

Scope of Work

City of Gallup

Lead Agency: BHSD
State Fiscal Year: SFY22 (July 1,2021 - June 30,2022)
Services: Non-Client Services
Billing Type: Invoice

Funding: Federal Funds
Fund Pool: BG50 : CARA (HSDCARA03) (Federal)
Project: CARA
CFDA# (If Applicable): 93.788

City of Gallup shall perform the work outlined in this Scope of Work and when applicable Appendices, which are hereby incorporated and made a part of the Agreement.

When applicable, all vendors/providers who receive funds from the Behavioral Health Services Division (BHSD)/Behavioral Health Collaborative and provide behavioral health services must be enrolled as an approved Medicaid provider in order to receive funding. The BHSD/Behavioral Health Collaborative is the payor of last resort for behavioral health services for adults and children covered by Medicaid. When a Medicaid covered service is provided to a Medicaid eligible client, those services must be billed to Medicaid.

This does not mean that programs and services that are require anonymity (e.g., domestic violence, sexual violence, shelters, etc.) will be billed to Medicaid. This does not apply to providers and agencies receiving funds under BHSD Prevention programs. There are no changes in billing for these providers or agencies.

Funding Category	Funding Source	Funding Code	Funding Amount
FR CARA 75% April 1, 2021- June 30, 2022	FR CARA 75%	BG50	
Total			

The City of Gallup will receive the proposed amount for the period of April 1, 2022 through June 30, 2022. The award amount is contingent upon satisfactory compliance with the scope of work and available state and federal funds. The City through the Fire Department will perform the work outlined in this Scope of Work and any attached Appendices which are hereby incorporated and made a part of the Agreement.

Based on Covid-19 restrictions, OSAP will be flexible with due dates and deliverables. As circumstances dictate OSAP will communicate guidance as needed. Please keep OSAP apprised of barriers and challenges in carrying out activities and meeting deadlines.

If public health conditions such as COVID 19 or other emergency conditions preclude the safety of in person meetings, training, collaboration, and technical assistance activities may be conducted in person or via video conferencing.

- A. City of Gallup will perform the following overdose survivor follow up pilot program to expand naloxone availability and reduce opioid overdose death. Payment will be based upon delivery of the following tasks as listed in Section C.

- B. The City of Gallup Fire Department will perform the following work:
 - 1) Contract with or hire a licensed social worker to be part of two-person outreach team.
 - 2) Designate an EMT to be part of two-person outreach team.
 - 3) Develop an Opioid Overdose Survivor Outreach program:
 - a. Develop and refine process to identify overdose survivors for outreach (i.e., 911 data, etc.).
 - b. Develop and refine outreach protocols to guide program activities such as outreach methods, services, and frequency to include warm handoff/ referral to substance abuse treatment, handouts, resource lists, etc.
 - c. Develop data collection tools to meet reporting requirements
 - d. Develop estimate of weekly outreach follow ups for strategic planning.
 - e. Develop and refine plan to implement program.
 - f. Provide staff outreach to overdose survivors, family and friends in accordance with implementation plan.
 - 4) Provision of naloxone kits to overdose survivors, family and friends.
 - a. Purchase naloxone kits to distribute to overdose survivors, family and friends.
 - b. Provide naloxone kits to overdose survivors, family and friends in accordance with implementation plan.
 - c. Provide overdose prevention and Narcan training to all naloxone recipients.
 - d. If necessary upon exhausting other funds, request additional naloxone kits by sending a Naloxone Request Form to Melissa Heinz, Melissa.Heinz@state.nm.us and cc OSAP Interim Director Antonette Silva-Jose Antonette.Jose@state.nm.us.
 - 5) Participation in Technical Assistance and Project Management:
 - a. Fire Department Staff will participate in approximately 10 technical assistance visits with The Lieving Group staff on survivor follow-up outreach programming, OEND, treatment and recovery resources, referral to treatment, addressing stigma, and fentanyl, carfentanil, and other dangerous licit and illicit drugs.
 - b. Fire Department Staff will participate in approximately 6 technical assistance visits with Coop Consulting on strategic planning, project management, and sustainability.

