at 5:00 p.m.

- Application Form
- Project Budget
- Jail Data (minimum July – September 2019)

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APPLICATION FORM

Section 1: Entity Information

Entity's Legal Name	
Doing Business As (If Applicable)	
Street Address	
City, State, Zip / Country	
Mailing Address, If Different	
Email Address	
Main Telephone Number	

Section 2: Entity Representatives

Primary Grant Director Individual leading the implementation of this grant in the county		Authorized Signatory Individual authorized to sign on behalf of the applicant entity		Contract Representative Individual responsible for agreement processing and negotiations	
Name		Name		Name	
Title		Title		Title	
Email		Email		Email	
Phone		Phone		Phone	

Section 3: Grant Proposal

Objective: State the specific objective(s) of the proposed activities.

Project activities: State the specific activities that will be funded.

Impact: Describe the precise desired impact of the proposed activities and how many persons in the jail and/or drug courts will gain increased access to MAT as a result of the activities. For activities that involve administering MAT, identify which medications will be used, the target population(s) and the number of people you will try to maintain and/or induct on MAT.

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Project oversight: Describe the oversight of these activities and how the agency and the County MAT in CJ Team will be kept apprised of project development, implementation, and outcomes.

Project Staffing: For any staffing covered by these funds, describe the following for each position

- Permanent, limited term, or contracted
- Hiring and/or contracting timeframes
- % FTE
- If contracted, describe anticipated process and prospective pool of contractors
- Location
- Supervision

Time Line and Milestones

Provide a timeline for the period January 1, 2020 (or sooner) – September 30, 2020 that includes key project activities and milestones.

Sustainability Plan

Describe intent to secure permanent funding for successful activities that arise from this grant.

SIGNATURES

Do you certify that the funding received by your organization from HMA would be allocated solely for the programmatic implementation of the Expanding MAT in County Criminal Justice Systems?

- YES NO

Do you certify that the funding received by your organization from HMA would be allocated solely to increase access to treatment for persons presenting to the jail or drug courts with opioid addiction?

- YES NO

Do you certify that the individuals listed in this application budget (including employees, independent contractors, or third-party contractors) will receive the funding as outlined?

- YES NO

Do you certify that to the best of your knowledge, the information included in this application form, budget form, and back-up documents are complete and accurate?

- YES NO

Name of Authorized Signatory

Signature

Date

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PROJECT BUDGET

Submit budget using the following table format. Add lines as necessary. Refer to sample calculations. Complete the budget narrative below the table.

BUDGET: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS				
COUNTY NAME:				
PERSONNEL				
Salary				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
Subtotal Salary				
Fringe Benefit Cost				
Position Title	Fringe Rate			Project Cost**
Subtotal Fringe Benefit				
Total Personnel (subtotal salary + subtotal fringes)				
Contractor/ Consultant				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
Total Contractor/Consultant				

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Travel Expense Person and travel description	Airfare or mileage	Lodging	Meals and other	Total Travel Cost
Subtotal Travel				
Other Cost				
Supplies				
Equipment				
Other (describe)				
Other (describe)				
Other (describe)				
Subtotal Other				
Indirect	Rate			Project Cost****
TOTAL PROJECT COST^				

* % (FTE x annualized salary)/12 months x # months

Example .8 FTE at \$60,000 per year for 7 months: (.8 x \$60,000)/12 x 7 = \$28,000

** Project cost for salary x fringe rate

Example \$28,000 project cost for example above with fringe rate 32% = \$28,000 x .32 = \$8,960

*** Contractor project cost = hours per month x # months X hourly rate

Example 80 hours per month x 7 months \$ \$125 per hour = \$7,000

**** Indirect cost = Indirect rate X cost to which it is applied

Example = Indirect rate 5% applied to personnel costs of \$130,000 = \$6,500

^ TOTAL PROJECT COST = Total Personnel + Total; Fringes + Total Contractors + Travel + Other + Indirect

Budget Narrative

- For each line in the budget, provide a narrative description of the expense, in reasonable detail.
- For travel expense, provide detail on mileage (reimbursed at state rate of \$0.545 per mile), lodging, meals, cab fare, parking, plane fare, and all other expenses.
- For Indirect, detail the expenses on which indirect costs are applied.

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JAIL DATA

- Applicants must provide data for all lines in the table below, for the period July – September 2019, at a minimum.
- A full year of data is preferred by not required. Add additional columns to report for more than six months.
- If some data elements are not available, enter NA and develop a means of collecting and reporting the element in the future.
- This data will be tracked aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

JAIL DATA REPORTING TEMPLATE						
COUNTY:	Insert month	Insert month	Insert month	Insert month	Insert month	Insert month
Average daily population						
Intakes						
Intakes requiring detox or monitoring for:						
Alcohol						
Opioids						
Benzodiazepines						
Methamphetamine						
Other						
Withdrawn from methadone						
Withdrawn from buprenorphine						
Withdrawn from naltrexone						
Continued on methadone						
Pregnant						
Not pregnant						
Continued on buprenorphine						
Pregnant						
Not pregnant						
Continued on naltrexone						
Inducted on methadone						
Inducted on buprenorphine						
Inducted on oral naltrexone						
Received Vivitrol injections						
Drug overdose (fatal and nonfatal)						
Units naloxone given to detainees and/or visitors						