

Budget Review

Applicant: Prince William County, City of Manassas, and City of Manassas Park,

Project Title: Office-based Opioid Treatment/Office-based Addiction Treatment

OAA Request Amount: \$800,000/year for five-years

Direct and In-kind Supports:

\$ 230,000 Medicaid revenue
\$1,480,455 Year 1 / \$1,526,230 Years 2-5 PWC Community Service, in-kind

Fiscal Agent: Prince William County

Evidence-Based? Yes, this is an evidence-based service as determined by the *U.S. Health & Human Service, Substance Abuse & Mental Health Services (SAMHSA)*, Federal Guidelines for Opioid Treatment Programs and Regulations Title 42, Chapter 1, Part 8, Subpart C, §§ 8.11-8.12 and the Controlled Substance Act (21 U.S.C. 823(g)(1)).
American Society of Addiction Medicine (ASAM) Public Policy Statement on the Regulation of Office-Based Opioid Treatment.
VA Department of Behavioral Health & Development Services (DBHDS) Performance Contract mandated by the Virginia Code Chapter 5 of Title 37.2 and §§ 37.2-500 through 512.
VA Department of Medical Assistance Services (DMAS) Manual for Addiction and Recovery Treatment Services, Chapter on Preferred Office-Based Addiction Treatment and Opioid Treatment Programs.

OAA Gold Standard: Yes, this service meets the approved list of OAA Gold Standard abatement Services listed in Exhibit E List of Opioid Remediation Uses.

Monitoring & Reporting: PWC has established a separate fund, 2801, to discreetly track Opioid Settlement projects and will establish separate Awards for each funding source, including 1) direct distributions from Distributors; 2) OAA individual locality distributions; and 3) OAA cooperative partnership awards, as well as each project within these funding categories, such as one award each for the Peer and OBOT/OBAT projects. Funds use, monitoring, and reporting will be in accordance with OAA standards and Code of Virginia §§ 2.2-2370 and the OAA cooperative project grant award terms and conditions.

Conflict of Interest: There is no conflict of interest as all participating partners are government entities and all services will be directly operated by PWC Community Services. There are no current plans for outside contracting for this project.

The purpose of this grant is to develop service strategies that align with the SAMHSA; ASAM; and the VA Dept of Behavioral Health & Developmental Services (DBHDS) criteria for licensed substance use disorder (SUD) Office-Based Opioid Treatment (OBOT), also called Office-based Addiction Treatment (OBAT) service.

Greater Prince William has worked collaboratively to review community needs, evaluate service statistics, consider current fiscal year (FY) or upcoming FY service initiatives, both locally and at the state/federal levels, and strategically develop plans to address unmet opioid use and other substance abuse needs.

Through these efforts, we have identified core areas in need of strengthening to best address opioid abatement needs in our localities, including: 1) establishing an opioid coordinator to best manage and coordinate service needs, at all levels; develop and maintain a strategic plan for implementing targeted services, based on local data and determined needs; monitor and report on service performance and outcomes for timely service determinations and ensuring all meet OAA Gold standard, MOU terms, and state service/license requirements; and coordinate these across all stakeholders; and 2) implement service strategies that align with the SAMHSA/DBHDS/DMAS Preferred OBAT service model to better engage and support individuals with opioid and other substance abuse needs.

The GPW community continues to experience increased overdose rates and low or no cost options for services. At the current staffing levels, PWC Community Services is unable to meet both, the community demand for OUD service needs and state licensing requirement for staffing. A properly staffed OBOT/OBAT would increase capacity and access to the services.

This grant supports the implementation, expansion, and integration of the SUD OBOT/OBAT criteria which builds on existing Addiction and Recovery Treatment Services (ARTS) and Medication Assisted Treatment (MAT) services and provides individuals with low barrier services and increased access to case management, outpatient, medication, and co-occurring mental health services.

OBOT/OBAT implementation will improve time-in-treatment; family relationships; social functioning; ability to seek, gain, and maintain employment; physical and mental health; lifestyle habits (eating well, sleeping consistently, etc.); self-esteem; and financial status. In addition, people with OUD who receive MAT and OBOT/OBAT show significant decreases in opioid cravings; opioid relapse; illicit opioid use; involvement with the judicial system; and mortality rates.

