

# Minority AIDS Initiative: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project (Short Title: Portable Clinical Care Pilot Project) *Pre-Application Webinar*

**Grant program co-leads:** Dr. Kirk E. James, Kristin Roha

**Government Project Officers:** Nathalie Tirado Gonzalez, Ronnie Rogers-Hyman,  
Angelica Ramirez, Marie-Josée Mulowayi, LT Sasha Mayers

U.S. Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

[TCE-HIV@samhsa.hhs.gov](mailto:TCE-HIV@samhsa.hhs.gov)

Date: Tuesday, May 21, 2024; 2:00PM - 3:00PM EST  
Location: Virtual



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# WELCOME!



# Presentation Outline

- Staff Team Introductions
- NOFO Overview
- Application Submission
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- Key Personnel
- Required Activities
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- Application Evaluation Criteria
- Required Application Components
- Q&A

# Leadership Team



**Darrick Cunningham, LCSW, BCD**  
Director, Division of Services  
Improvement



**Navind D. Oodit,**  
PharmD, MHA, RPh  
Branch Chief



**Kirk E. James, M.D.**  
MAI-PCC Co-Lead



**Kristin Roha, MS, MPH**  
MAI-PCC Co-Lead

# Government Project Officers



**LT Sasha Mayers**  
MPH



**Marie-Josée Mulowayi**  
IMG, MPH



**Angelica Ramirez**  
MPA



**Ronnie Rogers-Hyman**  
MPA



**Nathalie Tirado  
Gonzalez,**  
MA

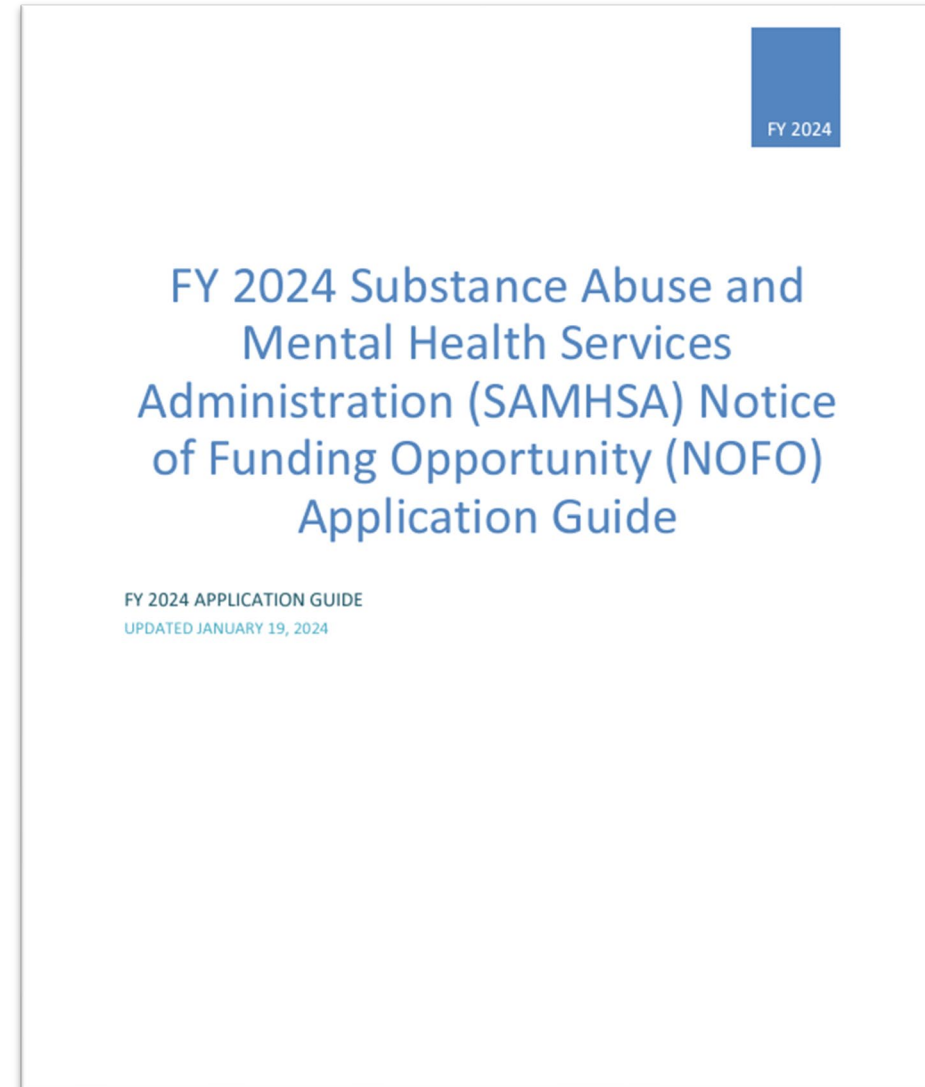


# NOFO Overview

- **Launched on SAMHSA's Website:** **May 9, 2024**
- **Applications due by no later than:** **July 8, 2024**
- **Anticipated Number of Awards:** Up to 4
- 1 award will be made to an applicant serving a rural area, pending sufficient application volume
- **Anticipated Award Amount:** Up to \$650,000 per year
- **Length of Project:** Up to 3 years
- **Anticipated Award Date:** No Later than September 29, 2024
- **Anticipated Project Start Date:** **September 30, 2024**
- **Cost Sharing/Match Required?** No

# Application Submission

- The first page of the NOFO contains a link to the 2024 Application Guide.
- The Application Guide provides detailed instructions on preparing and submitting your application.
- **When preparing your application for submission, refer to both the Notice of Funding Opportunity (NOFO) and the [Application Guide](#).**



[2024 Application Guide.](#)

# Purpose (1 of 2)

SAMHSA aims to improve the healthcare for people experiencing **unsheltered homelessness** while learning, through the experience of funded grant recipients, about best practices for SUD, HIV, viral hepatitis, STIs, mental health, and harm reduction **service delivery in a low-barrier, on-site context.**

- **Unsheltered homelessness** includes persons sleeping in settings not designed for shelter such as cars, encampments, transportation settings, or abandoned buildings.



# Purpose (2 of 2)

- **The purpose** of this program is to pilot a **portable clinical care approach** to underserved populations experiencing unsheltered homelessness by integrating behavioral health, HIV treatment and prevention services.
