

FOA: Medication Assisted Treatment – Prescription Drug and Opioid Addiction

OVERVIEW

On February 26th, the Substance Abuse and Mental Health Services Administration (SAMHSA) released a Funding Opportunity Announcement (FOA) for organizations interested in expanding and enhancing access to medication assisted treatment (MAT) services for individuals with opioid use disorder (OUD). SAMHSA will award over \$71 million in total funding to eligible organizations that will:

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

The full FOA is available [here](#). Applications are due on April 27th.

FUNDING

SAMHSA will award between 89 and 135 organizations with funding through this program. States will receive up to \$1 million annually, while not-for-profit organizations will receive up to \$525,000 annually. Up to \$25,000 of the award may be used for the purchase of Technical Assistance. Funding limitations are as follows:

- No more than 20 percent of the award may be used for data collection, performance measurements, and performance assessment; and
- Grant funds may not be used solely for detoxification services, except when medically assisted withdrawal is used as part of a process of induction onto extended-release naltrexone (XR-NXT).

Awarded applicants are expected to use third party reimbursements and other revenue realized from the provision of services to the extent possible and use grants funds only 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.

Contracts are expected to last for five years beginning on September 30th.

ELIGIBLE APPLICANTS

Eligible applicants are domestic public and private not-for-profit entities. Key personnel for the project include a Project Director at a minimum of 0.5 full-time equivalent (FTE) and an Evaluator at a minimum of .25 FTE.

PROGRAM SERVICES

Project implementation is expected to begin by the fourth month of the grant. Awarded applicants must implement the following required activities:

- Provide MAT using at least one of the FDA-approved medications for the maintenance treatment of opioid use disorder in combination with comprehensive OUD psychosocial services;

- 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 in compliance with any relevant state rules or regulations;
- Conduct screening and assessment for co-occurring substance use and mental disorders and deliver or coordinate any services determined to be necessary for the individual patient to achieve and sustain recovery;
- 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 rural and resource-limited counties and municipalities, organizations such as health plans, integrated health systems, universities, hospitals, including emergency departments, clinics, community-based organizations, law enforcement, community recovery organizations, faith-based organizations, and/or other local coalitions in order 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 recovery support services, including peer recovery support services, designed to improve access to and retention in MAT and facilitate long-term recovery.

Awarded applicants may also 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;
- Conduct 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
- Provide education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases for people with OUD who are receiving MAT.

Awarded applicants will be expected to develop a behavioral health disparities impact statement no later than 60 days after receiving the award. Awarded applicants currently receiving opioid-related funding from other federal programs are expected to coordinate activities to prevent duplication of services and programs.

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)

Awards will be distributed based on the above criteria, the availability of funds, and an equitable distribution of funding by geographic area, population need, and program size.

Timeline

Proposals must be submitted by April 27th. Program and eligibility questions should be submitted to Fred Bamfo at Fred.Bamfo@samhsa.hhs.gov. Fiscal and budget questions should be submitted to Corey Sullivan at FOACSAT@samhsa.hhs.gov. Grant review process and application status questions should be submitted to Toni Davidson at Toni.Davidson@samhsa.hhs.gov.