

# LOW-BARRIER OPIOID TREATMENT AT SYRINGE SERVICES PROGRAMS

REQUEST FOR APPLICATIONS  
DECEMBER 2020



**THE CENTER**  
*at Sierra Health Foundation*

**MAT** access  
points  
project

The MAT Access Points Project is funded through the Department of Health Care Services California MAT Expansion Project and is administered by The Center at Sierra Health Foundation.

## ADMINISTRATIVE ENTITY

Sierra Health Foundation: Center for Health Program Management (The Center) was founded by Sierra Health Foundation in 2012 as an independent 501(c)(3) nonprofit organization. With offices in Sacramento and Fresno, The Center pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state, and local government agencies; nonprofits; and businesses to advance health equity.

## SYRINGE SERVICES PROGRAM BACKGROUND

California's nearly 60 syringe services programs (SSPs) support the health and safety of more than 150,000 people who use drugs each year. Recent surveys among people who participate in SSP services have consistently found that access to medication and other supportive services for opioid use disorder (OUD) is the most often cited service that is not currently available in most SSPs. SSP participants also frequently cite barriers to treatment access such as rigid appointment schedules, transportation challenges, and stigmatized treatment and denial of services by health care professionals that may be compounded by unmet needs related to mental illness, homelessness or criminal justice involvement.

Through this funding opportunity, we will provide funding to implement projects offering low-barrier access to treatment of OUD through SSPs, as well as related supportive services such as case management and peer support.

**LOW-BARRIER OPIOID TREATMENT** addresses barriers to care and seeks to engage out-of-treatment people living with OUD, and prioritizes reductions in morbidity and mortality over abstinence from illicit drug use or consistent engagement in treatment. Barriers to treatment include location, cost, stigma, homelessness, rigid attendance requirements, discharging patients for ongoing illicit drug use or other factors.

Low-barrier treatment actively seeks to identify and reduce or eliminate hurdles to people with OUD and co-occurring conditions from being able to access, initiate and continue OUD treatment. A key feature of this approach is the co-location of treatment services, including patient assessment and prescribing, with syringe access and other harm reduction services that prospective patients are already utilizing. Service locations should include any place where SSPs operate, including offices or drop-in centers and mobile- or street-based locations. This funding opportunity primarily envisions projects aimed at increasing on-site buprenorphine prescribing at SSPs given the current regulatory environment related to medications for opioid treatment. Innovative proposals incorporating other medications approved by the Food and Drug Administration for this purpose will also be considered.

The overall goals of this funding opportunity include implementing low-barrier opioid treatment in order to:

- Integrate opioid treatment services into existing sites and other harm reduction services in order to increase the number of SSP sites where OUD treatment services are available and the number of SSP participants engaged in treatment;
- Reduce the risk of fatal and nonfatal opioid overdose;
- Support people who wish to reduce, modify or eliminate their injection drug use or their illicit drug use in general;
- Integrate harm reduction concepts and strategies with opioid treatment programs or providers in order to increase trust and treatment retention, including for people who have experienced stigma and discrimination in health care settings.

## FUNDING OPPORTUNITY

A total of \$7 million of funding is available for the period March 1, 2021, through August 31, 2022. The Center will assist the Department of Health Care Services (DHCS) with the administration of the funds to organizations to provide contracted services.

This funding opportunity uses funds from the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services. Accordingly, contract agreements will include standard federal rules and regulations, notably [2 CFR 200](#), [45 CFR Part 75](#), and applicable rules and regulations from the State of California. The Center will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements.

## ELIGIBILITY CRITERIA

This program will fund approximately 20 organizations to operate low-barrier OUD treatment projects. Eligible organizations must meet all of the following minimum requirements:

- Be located in the state of California.
- Be able to provide health care services in the state of California, directly or in collaboration with one or more health care organizations, sufficient to provide assessment, prescription and management of medication for treatment of OUD.
- Operate an SSP authorized by a local government or the California Department of Public Health (CDPH) pursuant to California Health and Safety Code 121349, or, for physician-led SSPs, operate under the authority of Business and Professions Code 4145.5.

