



# RESOLUTION No. 21-434

## OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

### **RESOLUTION APPROVING EXECUTION OF THE MEMORANDUM OF UNDERSTANDING (MOU) WITH HEALTH MANAGEMENT ASSOCIATES (HMA) TO RELEASE UP TO \$50,000 OF GRANT FUNDS, AUTHORIZING THE BEHAVIORAL HEALTH DIRECTOR TO SIGN AND DIRECTING THE AUDITOR-CONTROLLER TO AMEND BEHAVIORAL HEALTH DEPARTMENT'S BUDGET FOR FY 2021/22. (4/5 AFFIRMATIVE VOTE REQUIRED)**

WHEREAS, Medication Assisted Treatment (MAT) is an evidence-based substance use disorder treatment that is widely used in Nevada County, through our substance use disorder providers, Federally Qualified Health Center's (FQHCs), and Nevada County's drug court programs; and

WHEREAS, the Behavioral Health Department submitted an application to Health Management Associates (HMA) for grant funding of up to \$50,000 and the application has been approved for the period of July 23, 2021 through August 31, 2022 pending the execution of this MOU; and WHEREAS, in order to receive the grant funds, a MOU must be signed by the Behavioral Health Director.

WHEREAS, the purpose of the MOU is to expand access to medication assisted treatment of opioid addiction in the county's jail and to provide jail to community linkage and follow up to MAT beneficiaries.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Memorandum of Understanding (MOU) between the Nevada County Behavioral Health Department and Health Management Associates be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors hereby authorizes the Nevada County Director of Behavioral Health to execute the MOU on behalf of the County of Nevada.

BE IT FURTHER RESOLVED that the Auditor-Controller is authorized and directed to amend Behavioral Health's budget as follows:

#### Fiscal Year 2021-2022

Revenue:	1589-40105-493-7831/440530	\$50,000
Expenditure:	1589-40105-493-7831/521520	\$50,000

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 12th day of October, 2021, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None..

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER  
Clerk of the Board of Supervisors

By: 

  
Dan Miller, Chair

10/12/2021 cc: BH\*  
AC\*

# California Medication Assisted Treatment Expansion Project 2.0

## Memorandum of Understanding

MOU Number: 2021-015

Contract Title: Implementation Grant: MAT in County Criminal Justice Settings

THIS AGREEMENT (the "**Agreement**"), shall be effective this July 23, 2021 through August 31, 2022 (the "**Term**").

BY AND BETWEEN Nevada County Behavioral Health (the "**Applicant Agency**") and Health Management Associates, Inc. (the "**Sub-Recipient**" and, together with Applicant Agency, the "**Parties**" and each a "**Party**"), created under laws governing the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration ("**SAMHSA**") and the State of California, Department of Health Care Services ("**DHCS**").

WHEREAS, the Sub-Recipient is the subrecipient of the State Targeted Response to the Opioid Crisis Grant awarded by SAMHSA to DHCS (the "**State Opioid Response Grant**") pursuant to an agreement between DHCS and the Sub-Recipient (the "**DHCS Agreement**");

WHEREAS, under the DHCS Agreement, Sub-Recipient will distribute grants of varying amounts from the State Opioid Response Grant to each participating California county, for the purpose of implementing specific and approved strategies to expand access to medication assisted treatment of opioid addiction in the county's jail(s) and drug court(s) (the "**Distribution Purpose**").