- c. Fire Department Staff will participate in a data collection training with Pacific Institute for Research and Evaluation (PIRE) as requested.
 - d. Fire Department Staff will participate in regular meetings with OSAP staff, Bernie Lieving of the Lieving Group, and staff with the Santa Fe Fire Department MIHO program to track progress and address challenges and questions.
 - e. Fire Department Staff will participate in monthly PDO/SOR/FR CARA Grants Advisory Council meetings.
 - f. Fire Department Staff will participate in meetings with other fire departments operating overdose response programs and other opioid overdose education and naloxone distribution projects to engage in peer learning and to enhance the quality of services offered in Las Cruces and other sites.
- 6) Reporting requirements:
- a. Number of naloxone trainings and data to be submitted monthly.
 - i. For each training, report the number of persons trained by type of outreach (survivor, friend, family), date of training, and contact information (phone, emails and agency address), and pre/posttest on knowledge and readiness to use naloxone.
 - b. Number of naloxone kits distributed by zip code (using OSAP data collection forms) submitted monthly.
 - i. Each month, report on number of persons trained on opioid overdose prevention education & naloxone administration by staff; total number of naloxone kits distributed by zip code & type of kit (Narcan); number of naloxone administrations by agency staff or client, family and friend; and number of reversals.
 - c. Number of outreach attempts to overdose survivors and their families and friends monthly.
 - d. Number of responses to requests for services monthly.
 - e. Numbers of survivors and families who receive information and referrals to treatment and recovery services monthly.
 - f. Number of first responders trained on fentanyl safety.
 - i. Update of activities to include number of kits distributed, number of trainings offered, number of people trained, and number of reported reversals to be submitted the 5th of each month to FR CARA Program Manager and cc OSAP Interim Director.
 - g. Participation in other reporting and evaluation activities of the grant as requested by OSAP staff and/or the Pacific Institute for Research and Evaluation (PIRE).
- 7) Brief summary report by June 30, 2022.
- 8) **Designate at least two people to take the BHSD STAR billing training and be responsible to enter billing into the BHSD STAR database at minimum monthly; invoices generate twice each month. Providers must enter activity within 30 days of occurrence. Billing must be entered by 11:59PM on the 15th and/or the last day for the month to be included for invoices automatically generating at 12AM on the 16th and 1st. Providers are responsible for maintaining sufficient records onsite to**

document costs and activities billed monthly (for audit purposes) and for submitting supporting documentation into BHSD STAR that matches the invoice totals to include but not limited to accounting ledger; timesheet spreadsheets; copy of receipts; etc.

C. The City of Gallup Fire Department will provide the following deliverables:

- 1) Opioid overdose survivor program protocols and plan and updates.
- 2) Naloxone trainings and distribution to opioid overdose survivors, friends and family.
- 3) Monthly submission of billing through BHSD STAR.
- 4) Protocols for program delivery.
- 5) Monthly submission of data to Melissa Heinz, cc OSAP Interim Director regarding:
 - a. Outreach attempts to overdose survivors and their families and friends
 - b. Naloxone training, including pre/post training evaluation data
 - c. Naloxone distribution
 - d. Referrals to treatment
 - e. Trainings of first responders on fentanyl safety
 - f. Responses to requests for services
- 6) Submission of monthly progress report of activities to be submitted the 5th of each month to FR CARA Program Manager, cc OSAP Interim Director Antonette Silva-Jose.
- 7) End of year summary report by June 30, 2022.

Annual Financial Reports

An annual program report and financial report is required for all vendors. The type of financial report is dependent on the amount of the fiscal year allocation. Submitting a financial audit or report is a condition of this contract.

The Vendor/Provider must add the report selection to the execution box.

- *A vendor that expends \$750,000 or more in Federal awards during the state fiscal year must have a single audit conducted in accordance with the Audit Requirements of the Federal Uniform Administrative Requirements. (Title 2, Subpart A, Chapter II Part 200, Subpart F, Subgroup 46, Section 200.501). This is due six months after the end of the vendor's fiscal year.*
- *A vendor that expends less than \$750,000 in Federal or State awards during the vendor's fiscal year must submit one of the following:*
 - *A financial audit prepared by a CPA, or*
 - *Management letter prepared by a CPA expressing an opinion about financial soundness, or*
 - *Financial statement prepared by the vendor, or*
 - *A balance sheet and profit/loss statement for the past 12 months.*

Submitting a financial audit or report is a condition of this contract.

The most recent financial audit or report must be submitted any time throughout the fiscal year or no later than 30 days after the close of the state's fiscal year.

Submit the report to BHSD.FinanceTeam@state.nm.us

Vendor records must be available for review or audit by appropriate officials of the Federal and/or state government, if needed

EXECUTION PAGE

The Vendor/Provider must complete the Execution Page in its entirety for this Scope of Work to be fully executed. By signing below, I represent that I am an authorized signatory for the Vendor/Provider and have read and understand this Scope of Work.

VENDOR/PROVIDER	
City of Gallup	
Authorized Signature: <i>Maryann Ustick</i>	Date: 04/27/22
Name (Please Print or Type): Maryann Ustick	
Title (Please Print or Type): City Manager	
Address: 110 West Aztec Avenue	
E-Mail Address: mustick@gallupnm.gov	
Phone: 505 863-1221	Fax:
TIN: 856000132	NPI:
Annual Financial Reporting Selection Full Audit by CPA	

**VENDOR/PROVIDER INSTRUCTIONS
FOR REQUIRED DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@fallingcolors.com the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email **Please be sure that all information is legible.**
3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all the following information:
 - a) Print Name and Title of the signatory in a legible manner
 - b) Fill in Address, Email, Phone and Fax information
 - c) Insert TIN
 - d) Insert NPI
 - e) Sign the Provider Agreement
4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.