We encourage partnerships between organizations and the submission of joint applications where appropriate. The lead organization in any application must currently be authorized to operate a SSP.

## **FUNDING AMOUNTS AND CONTRACT PERIOD**

Contracts will cover activities for the period March 1, 2021, through August 31, 2022. Individual contract awards will be made up to \$350,000 for the 18-month contract period. Due to federal restrictions, there will be no carry-over funds; any funds not used by contract end date will be forfeited.

Applicants may submit collaborative proposals representing multiple SSPs, either in the same city (e.g. multiple SSPs in Los Angeles) or covering a larger, multi-jurisdiction area (e.g. SSPs working across several rural counties). Applications involving multiple SSPs may increase the total proposed budget accordingly. For example, a joint proposal from two SSPs could find efficiencies by means such as contracting with the same medical provider, but would be allowed to propose a budget of up to \$350,000 per SSP, for a total of \$700,000.

At least 80% of the total requested funding amount must be used to provide direct low-barrier opioid treatment and related support services (please Project Scope of Work below for examples of specific activities), and up to 20% of the total requested funding amount can be used to support other costs such as data collection, equipment, marketing and other office costs (supplies, postage, printing, information/materials), travel etc. (10% of other costs may be allocated for indirect costs). A majority of project funding should be dedicated to increasing the human resources capacity of SSPs to provide opioid treatment services. This funding may be allocated, for example, to support full- or part-time salaries for clinicians providing direct treatment and related services, as well as for non-medical staff who support patients through case management, care coordination or similar care.

## **PROJECT SCOPE OF WORK**

Contracted organizations must use this funding to build new low-barrier opioid treatment services based at SSPs, or expand such existing services, with the goal of increasing the number of patients with OUD treated with medication and receiving other care and support.

Examples of strategies used in low-barrier OUD treatment that may be supported by this funding opportunity include, but are not limited to:

- Establishing patient assessment and prescribing of OUD medication at SSP sites, including at street-based outreach locations through the hiring or contracting of buprenorphine-waivered medical practitioners;
- Building relationships with pharmacists and pharmacy staff in order to increase the ease with which prescriptions are filled and to reduce stigmatizing encounters with patients;
- Providing case management services to support medication management and overall recovery, or other services such as supporting patients to enroll in health insurance, acquire identification documents, access shelter or housing, nutrition/food services, etc.;
- Creating peer support positions that draw on expertise derived from lived experience in order to identify and educate potential patients and support health and social needs during OUD treatment;

- Offering nursing or other health care services in order to compliment the work of OUD medication prescribers in patient assessment and basic care needs;
- Providing transportation assistance in order to better allow patients to attend appointments when necessary;
- Minimizing or eliminating unnecessary appointments, diagnostics or other conditions of treatment;
- Creating patient advisory groups and leadership opportunities to gain feedback on the design of services.

Providers must use third-party reimbursements and other revenue realized from the provision of services to the extent possible and use SAMHSA grant funds only to pay for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. Providers must help facilitate the health insurance application and enrollment process for eligible uninsured clients.

## HEALTH EQUITY

Organizations awarded contracts through this funding opportunity will be required to demonstrate specific ways in which they will promote equitable access to services offered by the project, including, but not limited to, approaches designed to ensure that Black/African-American, Indigenous and other people of color are able to access services safely and free of discrimination. Required approaches are further elaborated in the funding application and include:

- **Racial justice and equity:** activities to provide culturally and linguistically appropriate services and to eliminate racialized barriers to access.
- **Trauma-informed care:** approaches that acknowledge and address that people receiving care may have experienced trauma that manifests physically, mentally or behaviorally, and that encounters with medical and social services may be traumatizing for program participants.
- **Intersectionality:** approaches to care that acknowledge and address that race, gender, sexual identity, class, disability and other social identities overlap and may be involved in people's experience of discrimination or trauma.
- **Social determinants of health:** strategies designed to address institutional or public policies and practices that contribute to stigma, medical mistrust or institutional oppression.
- **Meaningful involvement:** activities that enable people served by the project to provide meaningful input and leadership related to services and institutional policies.