In consideration of the mutual promises and covenants contained herein, the Parties agree as follows:

1. GRANT AMOUNT AND INTENT: Nevada County Behavioral Health has opportunity to receive up to \$50,000.00 from the Sub-Recipient under the STR Opioid Grant and DHCS Agreement to achieve the following objectives and activities:
  - Continue to build outcome measures to track MAT recipient's engagement in community treatment and recidivism upon release
  - Increase naloxone distribution to persons in the justice system
2. APPLICANT AGENCY OBLIGATIONS: To be eligible to receive the funds specified in Section 1, the Applicant Agency must comply with the requirements of this Agreement, including any participation requirements contained in *Exhibit A: Application for Grant Funds: Expanding Access to MAT in County Criminal Justice Settings*, the State Opioid Response Grant, and the Sub-Recipient Agreement (which are provided in a separate document and incorporated as part of this Agreement) and any applicable federal, state, and local laws. Applicant Agency is expected to spend any funds received under this Agreement by August 31, 2022.  
Applicant Agency must submit the following, as specified in Exhibit A: (a) monthly jail MAT statistics submitted quarterly; (b) an Interim Project Status Report and Financial Report; and (c) a Final Project

Report and Financial Report within 30 days following the project end date. The Sub-Recipient will provide the Applicant Agency with a template Interim Project Status Report.

The Applicant Agency identifies the following entity information and representatives:

Entity's Legal Name	Nevada County Behavioral Health
Doing Business As (if applicable)	
Street Address	950 Maidu Avenue
City, State, Zip	Nevada City, 95959
Mailing Address, if different	

<b>Primary Grant Director</b>	<b>Authorized Signatory</b>	<b>Contract Representative</b>
<i>Individual leading implementation of the grant</i>	<i>Individual authorized to sign on behalf of applicant agency</i>	<i>Individual responsible for agreement processing and negotiation</i>
Suzanne McMaster	Phebe Bell	Suzanne McMaster
Behavioral Health Program Manager	Behavioral Health Director	Behavioral Health Program Manager
Suzanne.mcmaster@co.nevada.ca.us	Phebe.bell@co.nevada.ca.us	Suzanne.mcmaster@co.nevada.ca.us
(530) 470-2418	(530) 470-2418	(530) 470-2418

3. DISTRIBUTION OF FUNDS: The Sub-Recipient will distribute 50% of the full grant amount (\$25,000.00) to the Applicant Agency following execution of this Agreement and upon receipt of funds from DHCS. The second half of the grant will be paid on receipt of a satisfactory Interim Grant Report from the Applicant Agency, due January 15, 2022. If the Sub-Recipient, in its sole discretion, determines that the Applicant Agency has not fulfilled the requirements of this Agreement, then Sub-Recipient shall withhold the second distribution of funds to the Applicant Agency.
4. REPAYMENT OF FUNDS: In the event the Applicant Agency spends funds distributed under this Agreement in a manner inconsistent with the Distribution Purpose or otherwise is violation of this Agreement, the Applicant Agency agrees to repay the Sub-Recipient any funds distributed under this Agreement.
5. RECORDKEEPING; REPORTING; AUDIT AND AVAILABILITY OF APPLICANT AGENCY RECORDS: The Applicant Agency shall keep such records as necessary to demonstrate compliance with this Agreement. The Applicant Agency shall submit reports in such quantity and frequency as determined by the Sub-Recipient demonstrating its compliance with the requirements of this Agreement. The Parties agree that to comply with audit provisions applicable to federal subrecipients under 45 C.F.R. § 75.216 and under the DHCS Agreement. If applicable, the Applicant Agency will complete and submit such documentation requested by the Sub-Recipient to assure compliance with any applicable audit requirements. The Applicant Agency agrees to retain all books, records, and other documents relative to this Agreement for at least three (3) years following final payment under this Agreement, unless any litigation, claim, financial management review, or audit is started before the expiration of the three (3)-year period, in which case the records must be retained until all litigation, claims, or audit findings

involving the records have been resolved and final action taken. The Applicant Agency agrees to make such records available for review to the Sub-Recipient, SAMHSA, the Office of Inspector General for the United States Department of Health and Human Services, the Comptroller General of the United States, DHCS, or any of their respective authorized representatives.