- This approach focuses on literally “**meeting people where they are**”, such as encampments, with the equitable delivery of integrative services.
- Recipients will be expected to take a [syndemic approach](#) to healthcare delivery through utilization of:
  - low barrier substance use disorder (SUD) treatment;
  - HIV and viral hepatitis testing and treatment;
  - HIV prevention including condom, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) distribution;
  - mental health care;
  - harm reduction services.

# Eligibility

## Eligible applicants are states and territories

SAMHSA's goal is to pilot this program in **different and distinct geographic areas** where the number of people experiencing unsheltered homelessness is high; therefore, if more than one application is received from an eligible entity serving the same geographic catchment area, only the **highest scoring** application serving that geographic area will be considered for funding.

- An organization may submit more than one application; however, each application must focus on a **different population of focus** or a **different geographic/catchment area(s)**.
- **One (1) award** will be made to an applicant providing services in a **rural area**, pending sufficient application volume. To be eligible for this set aside, see instructions for required documentation in **Attachment 9**.

**Note: All non-profit entities must provide documentation of their non-profit status in Attachment 8 of the application.**

\* (Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), including the District of Columbia, political subdivisions of states, Indian tribes, or tribal organizations (as such terms are defined in section 5304 of title 25), health facilities, or programs operated by or in accordance with a contract or award with the **Indian Health Service, or other public or private non-profit entities, including faith-based organizations.**

# Ineligibility

Grant recipients who received funding in FY23 under the Portable Clinical Care Pilot Project NOFO (TI-23-024) **are not eligible** to apply.

FY23 awardees are currently providing services in the following cities:

- San Francisco, California,
- Los Angeles, California, and;
- Phoenix, Arizona.

# Evidence of Experience and Credentials (1 of 3)

- SAMHSA believes that **only** existing, experienced, and appropriately credentialed organizations with an established record of service delivery and expertise will be able **to provide the required services quickly and effectively.**
- Applicants are encouraged to include appropriately credentialed organizations that provide services **to underserved, diverse populations.**
- **All required activities must be provided by applicants directly,** by subrecipients, or through referrals to partner agencies.

# Evidence of Experience and Credentials (2 of 3)

Applicants must submit evidence that **three** additional requirements related to the provision of services have been met in **Attachment 1**.

