

**North Carolina
Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities, and Substance Abuse
Services**

REQUEST FOR APPLICATION

Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)

Questions and Answers

Question: Are you requiring hand written signatures for the letters of commitment?

Answer: Electronic signatures will be accepted for letters of commitment as long as the letter is relevant to the PDO project and is on the letterhead of the partnering agency.
No "canned" letters of commitment will be accepted.

Question: Are there any other documents that require handwritten signatures?

Answer: No, handwritten signatures are preferred but not required.

Question: Can salary be paid out of these funds?

Answer: Yes, PDO funds may be used to support personnel costs

Question: What if our collective/coalition/agency does not have the money to start the project/what if a reimbursement schedule does not work for us?

Answer: The state is only able to provide funds on a reimbursement basis. Your collective/coalition is welcome to utilize a fiscal agent to receive PDO funds.

Question: Does this grant allow for indirect cost?

Answer: Indirect costs are allowed as long as the total proposed budget does not exceed \$50,000. If requesting indirect funds, applicants should plan to utilize the 10% de minimis indirect rate.

Question: Do you know if multiple agencies/organizations in the same county are applying?

Answer: We are currently not aware of any agency's intent to apply. We encourage potential applicants to communicate with other entities in their county who are eligible for PDO funding.

Question: Will we receive a copy of the webinar recording?

Answer: A copy of the recording will be made available to everyone who registered for either of the PDO webinars. We have also included the link to the recording here.

<https://ncpreventionta.zendesk.com/hc/en-us/articles/6047720514701-Prescription-Drug-Overdose-Grant-RFA-Webinar>

Question: Is it ok to alter the dates on the cover form or will there be an updated one?

Answer: While we will try to reissue an RFA with the correct dates, we will allow applicants to alter the cover letter to reflect the updated dates.

Question: Can health departments apply?

Answer: Health departments are eligible to apply for this funding opportunity.

Question: Can part time staff be hired with this funding?

Answer: Yes, PDO funds may be used to support personnel costs.

Question: Can you choose one objective/activity to focus on or is it required to complete all?

Answer: While applicants are not required to complete all of the implementation activities, we strongly encourage applicants to select a variety of activities to implement with PDO funding. We will prioritize applicants who demonstrate the capacity and readiness to meet the data collection requirements and whose projects support the overall goals and objectives of the PDO project.

Question: Can you start with goals A/B in year one and then complete others in upcoming years?

Answer: You do not have to implement all of your planned activities beginning in year one; however, you will need to demonstrate your reasoning for delaying implementation of activities beyond the first year. You will also need to outline your plans for building community capacity and readiness to implement activities with a delayed start.

Question: Could you provide clarification on provider trainings?

Answer: Prescriber and dispenser education training includes, but is not limited to, face to face and/or virtual training, online modules, and academic detailing. Training should be made available to physicians, pharmacists, dentists, and any other healthcare professionals who prescribe or dispense an opioid. Both the NC Governor's Institute and the NC Area Health Education Centers have provided these trainings to communities in the past.

Question: We are a public health authority that sees patients from other counties. Our existing harm reduction program serves many participants in a county that is not eligible for PDO funding. Would we be able to serve those individuals or train first responders/medical professionals in that county under this funding?

Answer: No. PDO funding may only be used to support initiatives in eligible counties.

Question: Is there a formal definition/requirement of an ATOD prevention agency?

Answer: For the purposes of the PDO project, an ATOD prevention agency is defined as an agency that receives ATOD prevention funding to prevent the use of alcohol, tobacco and other drugs in communities through the implementation of primary prevention strategies.

Question: Do all four of the eligibility criteria have to be met in order to apply for funding?

Answer: If your county is in the list of eligible counties in Section 1.2 A on page 2 of the RFA, then you are eligible to apply. Any communities NOT listed on that page are NOT eligible to apply.

Question: Can you define what it means to receive treatment?