6. NOTICE: All notices, requests, consents, claims, demands, waivers, and other communications hereunder (each a "Notice") shall be in writing and addressed to: (a) Sub-Recipient at 120 North Washington Square, Suite 705, Lansing, MI 48933; or (b) the Applicant Agency at 950 Maidu Avenue, Nevada City, 95959. The Parties may update their respective addresses from time to time by providing a Notice in accordance with this Section. All Notices shall be delivered by personal delivery, nationally recognized overnight courier (with all fees prepaid), facsimile or email (with confirmation of transmission), or certified or registered mail (in each case, return receipt requested, postage prepaid). Except as otherwise provided in this Agreement, a Notice is effective only if (a) the receiving Party has received the Notice and (b) the Party giving the Notice has complied with the requirements of this Section.
7. LIABILITY. Each Party is responsible for its own acts or omissions and the negligent acts and omission of its respective employees, personnel, and agents, to the greatest extent allowed by law. The Applicant Agency shall promptly notify the Sub-Recipient of any claim against the Applicant Agency that relates to the Applicant Agency's performance under this Agreement.
8. DEBARMENT AND SUSPENSION. The Applicant Agency certifies, to the best of its knowledge and belief and after reasonable due diligence, that its principles and key personnel:
  - a. Are not presently suspended, debarred, declared ineligible, or voluntarily excluded from eligibility for covered transactions by any Federal department or agency;
  - b. Within the three (3)-year period preceding the execution of Agreement, have not been convicted of, or had a civil judgment rendered against them for:
    - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction;
    - ii. Violation of a Federal or State antitrust statute;
    - iii. Embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
    - iv. False statements or receipt stolen property.
  - c. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated above.
  - d. Within a three (3)-year period preceding the execution of this Agreement, have not had any public transaction (Federal, State, or local) terminated for cause or default.
9. ENTIRE AGREEMENT: This Agreement, together with any other documents incorporated by reference, including Exhibit A, constitutes the sole and entire agreement of the Parties to this Agreement with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter.
10. AMENDMENT: This Agreement may only be amended, modified, or supplemented by an agreement in writing signed by each Party to this Agreement, and any of the terms thereof may be waived, only



IN WITNESS WHEREOF, each of the Parties has caused this MOU Agreement 2021-015 to be executed by its duly authorized representative on the day and year written below:

**APPLICANT AGENCY:**

**Nevada County Behavioral Health**

By: *Phebe Bell*  
Phebe Bell (Oct 13, 2021 14:40 PDT)  
(SIGNATURE)

Name: Phebe Bell

Title: Behavioral Health Director

Date: Oct 13, 2021

**SUB-RECIPIENT:**

**HEALTH MANAGEMENT ASSOCIATES, INC.**

By: *Kelly Johnson*  
Kelly Johnson (Oct 14, 2021 12:18 EDT)  
(SIGNATURE)

Name: Kelly Johnson

Title: Chief Administrative Officer

Date: Oct 14, 2021

## APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

### PROGRAM DESCRIPTION

The California Department of Health Care Services (DHCS), under its federal funding for the State Opioid Response “*Medication Assisted Treatment Expansion Project 2.0*” has provided funds to be distributed to all county teams participating in the project *Expanding Access to MAT in County Criminal Justice Settings*. Funds are provided under DHCS’s SOR 2 project for the period February 2021 – August 2022. The table below provides the maximum funding allocated to each eligible county.

\$80,000	\$70,000	\$60,000	\$50,000
Alameda	Kern	Humboldt	Del Norte
Contra Costa	Monterey	Imperial	Inyo
Fresno	Placer	Kings	Lassen
Orange	Santa Barbara	Marin	Mariposa
Riverside	Ventura	San Luis Obispo	Mendocino
Sacramento		Santa Cruz	Mono
San Bernardino		Shasta	Nevada
Santa Clara		Yolo	Plumas
			Siskiyou
			Sutter
			Tehama

### GRANT APPLICATION AND ADMINISTRATION

- Applications may be submitted at any time through June 30, 2021.
- Grant decisions will be made within 14 days of receipt of application.
- A Memorandum of Understanding (MOU) will be issued between Health Management Associates and the grantee within 7 days of grant approval.
- 50% of grant award will be paid upon receipt of a fully executed MOU.
- Remainder of award will be paid on receipt of satisfactory interim report as specified in the MOU and contingent on submittal of quarterly Jail MAT data.
- Grant funds must be spent by August 31, 2022.