1. A provider organization for direct client services to people experiencing homelessness as well as experience providing some or all of the following services: **substance use disorder treatment, substance use prevention, mental health, behavioral health,** must be involved in the project. The provider may be the applicant or another organization committed to the project as demonstrated by a Letter of Commitment (LOC). More than one provider organization may be involved.
2. Each service provider organization (which **must** include the applicant, as well as any partners) must have a **minimum of two consecutive years of experience immediately prior** to the submission of their application providing relevant services to people experiencing unsheltered homelessness.

# Evidence of Experience and Credentials (3 of 3)

3. Each mental health/substance use disorder prevention, treatment, or recovery support provider organization **must** be in compliance with all applicable local (city, county) and state licensing, accreditation, and certification requirements, **as of the due date of the application.**

**Note:** The above requirements apply to all service provider organizations



# Key Personnel

**Key personnel for this program are:**

- **Project Director:** Person responsible for oversight of the entire project, including overseeing, monitoring, and managing the award; at least a 25% level of effort is required.
- **Program Coordinator:** Person responsible for the day-to-day operations of the award; 100% level of effort is required; and
- **Program Evaluator:** Person responsible for evaluating the processes and outcomes of the award; at least a 25% level of effort is required.

**Note:** Award recipients are **encouraged** to consider hiring people with lived experience with SUD, co-occurring SUDs and mental health conditions, recovery, homelessness and/or experience with unsheltered homelessness, and/or living with HIV in lieu of education as appropriate.

# Required Activities (1 of 10)

## Overview of Required Activities

- I. Provide basic primary health care services and supplies
- II. Low barrier substance use disorder treatment
- III. Take a syndemic approach (SUD, Mental Health Conditions, HIV, Viral Hepatitis, STIs, Mpox, TB)
- IV. Test for STIs and providing treatment on-site or by referral
- V. Provide harm reduction services
- VI. Provide mental health care, treatment, & referral
- VII. Provide care coordination & case management services to address infectious diseases and the social determinants of health (e.g., housing)
- VIII. Document best practices and lessons learned while implementing integrated care using a portable clinical care approach
- IX. Disseminate findings from pilot program
- X. Memorandums of Agreements

# Required Activities (2 of 10)

**Delivery of services is expected by the 4th month of the award, serving the unduplicated number of individuals proposed in the Project Narrative (Section B.1).**

Project Narrative (Section B.2) - Describe how you plan to implement **ALL** of the following required activities:

**I. Provide basic primary health care services and supplies:**

such as wound care, including the provision of wound care supplies: gloves, bandages, irrigation, dressings, gauze, and antibiotics and screenings for high blood pressure, diabetes, and acute infections with appropriate follow-up care on-site or by referral, **if necessary**.

# Required Activities (3 of 10)

## II. Low barrier substance use disorder treatment

- Conduct screening and assessment of SUD and co-occurring mental and substance use disorders
- Use FDA approved medications to treat SUDs including opioid use disorder (OUD), stimulant use disorder, and alcohol use disorder (AUD), with minimal requirements of patients, thus removing or reducing barriers to treatment and expanding access to care.
- Ability to access/partner with licensed Opioid Treatment Programs (OTPs), Office-Based Opioid Treatment programs (OBOTs), and Certified Community Behavioral Health Clinics (CCBHCs) to provide all forms of Medications for Opioid Use Disorder (MOUD) and AUD treatment programs

# Required Activities (4 of 10)

## II. Low barrier substance use disorder treatment (Con't)

- Provide SUD and mental health treatment/referral and coordination of treatment when necessary.
- Services **must** be culturally appropriate, trauma-informed, evidence-based\* or community-defined, and may be provided outside, in-person by the portable clinical care team, and/or through referral to outpatient, intensive outpatient, day treatment, or residential settings based on client needs and collaborative treatment plan.

\* If an evidence-based practice(s) (EBP(s)) exists for the population(s) of focus and types of problems or disorders being addressed (e.g., medications for opioid use disorder as standard of care for opioid use disorder), the expectation is that EBP(s) will be utilized.

# Required Activities (5 of 10)

III. Take a [syndemic approach](#) to address infectious diseases and conditions, screening clients and their drug-using and/or sexual partners on-site for HIV, viral hepatitis, STIs, Mpox, and tuberculosis, as appropriate.

