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# State Targeted Response to the Opioid Crisis Grants (Opioid STR)

Pre-Application Technical Assistance  
December 21, 2016  
3:00 pm to 4:30 pm EST



# Housekeeping

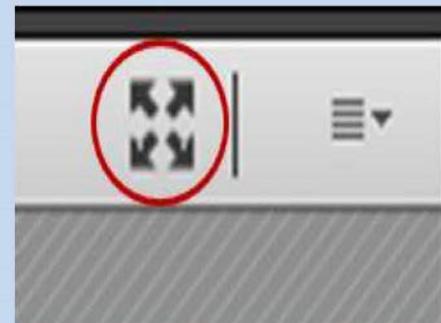
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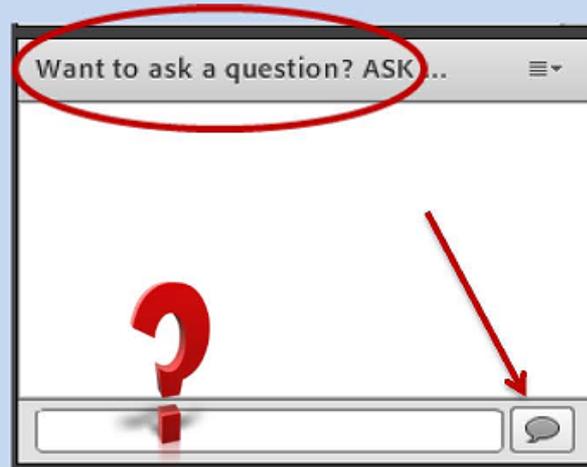
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# Housekeeping (cont'd.)

If you have questions for the presenters, enter them in the Presenter Q&A box and our presenters will respond to as many questions as possible. Please use the [Technical Support Chat](#) to ask our technology coordinator for guidance.



# Welcome and Overview

- **SAMHSA Participants**

- Kimberly Johnson, PhD., Director, CSAT
- Frances M. Harding, Director, CSAP
- Deepa Avula, Director, MPH,OFR
- Elizabeth Lopez, PhD., Deputy Director, CSAT
- Greg Goldstein, Deputy Director, CSAP
- Dr. Mitra Ahadpour, MD, Director, DPT, CSAT
- Onaje Salim, Ph.D., Director, DSCA, CSAT
- John Campbell, M.A., Branch Chief, DSCA, CSAT
- Donna Hillman, Team Lead, DSCA, CSAT
- Clarese Holden, Ph.D., Director, DSP, CSAP
- Tonia Gray, Senior Public Health Advisor, West Team Lead, DSP, CSAP

# Agenda

- Welcome
- Description and Purpose of Opioid STR
- Overview of FOA
  - Expectations
  - Required & Allowable Activities
  - Other Expectations
  - Using Evidence-based Practices
  - Data Collection & Performance Management
  - Local Performance Assessment
  - Funding Restrictions/Limitations
  - Evaluation Criteria
- Questions?

# Description of Opioid STR

- State Targeted Response to the Opioid Crisis Grants (Opioid STR) are meant to supplement current opioid-related activities, increasing the ability of grantees to address the nation's opioid crisis.
- Opioid STR activities will be grounded in epidemiologic data and research and utilize evidence-based practices to ensure the quality of prevention, treatment, and recovery.
- These grants will be awarded to states and territories via a formula based on the unmet need for opioid use disorder (OUD) treatment and drug poisoning deaths (see Appendix E).

## Purpose

- **Increase** access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids as well as illicit drugs such as heroin).
- **Supplement** current opioid activities undertaken by the state agency or territory.
- **Support** a comprehensive response to the opioid epidemic using a strategic planning process to conduct needs and capacity assessments.

# Overview

<b><u>Funding Opportunity Title:</u></b>	<b>State Targeted Response to the Opioid Crisis Grants</b>
<b>Funding Opportunity Number:</b>	<b>TI-17-014</b>
<b>Due Date for Applications:</b>	<b>February 17, 2017</b>
<b>Anticipated Total Available Funding:</b>	<b>Up to \$485,000,000</b>
<b>Cost Sharing/Match Required</b>	<b>No</b>
<b>Length of Project Period:</b>	<b>Up to 2 years</b>
<b>Eligible Applicants:</b>	<b>Eligibility is limited to Single State Agencies (SSAs)</b>  <b>See <a href="#">Section III-1</a> of this FOA for complete eligibility information.</b>

## I.2 Expectations

SAMHSA expects the grantee to:

- Provide an array of prevention, treatment, & recovery support services to address the opioid misuse & overdose epidemic within the states & territories based on needs identified in the State's strategic plan.
- Spend up to 5% of the award on administrative/infrastructure costs to administer the grant.
- Spend at least 80% of the remaining award (after administrative/infrastructure costs) on OUD treatment & recovery services.
- Assess the needs of their tribal communities & include them in their strategic plan.
- Report expenditures for all activities.
- Ensure all available resources for services within the state or territory are leveraged for prevention & treatment services & coordinate activities to avoid duplication of efforts.

## I.2 Required Activities

- Develop a needs assessment using statewide epidemiological data (where available if a needs assessment effort is already in place, work with the local, state, or tribal epidemiological outcomes workgroup to enhance and supplement the current process and its findings). The needs assessment should identify:
  - areas where opioid misuse and related harms are most prevalent.
  - the number and location of opioid treatment providers in the state, including providers that offer OUD services.
  - all existing activities and their funding sources in the state that address opioid use prevention, treatment, and recovery activities and remaining gaps in these activities.