**In order to expedite approval of MOU by County Board of Supervisors (if applicable), applicants are strongly encouraged to provide Boards with “intent to fund” information when applications are submitted and to take any other steps that can expedite local approval.**

### FUNDING OBJECTIVES

Funds are intended to expedite program maturation and sustainability of local access to MAT and other treatments for Opioid Use Disorder and Stimulant Use Disorder through jails, drug courts, and the local justice system. Funding priorities include:

- Improving withdrawal management in jails to comply with ASAM guidelines
- Increasing naloxone distribution to persons in justice system



## APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

- Building outcome measures to track MAT recipient's engagement in community treatment and recidivism upon release
- Building jail and/or court-based treatment and contingency management programs for stimulant users
- Increasing access to MAT and stimulant assessment and treatment for persons with co-occurring Serious Mental Illness (SMI)
- Continuation of current MAT expansion activities while sustainable funding is secured

As each county has unique circumstances, there is flexibility in the use of funds so long as funds support the stated objective and meet federal and state funding restrictions.

### 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.

An entity from any participating county is **only eligible for this grant if the jail has submitted all required jail MAT data from January 2020 through the month ending 30 days prior to this grant application submittal**. Data must include all the elements included in the table provided in this application. Jail MAT data reporting form is included in the application. This data will be aggregated and tracked across jails, and no jail identifiers will appear in any use of this data.

Eligibility is contingent upon the following:

- 1) Submission of completed county team application
- 2) Confirmation by assigned coach of:
  - a. county core team members' agreement to team participation;
  - b. agreement among team members on implementation plan and use of grant funds;
  - c. reasonable implementation/action plan with dates, deliverables, and responsible parties
- 3) Data provided by county jail(s) as specified above.

### FUNDING DECISIONS

HMA and DHCS reserve the right to approve or deny funds under this grant and to recoup unspent funds during the grant period if reporting requirements are not met and after the grant period ends.

### ELIGIBLE AND INELIGIBLE EXPENSES

Refer to the communication from DHCS appended within this document regarding eligible and ineligible expenses under this grant. All information from DHCS is applicable to this grant with one exception:

Grantees may claim up to 10% indirect cost under this grant, as opposed to the 5% allowance in the DHCS communication. This is reflected in the budget form.

### 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

## APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

(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.

### SUBMITTAL REQUIREMENTS

Applicants must submit the following completed forms via email to the HMA coach any time through June 30, 2021.

- Application Form
- Project Budget
- Monthly Jail MAT Data

Coaches will send a confirmation email upon receipt of the application.



**California Medication Assisted Treatment Expansion Project:**  
**Allowable Expenditures**  
*Updated September 2020*

The following information is intended to provide California Medication Assisted Treatment (MAT) Expansion Project contractors with a general list of allowable activities and expenditures under California's State Opioid Response (SOR) grant. For information on what is allowable under federal grants, please see 45 CFR Part 75. For questions regarding specific allowable and unallowable activities and expenditures, please email us at [DHCSMATExpansion@dhcs.ca.gov](mailto:DHCSMATExpansion@dhcs.ca.gov).