## WHAT WE WILL NOT FUND UNDER THIS FUNDING OPPORTUNITY

In addition to the funding restrictions determined by SAMHSA, the following will not be funded:

- Debt retirement
- Operational deficits

- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- Patient services that can be billed to Medi-Cal
- Harm reduction supplies including syringes and other safer injection equipment, naloxone, fentanyl test strips, or other materials that authorized SSPs may obtain through the CDPH Harm Reduction Supplies Clearinghouse or the DHCS Naloxone Distribution Project
- Purchase of equipment or personal protective equipment for use by clients
- Purchase of properties or vehicles
- Funds may not be used to make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services. Contingency Management – 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.
- Required data collection and GPRA – For certain types of interviews, a maximum cash value of \$30 per interview is allowable. The incentives can include items such as food vouchers, transportation vouchers, or phone cards. Incentives are permitted for completion of a six-month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program or a client has dropped out of a program.
- Funds may not be used, directly or indirectly, to purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of OUD. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

## APPLICATION PROCESS

The online application is available on [The Center’s portal](#) with completed applications DUE by midnight (11:59PM) PT on **Sunday, January 24, 2021**.

A webinar reviewing the opportunity and application process will take place on **Friday, December 11, at 11 am PT**. Please register for the webinar on [The Center’s web site](#).

Applicants will be notified of funding selection in March 2021. Services need to begin once funds are received and must be completed on or before July 31, 2022. The payment schedule will be as follows: 50% of contract award upon execution of the contract, 50% of contract award with submission and approval of progress reports.

## TIPS FOR USING THE ONLINE APPLICATION PORTAL

- We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.
- Submit the application via the online portal through this [link](#). New users of the portal will need to create an account as the first step in the application process. You will only use this link one time to initiate your application. After you have started working on your application, use the link below or that you received via e-mail to continue working on your saved application. If you are applying for multiple counties, you will use this link to initiate each separate county application.
- On the portal, you may click “Save & Finish Later”. You will receive an e-mail with a link to return to your in-progress application. You also may use this [link](#) to return to your in-progress application.
- Click “Save & Finish Later” any time you will not be working in your application for a few minutes.
- In the portal, for optimal functionality, use Internet Explorer as the browser when working on a PC and Safari as the browser when working on a Mac.
- Respond to all required fields (marked with an \*)
- You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting. Revised applications will not be accepted.

## APPLICATION AND ATTACHMENTS

See the Application Outline section below for an overview of application questions, requirements and attachments.

## FUNDING REPORTING REQUIREMENTS

Contractors shall document their activities through project progress reports supporting new services or service expansion, and to document activities such as training providers and staff, using technical assistance or other resources to build new capacity, adding new infrastructure to support treatment, purchasing supplies, etc. A template will be provided for project progress reports. The contracts will be deliverable-based, meaning contractors must demonstrate progress on process measures (e.g. number of staff and providers trained) and service measures (number of unique patients receiving treatment services). The Center will provide reporting requirements for contractors.

### Reporting Schedule

REPORT	TIME PERIOD	DUE TO THE CENTER
Progress Report 1	3/1/2021-8/31/2021	9/30/2021
Progress Report 2	9/1/2021-2/28/2022	3/31/2022
Progress Report 3	3/1/2022-8/31/2022	9/30/2022
Cumulative Final Report	3/1/2021-8/31/2022	9/30/2022

## QUESTIONS RELATED TO THIS FUNDING OPPORTUNITY

Please reach out to the MAT Access Points Project via e-mail ([mataccesspoints@shfcenter.org](mailto:mataccesspoints@shfcenter.org)) with the subject line: SSP RFA Question for any questions related to this funding opportunity.