**NOTE:** SAMHSA funds **cannot** be used to pay for PrEP or PEP medications. However, SAMHSA funds can be used to pay for office visits and lab work medically relevant to PrEP or PEP initiation.

IV. Provide viral Hepatitis testing, prevention, and treatment using a portable clinical care approach, including:

- **Hepatitis A testing** may also be performed if an outbreak is currently taking place in the recipient's geographic area.
- Provide **hepatitis A and B vaccination** to participants as necessary
- For people who test positive for hepatitis B and/or hepatitis C, provide **case management\*** and referral and linkage to treatment for hepatitis B and C\*\*.

\* Case management includes comprehensive assessment of the client's needs and development of an individualized service plan, including infectious disease prevention and/or treatment services, as well as helping clients with funding for treatment, including HCV treatment, as necessary.

\*\* SAMHSA funds **cannot** be used to pay for treatment for hepatitis B or C.



# Required Activities (6 of 10)

## V. Addressing Mpox

- Use award resources, including funds or staff, for **Mpox** activities conducted in conjunction with SAMHSA supported work as allowable in [SAMHSA's Mpox Dear Colleagues letter](#).
- **Such activities include, but are not limited to:** navigating people served by award funds to testing, treatment, and prevention resources identified through collaboration with local health departments and mental health support of individuals with Mpox served by this award or referral/navigation to these services.

# Required Activities (7 of 10)

**VI.** Test participants for **STIs** (gonorrhea, chlamydia, syphilis, and genital herpes) and provide treatment on-site or referral as needed.

Refer to [SAMHSA's STI's/Syphilis Dear Colleagues Letter](#)

**VII.** Screen for symptomatic **tuberculosis** and test participants for latent or active tuberculosis and provide treatment as needed.

**VIII.** Implement **infectious disease testing quality assurance measures** following established guidelines

**IX.** Develop **Memorandum of Agreements (MOAs)** with the following, as appropriate:

- Primary HIV treatment and care providers, including [Ryan White providers](#), to strengthen integration of care through case management.
- Treatment providers for referrals and linkages to follow-up care and treatment for individuals with viral hepatitis (B or C).
- Care providers for referrals and linkages to PrEP.
- Care providers for referrals and linkage to PEP.

# Required Activities (8 of 10)

## X. Harm Reduction Services

- Provide evidence-based **harm reduction**\* education, supplies, and services on-site, either singularly or in collaboration with a community-based harm reduction organization.
- Distribute FDA-approved overdose reversal medication, drug supply testing (e.g., fentanyl and xylazine test strips), and overdose prevention education to the populations of focus regarding the use of substances, including but not limited to, opioids and their synthetic analogs\*\*.

\* Harm reduction services funded under this award must adhere to federal, state, and local laws, regulations, and other requirements related to such programs or services. SAMHSA has discussed harm reduction services in such sources as <https://www.samhsa.gov/find-help/harm-reduction/framework>.

\*\* See funding limitations section for information about using grant funds for the purchase of harm reduction supplies.

# Required Activities (9 of 10)

## XI. Mental health care, treatment, and referral

- Conduct screening and assessment of mental health conditions and co-occurring mental and substance use disorders.
- Provide trauma-informed\*, culturally responsive, client-centered, evidence-based, recovery-oriented, and integrated mental health and substance use services on-site (preferred) or by referral if barriers to on-site delivery exist.
- Deliver or coordinate any services determined to be necessary to address any identified mental health conditions. Portable clinical team members may deliver medication as clinically indicated for clients' psychiatric needs and as prescribed by an appropriately licensed healthcare practitioner working within their scope of practice\*\*.

\*For further information on trauma-informed approaches see SAMHSA resources such as:  
<https://store.samhsa.gov/product/practical-guide-implementing-trauma-informed-approach/pep23-06-05-005>.

\*\* See Funding Limitations Section for information about the use of grant funds for the purchase of psychotropic/psychiatric medication.

# Required Activities (10 of 10)

**XII. Provide care coordination and case management services to address infectious diseases and the social determinants of health, including housing**

**XIII. Document best practices and lessons learned while implementing integrated care using a portable clinical care approach. Disseminate findings from pilot program.**

- Report to SAMHSA twice per year a narrative progress report documenting best practices, lessons learned, and challenges.
- Annually, participate in a virtual learning collaborative to share best practices and lessons learned, as well as brainstorm solutions to challenges faced by members of the learning collaborative.
- Document best practices and lessons learned for the public through either the development of white papers, participation in conference presentations, a guide to be shared with the public about launching their own portable clinical care program, etc.

