

NOFO: Medication Assisted Treatment – Prescription Drug and Opioid Addiction

OVERVIEW

On February 28th, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment released a Notice of Funding Opportunity (NOFO) for funding to help increase the number of individuals with Opioid Use Disorder (OUD) receiving medication and decrease illicit opioid use and prescription opioid misuse.

SAMHSA will award a total of up to \$22.6 million across 30 awards over the five-year program, \$11 million of which will be set aside for Indian tribes, tribal organizations, or consortia of tribes/tribal organizations.

The NOFO is available [here](#). Applications are due on April 29th.

FUNDING

SAMHSA will award up to \$750,000 annually to up to 30 applicants. Funding limitations are as follows:

- No more than \$25,000 of the total grant award for the budget period may be used for the purchase of Technical Assistance (TA);
- No more than 15 percent of the total grant award for the budget period may be used for infrastructure development;
- No more than 20 percent of the total grant award for the budget period may be used for data collection, performance measurements, and performance assessment; and
- Grant funds may not be used solely for withdrawal management services, except when medically managed withdrawal is used as a process of induction onto Extended-Release Naltrexone (XR-NXT).

Awarded applicants must use third-party reimbursement and other revenue realized from the provision of services to the extent possible. Grant funds should only be used for: services to individuals who are not covered by public or commercial health insurance programs; services to individuals for whom coverage has been formally determined to be unaffordable; or services that are not sufficiently covered by an individual's health insurance plan.

Contracts will last for up to five years, starting on September 30th.

ELIGIBLE APPLICANTS

Eligible applicants are domestic public or private not-for-profit entities. Proposals must demonstrate that:

- At least one provider of direct client substance use disorder treatment services is involved in the project (which may be the applicant or another organization);
- Each mental health/substance use disorder treatment provider has at least two years of experience providing relevant services; and
- Each mental health/substance use disorder treatment provider complies with all applicable local and state licensing, accreditation, and certification requirements.

Organizations may submit more than one application; however, a separate application and project title is required for each proposed project.

Key personnel for this program are a Program Director at a minimum 50 percent level of effort (.50 FTE) and a Program Evaluator at a minimum 25 percent level of effort (.25 FTE). Both positions will require prior approval by SAMHSA.

REQUIRED ACTIVITIES

Grant funding must be used to support direct services, including:

- Providing medication assisted treatment for OUD with at least one of the FDA-approved medications (e.g., methadone, buprenorphine/naloxone products/buprenorphine products including sublingual tablets/film, buccal film, and extended release, long-acting injectable buprenorphine formulations and injectable naltrexone) in combination with comprehensive psychosocial services, counseling, behavioral therapies, recovery support services (RSS), and other clinically appropriate services;
- Conducting clinical assessment to establish the diagnosis and severity level of OUD based on DSM-5 diagnostic criteria and with information necessary to identify a recommended level of care and develop an individualized treatment and recovery plan;
- Checking 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;
- Conducting screening and assessment for co-occurring substance use and mental disorders and developing a plan to either deliver or coordinate necessary services;
- Developing and implementing outreach and engagement strategies to increase access to medication and related services for diverse populations with OUD;
- Ensuring all applicable practitioners working on the grant-funded project obtain a DATA waiver to prescribe buprenorphine to more than 30 patients;
- Building 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, Opioid Treatment Programs (OTPs), and/or other local coalitions;
- Using telehealth services, or other innovative interventions, to reach, engage, and retain patients in treatment;
- Providing or developing formal partnerships to provide RSS, including peer recovery support services;
- Providing harm reduction services on site, either singularly or in collaboration with a community-based harm reduction organization.

Activities that are allowable, but not required, include:

- Purchasing and/or implementing mobile and/or non-mobile medication units;
- Implementing evidence-based contingency management interventions to treat stimulant use disorder and concurrent substance misuse to improve retention in care;
- Developing and implementing tobacco cessation programs, activities, and/or strategies;
- Conducting outreach and screening to identify incarcerated individuals who are within four months from release and may benefit from medications for OUD upon release (grant funds may be used to provide medication to incarcerated individuals within four months of release);

- Providing education, screening, care coordination, risk reduction interventions, testing, and counseling for HIV/AIDS, hepatitis, and other infectious diseases;
- Providing recovery housing; and
- Developing and implementing a low threshold approach that offers services and makes minimal requirements of patients, thus removing or reducing barriers to treatment and expanding access to care.

Awarded applicants will be expected to develop a behavioral health disparity impact statement no later than 60 days after the award. Project implementation is expected to begin by the fourth month after receipt of grant funding.

APPLICATIONS

Proposals will be reviewed based on the following:

- 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 Management (20 points)

In determining awards, SAMHSA will also consider an equitable distribution of awards in terms of geography, populations of focus, and program size.

Timeline

Proposals must be submitted by April 29th. Awards are expected to be announced on September 1st.

Program/eligibility questions may be submitted to Fred Bamfo at PDOA-C@samhsa.hhs.gov.

Fiscal/budget questions may be submitted to FOACSAT@samhsa.hhs.gov. Grant review process and application status questions may be submitted to Angela Houde at angela.houde@samhsa.hhs.gov.