## APPLICATION OUTLINE

### **Applicant Organization Info**

Organization name

Address

County

Phone

URL (optional)

Director/CEO Contact Name

Director/CEO Contact Title

Director E-mail address

Director phone

Primary Contact

Primary Contact E-mail Address

Primary Contact Phone

Applicant Organization Tax ID #

DUNS #, if applicable

SAM expiration date, if applicable

### **Project Information**

Project Name (10 words maximum):

Brief Summary and Purpose of Project. Please summarize your proposed project, including key goal(s), activities, expected impact, and amount requested. If funded, this will be the paragraph used to publicly announce your award (100 words maximum):

TOTAL Amount Requested: \$ \_\_\_\_\_

*Up to \$350,000 for single SSP application*

*Up to \$350,000 per SSP for collaborative application*

Start Date: March 1, 2020

End Date: August 31, 2022

### **Opportunity Applying For**

Please indicate which opportunity you are applying under:

- Single SSP Application
- Collaborative SSP Application
  - Number of SSPs in collaborative: [please specify]

### **Geography**

Please indicate in which county or counties your program is located and where patients are being served. Please check below if you serve patients in rural areas.

*List of Counties with percentages*

## **Individuals Served**

For single SSP applications, please list your SSP and provide the total number of unique individuals served by your SSP. For collaborative applications involving multiple SSPs, please list each SSP separately and provide the total number of unique individuals served by each SSP.

## **Focus Populations (Race/Ethnicity)**

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population. (Total must add up to 100.)

- African-American/Black: %
- Asian-American/API: %
- Latino/Hispanic: %
- Native American: %
- White: %
- Mixed race: %
- Other: % [please specify]

## **Narrative Questions**

### **Need**

Please briefly describe the need to implement and integrate low-barrier opioid treatment within your syringe services program. (200 word maximum)

### **Current Capacity**

Please describe your organization's current capacity, including the composition of paid part-time or full-time staff and volunteers, finance and administrative roles/support, and any existing structures you have in place to manage grants and activities. Please include information on how your staffing composition mirrors populations with health disparities in your region, including racial/ethnic demographic information. (200 words maximum)

### **Proposed Activities**

Please describe the specific activities needed to carry out your proposed work, and the associated timing for each activity. If you have partner sites or organizations in place for this work, name them and describe the roles of the different partners. Please describe the roles of any new staff to be hired to carry out the work, and the new capacity or scope of services that this funding would create. (600 word maximum)

### **Desired Outcomes**

Please describe your organization's desired outcome of implementing and integrating low-barrier opioid treatment. (200 word maximum)

## Health Equity

Please describe how your proposed project will promote the health equity goals described in the RFP, including racial equity and trauma-informed, intersectional and social determinants-grounded approaches to care. (200 word maximum)

## Meaningful Involvement of People Who Use Drugs

Please describe how people who use drugs are included in the development, implementation and evaluation of your project. (200 word maximum)

## Attachments

- Proposed Itemized Budget (in provided budget template) (required)
- Proposed Corresponding Budget Narrative (required)
- Letter(s) of commitment from all organizations expected to receive funding through the proposed project, if relevant (no template) (required)
- Letters of support from other partner organizations (*optional*)
- Applicant organization's W-9 (required)

## Attachment/Appendix A – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all sub-recipients. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- Exceed Salary Limitation: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The FEDERAL Executive Level II Salary Cap is currently \$197,300.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)

- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless it is part of the transition to MAT with extended release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Contingency Management – 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.
- Required data collection and GPRA – For certain types of interviews, a maximum cash value of \$30 per interview is allowable. The incentives can include items such as food vouchers, transportation vouchers, or phone cards. Incentives are permitted for completion of a 6- month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program or a client has dropped out of a program.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed \$3.00 per person.
- Support non-evidence-based treatment approaches, such as short-term methadone or buprenorphine use (“detox” with initial treatment less than one year).
- No out of state travel is permitted with these funds

*\*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.*