# Allowable Activities (1 of 5)

## Overview of Allowable Activities

I. Training/workforce development

II. Develop and implement tobacco cessation programs, activities, and/or strategies

III. Develop and implement evidence-based contingency management (CM) programs

IV. Incorporate [Undetectable = Untransmittable \(U=U\)](#) messaging, including communication campaign focused on reducing stigma related to harm reduction, SUD, HIV, other infectious diseases, and homelessness.

V. Address the intersection between oral and behavioral health

VI. Distribute over-the-counter medications, safer sex kits and hygiene kits

VII. Partnerships to provide Recovery Support Services (RSS)

VIII. Purchase tent or similar temporary and moveable structure on-site, vehicle purchase

IX. Provide equipment and supplies to enhance harm reduction efforts and public education related to harm reduction.

X. Coordinate and utilize crisis and 988 systems

XI. Provide or ensure linkage to support engagement with recovery support services

XII. Provide referral and linkage to food assistance programs

XIII. Use of telehealth and/or telemedicine services



# Allowable Activities (2 of 5)

Allowable activities are NOT required. Applicants may propose to use funds for the following activities:

- Training/workforce development including but limited to:
  - Training for staff to provide services for mental health or SUD issues and harm reduction strategies
  - Provide training in evidence-based practices (EBPs) for service providers, such as MOUD and medications for AUD, motivational interviewing, intensive case management (ICM), community reinforcement approach (A-CRA), motivational interviewing, or peer supports.
- Develop and implement tobacco cessation programs, activities, and/or strategies.
- Develop and implement evidence-based contingency management (CM) programs to treat stimulant use disorder and concurrent substance misuse, and to improve retention in care. **Clients may NOT receive contingencies totaling more than \$75, per budget period (Refer to Slide 21 for more details)**
- Incorporate [Undetectable = Untransmittable \(U=U\)](#) messaging in communication strategies
- Address the intersection between oral and behavioral health by providing dental kits to promote oral health for individuals experiencing unsheltered homelessness (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, **non-alcohol containing mouthwash**).
- Distribute over-the-counter medications as needed.
- Distribute hygiene kits

# Allowable Activities (3 of 5)

- Partnerships to provide Recovery Support Services (RSS), including peer support services.
- Purchase tent or similar temporary and moveable structure for on-site (e.g., in encampments) that provide appropriate privacy and adequate space to administer and dispense medications, conduct screenings, and provide SUD treatment.
- Distribute safer sex kits, including condoms.
- Provide equipment and supplies to enhance harm reduction efforts, such as
  - Medication lock boxes;
  - FDA-approved overdose reversal medication (nasal and intramuscular)
  - Substance test kits, including test strips for xylazine, fentanyl and other synthetic drugs.
- Coordinate and utilize crisis and 988 systems
- Provide or ensure linkage to support engagement with recovery support services, to improve access to and retention in services and to continue treatment gains
- Provide referral and linkage to food assistance programs, including food pantries and meal services.

# Allowable Activities (4 of 5)

- A vehicle may be required and purchased to reach the population of focus and to transport supplies or provide the required transportation (i.e., pick up and drop off) for those requiring services that cannot be provided on-site by the portable clinical care outreach team.
- Use of telehealth and/or telemedicine services, including audio-only telehealth.
- Implement a communication campaign focused on reducing stigma related to harm reduction, SUD, HIV, other infectious diseases, and homelessness.
- Provide public education on any state “Good Samaritan” laws related to harm reduction.

***NOTE: Funds cannot be used to purchase syringes to prevent and control the spread of infectious disease. Funds may be used to purchase syringes to administer intramuscular naloxone.***

# Allowable Activities (5 of 5)

**System Capacity Building (optional allowable activity) – must describe in Section B of the Project Narrative.**

- Developing partnerships with other providers for service delivery and with stakeholders serving the population of focus.
- Training/workforce development to help staff or other providers in the community identify mental health or substance use issues or provide effective culturally and linguistically competent services consistent with the purpose of the program.
- Policy development to support needed service system improvements (e.g., rate-setting activities, establishment of standards of care, adherence to the Behavioral Health Guide for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, development or revision of credentialing, licensure, or accreditation requirements).

