**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Care and Treatment Services

F-02122 (08/2023)

**GRANT FUNDING REQUEST**

**OPIOID AND STIMULANT UNMET TREATMENT NEEDS**

Return this completed request to [DHSDCTSBPTRFundingOpportunities@dhs.wisconsin.gov](file:///C%3A%5CUsers%5CSchulKF%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CBRQ0WJDF%5CDHSDCTSBPTRFundingOpportunities%40dhs.wisconsin.gov).

The purpose of the Opioid and Stimulant Unmet Treatment Needs Program under State Opioid Response grant funding is to increase access to the Food and Drug Administration approved medications for opioid use disorder, to reduce the number of individuals waiting for opioid use disorder treatment, and to reduce opioid overdose-related deaths by supporting a continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder. This program also supports evidence-based prevention, harm reduction, treatment, and recovery support services to address stimulant use disorders and other co-occurring substance use disorders.

Grant funds may not be used by agencies which would deny any eligible person access to their program because of the person’s use of Food and Drug Administration approved medications for opioid use disorder. Grantees must assure that people will not be compelled to stop use of a medication for opioid for disorder as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.

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| County or Tribal Nation Name: |       |

1. To assure grant maintenance of effort requirements, tribal nations and counties must report data on the total number of people with substance use disorder served in the prior year. Tribal nations should indicate their data source. Counties must report data from the Program Participation System.

Number of people served with substance use disorder in calendar year **2022** and source of this data.

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Total estimated **dollars** spent serving people with substance use disorder in calendar year **2022.**

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1. All Substance Abuse and Mental Health Services Administration (SAMHSA) discretionary grant recipients are required to collect and report data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. **The data collection specified by SAMHSA is a required component of the grant**. Compliance with this requirement will be monitored throughout the performance of the grant. Provide the following information:

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| **Projected Number of Unduplicated Individuals to be Served with Grant Funds** |
| **Service** | **9/30/2023 – 9/29/2024** |
| Treatment Services (GPRA-required) |       |
| Recovery Support Services (GPRA-required) |       |
| Prevention Services and/or Harm Reduction Services (if applicable) |       |
| Total individuals served under treatment and recovery services(These should be unduplicated individuals. For example, if an individual receives treatment services and receives recovery support services, they only receive one GPRA.) |       |

1. Total estimated number of **unduplicated** individuals with opioid and/or stimulant use disorder waiting for services and the date the estimated number was reported.

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| **# Unduplicated Individuals** | **As reported on (date)** |
|       | Date: |       |

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Grantees must use evidence-based treatments, practices, and interventions for opioid use disorder and stimulant use disorders. SAMHSA requires that medications for opioid use disorder be made available to those diagnosed with opioid use disorder. Medications for opioid use disorder include methadone, buprenorphine products, and injectable extended-release naltrexone. Grantees must offer a minimum of two medications for opioid use disorder. **(Offering a referral only without funding to a provider of medications for opioid use disorder *does not count* as offering a form of medication for opioid use disorder. Grantees must directly fund medication for opioid use disorder services either provided on-site by agency staff or via contract with a provider of medications for opioid use disorder).**

In addition to treatment services, grantees are encouraged to employ effective recovery support services and provide prevention and harm reduction services to support a full continuum of care.

Describe how service delivery models that meet the above requirements regarding medications for opioid use disorder will be implemented. If applicable, describe the current efforts or the planned efforts during the project period to expand access to medications for opioid use disorder by using any of the following:

* + Providing a third form of medications for opioid use disorder
	+ Pursuing additional partnerships with prescribers of medications for opioid use disorder
	+ Increasing collaboration with provider organizations, etc.

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To mitigate the risk of fraud and abuse, while also promoting evidence-based practices, grantees who plan to implement contingency management interventions as part of this grant award will be required to implement contingency management to fidelity. To ensure fidelity to evidence-based practices, staff who will implement, administer, and supervise contingency management interventions are required to undergo contingency management training prior to implementing contingency management. This training will be provided at no cost to grantees through the Promoting Best Practices in Substance Use Disorder Treatment Training Program. Grantees interested in implementing contingency management to fidelity should include incentives in their budget. Individuals may not receive incentives totaling more than $75 per budget period. The contingency amounts are subject to change.

If applicable, describe what evidence-based practices, such as the Matrix Model and/or the contingency management model, are currently being used or planned to be used to treat people with stimulant use disorders. Indicate if the recipient would benefit from training and technical assistance related to evidence-based practices for stimulant use disorders.

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1. Describe how people find out about services and what outreach and engagement methods are used to increase access to services.

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1. Describe any service limitations that may exist to meet an individual’s needs, as determined by the individual’s assessment and level of care.

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1. Describe how your program will work to minimize wait list times and how your program intends to overcome any subcontractor, staffing, capacity, or other barrier that contributes to wait list times.

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1. Identify the unmet treatment service needs and critical gaps in the service system across diverse populations, including underserved populations as defined in [Executive Order 13985](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/) (examples: racial/ethnic minorities, LGBTQI+, older adults, disabled)

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1. Describe how the needs of diverse and underserved populations will be identified, the targeted approach to expanding access to care for these individuals, and the strategies and activities that will be incorporated to address and promote behavioral health equity.

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1. Describe the plan to provide treatment transition and coverage for individuals re-entering communities from criminal justice settings or other rehabilitative settings.

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1. If applicable, describe how your program will implement community recovery support services, such as:
	* Peer supports
	* Recovery coaches
	* Vocational training
	* Employment support
	* Transportation
	* Recovery Community Organizations

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[Recovery houses](https://www.dhs.wisconsin.gov/guide/recovresdir.pdf)/residences are one component of the substance use disorder treatment and recovery continuum of care. While recovery houses/residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses/residences are safe, healthy, family-like, and substance-free living environments that support individuals in recovery from substance use. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration for treatment of opioid use disorder as well as other medications with Food and Drug Administration approved indications for the treatment of co-occurring health conditions.

Provide the following information:

* If applicable, describe the mechanism(s) in place to assure that a recovery housing facility/residence supports and provides individuals access to evidence-based treatment, including all forms of medications for opioid use disorder, in a safe and appropriate setting.
* If applicable, describe how recovery houses/residences supported under this grant is an appropriate and legitimate facility (example: state, or other credentialing or certification or an established or recognized model).
* If applicable, describe how the recovery houses/residences supported under this grant will be compliant with [Wis. Stat. § 46.234](https://docs.legis.wisconsin.gov/statutes/statutes/46/234) as a registered facility.

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1. If applicable, describe how your program uses and plans to educate the community on harm reduction and distribute tools such as naloxone and fentanyl test strips.

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