Budget Overview

Category	FTE	Year 1	Year 2	Year 3	Year 4	Year 5
		FY 2024	FY 2025	FY 2026	FY 2027	FY 2028
Salaries		\$726,149	\$726,149	\$726,149	\$726,149	\$726,149
Fringe Benefits		\$231,021	\$231,021	\$231,021	\$231,021	\$231,021
Operating		\$72,830	\$72,830	\$72,830	\$72,830	\$72,830
<i>Expenditure Total</i>		\$1,030,000	\$1,030,000	\$1,030,000	\$1,030,000	\$1,030,000
<i>Medicaid Revenue Total</i>		\$230,000	\$230,000	\$230,000	\$230,000	\$230,000
OAA Request	5.0 FTE	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000
<i>Year 1 Carryover</i>	*	-\$150,000	\$37,500	\$37,500	\$37,500	\$37,500
<i>PWC In-kind Match - Existing Services</i>	**	\$1,480,455	\$1,526,230	\$1,526,230	\$1,526,230	\$1,526,230

*Projected Carryover – considerations include the timing of the initial startup, hiring of positions, and timing of DBHDS and DMAS approved OBOT/OBAT licensing, we anticipate services implementation within 90 days of OAA award. Please note that other VA CSBs that have worked to become OBOT/OBAT certified, shared that the process takes approximately one year. This means that in Year 1 we will have more expenditure than revenue. Also, because grant applications must keep a flat annual cost, we respectfully request to carryover any Year 1 unused balances to Years 2-5 to cover annual budgeted Market Rate Adjustments and Performance Increases to compensation plan rates for project positions and the associated fringe benefit increases. While the grant application amount needs to remain flat for each year; within our local system, MRAs, COLAs, and performance increases are a standard budget protocol, and we must consider an annual rate that will allow for this natural increase over five years. Thank you for your consideration and understanding of this budgeting element.

**PWC In-kind support is listed separately from the project cost and projected revenue. The in-kind support is calculated based on the VA DBHDS service model and licensing criteria. This includes existing MAT/ARTS staff, Emergency Services for 24/7 coverage, and the 10% federal indirect cost rate for administrative support. Year 1 is based on current staff salaries and Year 2, or FY2025, includes a 3% employee market rate adjustment as Adopted on April 25, 2023, by the PWC Board of County Supervisors which includes a multiyear staff increase for FY2024 and FY2025. Years 3-5 will remain at the FY2025 rate and will be adjusted based on future years adopted budget plans.

Budget Details and In-kind Calculation

OBOT/OBAT Budget					
Budget Line	Classification/Description	Staff	FTE/Qty	UOM	Total
Compensation	Human Service Program Mgr				
Compensation	Opioid Coordinator	TBD	1.0	annual	\$174,291
Compensation	Medical Doctor	TBD	1.0	annual	\$364,378
Compensation	Clinical Srvc Caseworker	TBD	1.0	annual	\$148,065
Compensation	LPN	TBD	2.0	annual	\$270,436
Operating	Information Technology annual seat charge and PC replacement; phones, supplies, mileage, other operating			annual	\$72,830
				Expenditure	\$1,030,000
Revenue	Suboxone Evaluation, Medication Review, Urine Screening, SA Case Mgmt				\$230,000
				Revenue	\$230,000
		OAA Request	5.0		\$800,000

PWC In-Kind Support is calculated separately from the project expenditures and revenues using DBHDS/DMAS service and licensing criteria. This includes existing MAT/ARTS staffing, the required 24/7 Emergency Services, and 10% federal allowance for indirect administrative support.

Budget Line	Classification	Staff	FTE	UOM	Total
Compensation	Medical Doctor	Clarke	0.1	annual	\$44,314
Compensation	Psychiatrist	Huycke	0.4	annual	\$163,642
Compensation	Nurse Practitioner	Pierre/Lartey	0.3	annual	\$69,542
Compensation	Assistant Director of HS	Wheeler	0.1	annual	\$18,299
Compensation	Human Service Program Mgr	Manza	0.4	annual	\$62,004
Compensation	Clinical Srvc Case Mgt Mgr	Karrie Johnson	0.4	annual	\$52,303
Compensation	Senior Clin Srvc Casewrkr	TBD	1.0	annual	\$142,193
Compensation	Clinical Srvc Caseworker	Taira Robinson	1.0	annual	\$146,244
Compensation	Peer	Luis Quintero	1.0	annual	\$131,700
	<u>24 hr Coverage:</u>				
Compensation	On Call Emergency Srvc, 128 hrs/wk		1.0	annual	\$556,875
Indirect	10% Federal allowance			annual	\$138,711
Operating	Lab service and transportation			annual	\$40,000
				Expenditure	\$1,565,826
Revenue	Suboxone Evaluation, Medication Review, Urine Screening			annual	\$85,371
				Revenue	\$85,371
		Total FY2024 PWC In-Kind Support	4.6		\$1,480,455
		<i>Total FY2024 PWC In-Kind Support w/3% MRA/PI</i>			<i>\$1,526,230</i>
		<i>Projected PWC FY2025-FY2028 In-Kind Support</i>			<i>\$1,526,230</i>