**Terms & Conditions of SOR Grant Funding**

- Grant funds should only be used when no other funding source exists. Grant funds for allowable expenditures can only be utilized for: (1) services directly attributable to the MAT Expansion Project; (2) services to individuals who are not covered by public or commercial health insurance plans; (3) services to individuals whose coverage has been formally determined to be unaffordable; or (4) services that are not sufficiently covered by an individual's health insurance plan. Expenditures for services only partially attributable to the SOR grant must have sufficient rationale identifying cost-sharing allocations.
- SOR funds may only be utilized to provide services to patients that specifically address stimulant or opioid misuse issues. If either a stimulant or opioid misuse problem (history) exists concurrently with other substance use, all substance use issues may be addressed. Individuals who have no history of or no current issues with stimulants or opioids misuse shall not receive treatment or recovery services with SOR grant funds.
- No more than 5 percent of the total grant award may be used for administrative and infrastructure development costs. In addition, no more than 2 percent of the total grant award may be used for data collection and reporting. This is in addition to the 5 percent administrative and infrastructure development costs, which may also include data collection.
- Organizations receiving SOR funds may not 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 disorder. 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.
- Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at [pcssnow.org](http://pcssnow.org). No funding may be used to procure DATA waiver training by recipients or subrecipients of SOR funding, or to incentivize eligible providers to receive this training.
- Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders.
- Contingencies may be used to reward and incentivize treatment compliance with a

maximum contingency value being \$15 per contingency. Each patient may not receive contingencies totaling more than \$75 per year of his/her treatment.

- Telehealth services and infrastructure are allowable expenses under the grant. Any infrastructure costs must be dedicated to provider telehealth infrastructure. No funding can be allocated to purchasing telehealth equipment for patients, or loaning funds/ equipment to patients for the purpose of providing telehealth services.

## Allowable & Unallowable Costs

### Personnel

Allowable	Unallowable
<ul style="list-style-type: none"> <li>• Salaries and fringe benefits for any staff serving patients or managing grant funds or activities. Positions may include: <ul style="list-style-type: none"> <li>○ Physician, NP, PA or other prescribing provider</li> <li>○ Nurse</li> <li>○ Counselor</li> <li>○ Case manager/care coordinator</li> <li>○ Peer Support Specialist</li> <li>○ Program Director</li> <li>○ MAT Support Team Staff</li> <li>○ Administrative staff</li> </ul> </li> <li>• Reference manuals and tools used for personnel and community education</li> <li>• Time/expenses related to data collection activities (up to 2 percent of total grant award)</li> </ul>	<ul style="list-style-type: none"> <li>• Salaries and fringe benefits to personnel not performing MAT Expansion Project activities</li> <li>• Salaries and fringe benefits for personnel performing both grant activities and non-grant activities without sufficient documentation (i.e. payroll records, paystubs, and job descriptions clearly identifying cost-sharing methodologies)</li> </ul>

### Treatment Services for Un/Under-Insured Patients

Allowable	Unallowable
<ul style="list-style-type: none"> <li>• FDA approved medications for Opioid Use Disorder (OUD): <ul style="list-style-type: none"> <li>○ Methadone</li> <li>○ Buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations</li> <li>○ Naltrexone products including extended-release and oral formulations</li> </ul> </li> <li>• FDA-approved medications or devices for withdrawal management</li> <li>• Naloxone at Public Interest Price where no other funding source exists (Public Interest Price: \$75/unit). Naloxone can be requested through the <u>Naloxone Distribution Project</u> if</li> </ul>	<ul style="list-style-type: none"> <li>• Non-FDA approved medications</li> <li>• Non-FDA approved devices</li> <li>• Services or medications for patients who are covered by other funding sources (e.g., Medi-Cal, private insurance).</li> <li>• Direct payments to individuals to induce their entry into treatment or continuation in treatment. It is unallowable to provide an “undue inducement” that removes the voluntary nature of participation in treatment.</li> </ul>