# Contingency Management

- Clients may not receive more than **\$75, per budget period**.
- Certify that you will comply with all applicable conditions and training requirements.
- Provide a plan within 90 days of grant award to ensure: primary grant recipient staff and if applicable sub-awardee(s) receive appropriate education on CM
- Describe the role of individuals in delivery and monitoring of CM services, as outlined in **Appendix A of this NOFO TI-24-013, page 15**
- The Statement of Certification must be provided in **Attachment 11** of your application.
- CM in Application Guide, page 21, 37
- For specific information about incentives, see <https://www.samhsa.gov/grants/grants-management/policiesregulations/additional-directives>

If you have reviewed the Contingency Management information in the **NOFO TI-24-013, page 15** and [application guide](#) and still have questions about Contingency Management, please send your question(s) to: [TCE-HIV@samhsa.hhs.gov](mailto:TCE-HIV@samhsa.hhs.gov).

# Data Collection & Reporting (1 of 2)

You must collect and report data for SAMHSA to meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010.

You must document your plan for data collection and reporting in [Section E](#) of the Project Narrative.

You must document your plan for data collection and reporting in your Project Narrative in response to [Section E](#): Data Collection and Performance Measurement in Section V of this NOFO.

Recipients are required to report performance on key performance measures.

- Total number of **clients served**
- Client **demographic** information
- Number of **clients receiving services** by service type, client demographics, and service delivery type
- Number of **services rendered** by service type and service delivery type (i.e., point of care, referral)
- Data on **program administration**, such as costs, staffing footprint, logistics information, etc.



# Data Collection & Reporting (2 of 2)

- Recipients will also be required to report to SAMHSA on a semi-annual basis on additional data (number of **harm reduction supplies, HIV test kits and viral Hepatitis test kits** purchased with SAMHSA funds as well as the **number of positive HIV and viral Hepatitis tests**. Recipients will also be required to provide data on **referrals and linkages to follow-up care**.
- Data are to be submitted on a **semi-annual basis (at six months and twelve months** of each budget year) within 30 days of the end of each reporting period.
- The data you collect allows SAMHSA to report on key outcome measures. **Performance measures are also used to show how programs reduce disparities in behavioral health access, increase client retention, expand service use, and improve outcomes.** Performance data will be reported to the public as part of SAMHSA's Congressional Budget Justification.
- One key part of the performance assessment is determining if your project has or will have the **intended impact on behavioral health disparities**. You will be expected to collect data to **evaluate whether the disparities you identified in your Disparity Impact Statement (DIS) are being effectively addressed**.

# Application Evaluation Criteria

- **Section A:** Population of Focus ----- 20 pts
- **Section B:** Proposed Implementation Approach----- 30 pts
- **Section C:** Proposed EB, Adapted or Community defined  
Services/Practices ----- 25 pts
- **Section D:** Staff and Organizational Experience ----- 15 pts
- **Section E:** Data Collection and Performance Measurement --- 10 pts

**NOTE:** Applicants must include exclusively people experiencing unsheltered homelessness, and the geographical catchment area must align with meeting people experiencing unsheltered homelessness where they are (i.e. in encampments, parks, under bridges, etc.).

# Required Application Components

- SF-424 - Application for Federal Assistance Form
- SF-424 A – Budget Information Form
- Projected Narrative Attachment- (Section A through Section E)
- Budget Justification and Narrative
- SF 424 B Assurances for Non-Construction
- Disclosures of Lobbying Activities
- Other Attachments Form

# A note on applicants serving a rural population

## ATTACHMENT 9 – STATEMENT OF CERTIFICATION:

One (1) award will be made to applicants that will provide services to individuals experiencing unsheltered homelessness in a [rural area](#).

To be eligible, applicants **must** submit information certifying that their project will be implemented in a rural area, the rural counties they will serve and the estimated number of people experiencing unsheltered homelessness in that area.

# Thank You

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

**If you have questions, please contact:**

**[TCE-HIV@samhsa.hhs.gov](mailto:TCE-HIV@samhsa.hhs.gov)**

**[www.samhsa.gov](http://www.samhsa.gov)**

**1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)**