

RFP: SAMHSA Medication Assisted Treatment for Opioid Addiction

OVERVIEW

Last month, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) released a Request for Proposals (RFP) for the Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction program. Through this initiative, over \$65.5 million in total funding will be awarded over three years to eligible organizations who will expand or enhance access to medication assisted treatment (MAT) services for individuals with an opioid use disorder (OUD). The goals of the program are to:

- Increase the number of individuals with OUD receiving MAT; and
- Decrease illicit opioid drug use and/or prescription opioid misuse at six-month follow-up.

The full RFP is available [here](#). Applications are due on July 9th.

FUNDING

Up to \$524,670 will be awarded annually through this RFP to each of up to 125 organizations. Up to \$25,000 of the annual award may be used to purchase Technical Assistance (TA). Additional funding limitations are as follows:

- No more than 15 percent of the award may be used for developing the infrastructure necessary for expansion of services;
- No more than 20 percent of the award may be used for data collection, performance measurement, and performance assessment, including incentives for participating in the required data collection follow-up; and
- Funding may not be used solely for detoxification services, except when medically assisted withdrawal is used as part of a process of induction onto the drug XR-NXT.

Awarded organizations are expected to utilize third-party and other revenue realized from the provision of services to the extent possible. Grant funds through this RFP should be used only for services to individuals who are not covered by public or commercial health insurance, services for individuals for whom coverage has been formally determined to be otherwise unavailable, or for services that are not sufficiently covered by an individual's health insurance plan.

Contracts are expected to last for up to three years, beginning on September 30th.

ELIGIBLE APPLICANTS

In order to qualify for funding under this RFP, applicants must be one of the following entities:

- Domestic states;
- Political subdivisions within states;
- Tribes/tribal organizations; or
- Public and private not-for-profit organizations in states with the highest rates of primary treatment admissions for heroin and opioids per capita, including New York State.

Organizations must hire a Project Director and Grant Evaluator for the program. Both positions will require prior approval by SAMHSA.

PROGRAM SERVICES

Awarded organizations must use grant funding to perform the following required activities:

- Provide MAT using at least one of the FDA-approved medications for the maintenance treatment of OUD, in combination with comprehensive OUD psychosocial services, such as counseling, behavioral therapies, or Recovery Support Services (RSS);
- Conduct an appropriate clinical assessment to determine patients meeting the diagnostic criteria for OUD relative to MAT, including determination of opioid dependence, a history of opioid dependence, or high risk of relapse;
- Check the state, county, or local Prescription Drug Monitoring Program (PDMP), where available, for each new patient admission;
- Establish and implement a plan to mitigate the risk of diversion of methadone or buprenorphine and ensure the appropriate use/dose of medication by patients;
- Develop outreach and engagement strategies to increase participation in, and access to, MAT for diverse populations at risk for OUD;
- Ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver;
- Build funding mechanisms and service delivery models with local community coalitions (including in rural and resource-limited areas) to provide a robust suite of treatment and recovery support services that effectively identify, engage, and retain individuals in OUD treatment and facilitate long-term recovery;
- Use telehealth services, or other innovative interventions, to reach, engage, and retain clients in treatment; and
- Provide RSS, including peer RSS, designed to improve access to and retention in MAT and facilitate long-term recovery.

In addition, programs may choose to provide the following allowable activities:

- Develop and implement tobacco cessation programs, activities, and/or strategies for people with OUD who are receiving MAT;
- Outreach and screening to identify incarcerated individuals who are within four months from release and may benefit from MAT services upon release from a jail or detention facility; and
- Education, screening, care coordination, risk reduction interventions, screening, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases for people with OUD who are receiving MAT.

SAMHSA encourages applicants to address the behavioral health needs of returning veterans in designing and developing their programs and to consider prioritizing this population and their families for services as appropriate.

APPLICATION

Proposals will be scored based on the following criteria:

- Population of Focus and Statement of Need (10 points)
- Proposed Implementation Approach (30 points)

- Proposed Evidence-Based Service/Practice (25 points)
- Staff and Organizational Experience (15 points)
- Data Collection and Performance Measurement (20 points)

The award process will take into account achieving an equitable distribution of funds by geographic area, population need, and program size.

Timeline

Proposals must be submitted by July 9th. Questions should be submitted to Kim Thierry-English at matpdoa18@samhsa.hhs.gov for program issues and Eileen Bermudez at FOACSAT@samhsa.hhs.gov for grants management and budget issues.