<p><u>you are unable to procure naloxone through another funding source.</u></p> <ul style="list-style-type: none"> <li>• HIV, hepatitis C testing</li> <li>• Hepatitis A &amp; B testing, vaccination</li> <li>• Services for incarcerated patients with OUD or stimulant use disorder</li> <li>• Residential treatment for patients with OUD or stimulant use disorder</li> <li>• Evidence-based contingency management approaches, including incentives, drawings, vouchers, etc. Cost limit of \$15 per contingency with a cap of \$75 per patient per year</li> <li>• Any allowable services or activities provided via telehealth</li> <li>• Urine drug screening/testing costs</li> <li>• Any other services or activities for SUD treatment not covered/not sufficiently covered by the individual's insurance--contact your DHCS program analyst for approval.</li> </ul>	
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#### Infrastructure

Allowable	Unallowable
<ul style="list-style-type: none"> <li>• Purchase or upgrades related to provider telehealth systems. Examples include: <ul style="list-style-type: none"> <li>○ Hardware to be used by providers, such as: desktops, monitors, laptops, tablets, servers, and webcam</li> <li>○ Software and Broadband subscriptions</li> <li>○ Improvements to electronic health records, adding electronic forms, and other data infrastructure</li> </ul> </li> <li>• Purchase or upgrades related to virtual meeting platforms</li> <li>• Minor Alterations and Renovations (A&amp;R), which is defined as work that changes the interior arrangement or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designed purpose or adapted to an alternative use to meet a programmatic requirement. A&amp;R may include work referred to as improvements, conversion, rehabilitation, or remodeling. <ul style="list-style-type: none"> <li>○ Minor A&amp;R examples include: <ul style="list-style-type: none"> <li>○ Dispensing Window addition or improvement</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Purchase or loan of telehealth equipment to patients is an unallowable expense.</li> <li>• Infrastructure costs exceeding \$75,000</li> <li>• New facility construction, facility expansion, or major A&amp;R where the total Federal and non-Federal costs, excluding moveable equipment (equipment that is not permanently affixed), exceeds \$500,000.</li> <li>• Facility improvements unrelated to the expansion of OUD prevention, treatment, and recovery services</li> <li>• Facility improvements to building foundation, roofing, heating and air conditioning, or other structural improvements</li> <li>• Purchase of building</li> <li>• Telehealth infrastructure: <ul style="list-style-type: none"> <li>○ Structural development to integrate broadband lines</li> <li>○ Telehealth kiosks</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ Minor internal office infrastructure, such as adding walls or doors to house personnel</li> </ul>	
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### Outreach & Engagement

Allowable	Unallowable
<ul style="list-style-type: none"> <li>• Patient outreach/engagement activities and resources.</li> <li>• Costs of meetings, conventions or other events related to MAT Expansion Project operations</li> <li>• Outreach/presentations to community agencies, local organizations, law enforcement, etc.</li> <li>• Costs related to operation of local opioid coalitions.</li> <li>• Advertising costs directly related to contracted services.</li> </ul>	<ul style="list-style-type: none"> <li>• Costs of meetings, conventions or other events not related to MAT Expansion Project operations</li> <li>• Costs of promotional items and memorabilia, including models, gifts, and souvenirs related to other activities of the entity</li> <li>• Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense</li> <li>• Sporting events and entertainment</li> <li>• Alcoholic beverages</li> </ul>

### Miscellaneous

Allowable	Unallowable
<ul style="list-style-type: none"> <li>• Patient incentives for completing GPRA surveys are allowable up to \$30 non-cash incentive. Incentives are only allowable for 6-month follow-up interviews or discharge interviews for clients who have dropped out or left the program.</li> <li>• Medical equipment necessary to project operation.</li> <li>• Medication safes to store MAT medications.</li> <li>• Medication safes or lockboxes for patients</li> <li>• Travel reasonably incurred for the MAT Expansion Project paid at the State rate (<a href="#">State travel reimbursement rates</a>)</li> <li>• Patient transportation, such as bus passes, taxis, and ride-sharing services</li> <li>• Office supplies critical to project operation</li> <li>• Furniture necessary to project operation, such as additional desks, office chairs, and other minor equipment.</li> <li>• Detera pouches used to deactivate medications for disposal.</li> </ul>	<ul style="list-style-type: none"> <li>• Fentanyl testing strips</li> <li>• Travel unrelated to MAT Expansion Project operations</li> <li>• Travel costs in excess of the State rate</li> <li>• Purchasing vehicles to disperse MAT to patients</li> <li>• Supplies, equipment, or furniture for use in non-contract operations of the entity</li> <li>• Automated External Defibrillators (AED)</li> <li>• Natural remedies (herbs, acupuncture, and other therapies)</li> </ul>

# APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

## APPLICATION FORM

### Section 1: Entity Information

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

### Section 2: Entity Representatives

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

### Section 3: Current Jail MAT Team Roster

List all current team members so HMA contact list can be accurate

<b>Name</b>	<b>Title</b>	<b>Agency</b>	<b>Email</b>

### Section 4: Grant Proposal

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

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



## APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

**Impact:** Describe the precise desired impact of the proposed activities and how many persons with OUD or Stimulant Use Disorder in the jail and/or drug courts will benefit as a result of the activities.

**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.

### **Action Plan/Timeline and Milestones**

Provide a timeline for the proposed project period 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 or Stimulant Use Disorders?

☐ 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



APPLICATION FOR SOR 2 GRANT FUNDS:  
EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

**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				
<b>COUNTY NAME:</b>				
<b>PERSONNEL</b>				
<b>Salary</b>				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
Subtotal Salary				
<b>Fringe Benefit Cost</b>				
Position Title	Fringe Rate			Project Cost**
Subtotal Fringe Benefit				
<b>Total Personnel (subtotal salary + subtotal fringes)</b>				
<b>CONTRACTOR/CONSULTANT</b>				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
<b>Total Contractor/Consultant</b>				

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TRAVEL EXPENSE	Airfare or mileage	Lodging	Meals and other	Total Travel Cost
Person and travel description				
<b>Total Travel</b>				
MEDICATION NAME				
Medication name	Unit cost	# Units		Total
<b>Total Medication Cost</b>				
OTHER COST				
Supplies				
Equipment				
Other (describe)				
Other (describe)				
Other (describe)				
<b>Total Other Cost</b>				
<b>INDIRECT (may not exceed 10%)</b>	Rate			Project Cost****
<b>TOTAL PROJECT COST^</b>				

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

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

\*\* Project cost for salary x fringe rate

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

\*\*\* 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 10% applied to personnel costs of \$130,000 = \$13,000

^ TOTAL PROJECT COST = Total of Yellow boxes: Personnel, Contractors, Travel, Medications, Other, and Indirect

## APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

### Budget Narrative

- For each line in the budget, provide a narrative description of the expense, in reasonable detail.
  - For 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
- 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.

# APPLICATION FOR SOR 2 GRANT FUNDS: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SETTING

## JAIL MAT DATA

To be eligible for this grant, the jail in the county must have submitted all Jail MAT data for the period January 2020 through the month ending 30 days prior to this grant application submittal. The team's HMA coach can validate what data has been received. Use the table below and add months as necessary.

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:	month	month	month	month	month	month
Average daily population						
Intakes						
Intakes requiring detox or monitoring for:						
Alcohol						
Opioids						
Benzodiazepines						
Other						
Detainees reporting methamphetamine/ stimulant use at intake						
Detainees Withdrawn from MAT						
Withdrawn from methadone						
Withdrawn from buprenorphine						
Withdrawn from naltrexone						
Detainees continued on MAT						
Continued on methadone						
Pregnant						
Not pregnant						
Continued on buprenorphine						
Pregnant						
Not pregnant						
Continued on naltrexone						
Detainees inducted on MAT						
Inducted on methadone						
Inducted on buprenorphine						
Inducted on oral naltrexone						
Inducted on Vivitrol						
Other						
Drug overdose (fatal and nonfatal)						
Units naloxone given to detainees and/or visitors						
Naloxone overdose reversals in custody						
# X-Waivered providers in jail						