Answer: For the purposes of the PDO project, treatment is defined as a single or any combination of recognized best practices to help an individual recover from opioid use disorder. Best practice includes, but is not limited to: medications for opioid use disorder (MOUD); behavioral therapies and counseling, such as individual, group and family therapy, as well as more intensive outpatient services; hospital inpatient treatment; residential treatment; and detoxification (with appropriate medications to abate withdrawal symptoms, if indicated, and engagement in continuing care). Addiction is a chronic medical condition with myriad and varied physical and psychological effects; treatment should therefore be individualized and ongoing for potentially long periods of time.

*Please note that while one of the allowable implementation activities is to make referrals to treatment/recovery services, **SAMHSA does NOT allow PDO funding to be used to directly pay for any treatment or recovery services for individuals.** For more information on funding restrictions, please see the 45 CFR part 75 which can be found here:*

<http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>

Question: Do we have to address every goal with the grant or do we choose which ones we want to address?

Answer: While you are not required to address every goal of the PDO grant, we strongly encourage applicants to implement activities that address each goal in some capacity.

Question: Is there some sort of baseline list where we can see who is already trained on overprescribing?

Answer: We are not aware of a baseline list of providers and dispensers trained on overprescribing. However, we can obtain information from previous prescription drug

grants and/or local AHECs as needed. All eligible PDO grant counties may not have a list readily available.

Question: How are we measuring the increase in secure medication storage? By number of lockboxes/locking pouches distributed?

Answer: The number of lockboxes and locking pouches distributed is one way that you will measure the increase in secure medication storage. Sites will be working with the data collection and evaluation team to determine other methods of capturing this information.

Question: Can we use the funds to work with EMS to place naloxone inside AED boxes in the community?

Answer: This is a great idea! We will be working with funded communities and our evaluation team to ensure that proposed implementation activities are compliant with federal funding guidelines and allow us to capture the required data for funders.

Question: Can we purchase any form of naloxone with these funds? Nasal, IM, auto-injector, Kloxxado 8mg nasal?

Answer: Naloxone is an allowable purchase with PDO funding.

Question: Does “distribute naloxone to at least 25% of locations with attempted reversals every year” include community members who have attempted reversals? Can we provide naloxone directly to community members who have attempted reversals in the past?

Answer: This grant may include community members who have had attempted reversals. It is encouraged to use funding to increase access to naloxone to individuals in high need communities which would include individuals with a history of overdose events.

Question: Can we distribute naloxone to anyone in the community who wants it? Any businesses who want it on hand, and wish to be trained? Something similar to businesses who require people to be trained in CPR, but instead, require their employees to be trained in naloxone use and opioid OD rescue breathing, etc.

Answer: Our funding to purchase naloxone is limited and priority should be given to training first responders and distributing naloxone to first responders and community members at high risk of experiencing overdose events. However, given that the proper data collection methods are in place, we want communities to be able to respond to the needs of their community and encourage communities to seek other resources to purchase or request naloxone.

Question: Can we use the funds to train the community (parents, youth) on how to identify pressed pills, how to utilize fentanyl test strips (for ordering pills off the dark

web/internet), and how much naloxone a rescue might require (need more than one dose on hand at all times)?

Answer: Implementation activities should be responsive to your community's needs but also must tie directly back to the goals and objectives of the PDO grant.

Question: Can we require that businesses, LE, etc. whom we provide naloxone to, be required to return it to us or to a local harm reduction organization if they do not use it before its expiration date? Harm reduction organizations can distribute expired naloxone, whereas LE and other first responders cannot use expired medicines.

Answer: Applicants should plan carefully to ensure that their partners have the readiness and capacity to utilize the product they are given with PDO funding. Given the limited funding available for the purchase of naloxone, communities should encourage their partners in naloxone distribution to utilize the product prior to the expiration date. PDO staff will work with communities to develop protocols and procedures to help ensure that naloxone is being distributed and utilized prior to expiration.

Question: In addition to medication storage, can we also provide medication disposal pouches (DeTerra, DisposeRx, etc.)?

Answer: Medication disposal pouches are an appropriate use of PDO funding when paired with other allowable activities.