## I.2 Required Activities – Cont'd.

- Develop a comprehensive state strategic plan to address the gaps in prevention, treatment, and recovery identified in the needs assessment.
- Design, implement, enhance, and evaluate primary and secondary prevention using evidence-based methods defined by SAMHSA or CDC proven to reduce the number of persons with OUDs and OUD associated deaths.
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT), i.e., the use of FDA-approved medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination formulations and buprenorphine monoproduct formulations, naltrexone products including extended-release and oral formulations or implantable buprenorphine) in combination with psychosocial interventions.

## I.2 Required Activities – Concluded

- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for under- and uninsured patients.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

## 1.2 Allowable Activities

- Train substance use and mental health care practitioners, on topics such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorder, referral of patients to treatment programs, and overdose prevention including CDC's opioid prescribing guidelines.
- Support access to healthcare services, including services provided by Federally certified opioid treatment programs or other appropriate healthcare providers to treat substance use disorders.
- Address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT.

# 1.2 Allowable Activities – Cont'd.

- Train OUD prevention and treatment providers, such as physicians, nurses, NPs, PAs, counselors, social workers, care coordinators and case managers. SAMHSA's Opioid Overdose Prevention Toolkit must be used when developing training that addresses opioid overdose as well as CDC's prescribing guidelines.
- Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment.
- Integrate health information technology programs, including enhancing clinical decision tools, to support identification of patients with OUD and engage them in treatment.
- Purchase naloxone for distribution in high need communities, if necessary, and training first responders, substance use prevention and treatment providers, and others on the use of naloxone.

## 1.2 Allowable Activities – Concluded

- Enhance the State Prescription Drug Monitoring Program (PDMP), working with CDC grantees where applicable, to increase use of PDMP data (where appropriate).
- Establish and/or enhance statewide and community-based recovery support systems, networks, and organizations to develop capacity at the state and local levels to design and implement peer and other recovery support services as vital components of recovery-oriented continuum of care.

## I.2 Other Expectations (specific to Opioid STR)

- If you currently receive opioid-related funding from other Federal programs, you must coordinate activities to eliminate duplication of services and programs (e.g. MAT-PDOA, SPF-Rx, PDO, SABG, CDC's PDMP, etc.).

## I.2.1 Using Evidence-based Practices (EBPs)

- Grantees will be expected to use EBP strategies & identify which system design models are most appropriate for their population of focus and will most rapidly address the gaps in their systems of care.
- Applicants must:
  - Identify the EBPs you propose to implement for the specific population(s) of focus. If an EBP does not exist/apply for the program/population(s) of focus, describe the service/practice to be implemented as an appropriate alternative.
  - If proposing to use more than one EBP, provide a justification for doing so and clearly identify which service modality and population of focus each practice will support.

# I.2.1 Using Evidence-based Practices (EBPs) – Cont'd

- Discuss the population(s) for which the practice(s) has (have) been shown to be effective and show that it (they) is (are) appropriate for your population(s) of focus.
- Indicate whether/how the practice(s) will be adapted for a specific population.
- SAMHSA encourages you to consult with an expert or the program developer to complete any modifications to the chosen EBP. This is especially important when adapting EBPs for specific underserved populations for whom there are fewer EBPs.

# I.2.2 Data Collection & Performance Measurement

- Grantees' progress in addressing the opioid epidemic will be partially assessed through the submission of data in compliance with the Substance Abuse Prevention and Treatment Block Grant (SABG) standard reporting requirements.
- Additionally, grantees will be required to report performance on the following performance measures specific to this program:
  - Number of people who receive OUD treatment.
  - Number of people who receive OUD recovery services.
  - Number of providers implementing MAT.
  - Number of OUD prevention and treatment providers trained, to include NPs, PAs, as well as physicians, nurses, counselors, social workers, case managers, etc.
  - Numbers and rates of opioid use.
  - Numbers and rates of opioid overdose-related deaths.

## I.2.3 Local Performance Assessment

- All grantees receiving the Opioid STR grant are required to create a final annual report at the conclusion of each year related to substance use which must include the performance data required in I.2.2 and:
  - The purposes for which the grant funds received by the grantee were expended and a description of the activities under the program; and
  - The ultimate recipients of amounts provided to the grantee in the grants.
- Grantees will also submit a progress report at the midpoint of each grant year with the same information. The report required under this program is in addition to the report submitted pursuant to section 1942 of the PHS Act.

# IV.3 Funding Restrictions/Limitations

All budgets will be reviewed in conjunction with program objectives and will be approved prior to award.

Of the total grant award:

- No more than 5 percent may be used for administrative and infrastructure development costs.
- Not less than 80 percent (after administrative/infrastructure costs) must be used for opioid treatment services.
- Only U.S. Food and Drug Administration (FDA) –approved products can be purchased with Opioid STR grant funds.
- Funds may not be expended through the grant or a subaward by any agency which would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders. Specifically, patients must be allowed to participate in methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an Opioid Treatment Program and ordered by a physician who has evaluated the client and determined that methadone is an appropriate medication treatment for the individual’s opioid use disorder. Similarly, medications available by prescription or office-based implantation must be permitted if it is appropriately authorized through prescription by a licensed prescriber or provider. In all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming if stopping is inconsistent with a licensed prescriber’s recommendation or valid prescription.

# V.1 Section A: Population of Focus and Statement of Need

1. Identify your communities of focus at highest risk for OUD. Provide a comprehensive demographic profile of this population in your local area in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, rural/urban population, and socioeconomic (including insurance) status.
2. Discuss the differences in access, service use, and outcomes for your population of focus in comparison with the general population in the local service area, citing relevant data. Describe how the proposed project will improve these disparities in access, service use, and outcomes.
3. Describe the nature of the OUD problem, including currently available resources and service gaps. Document the extent of the need (i.e., current prevalence rates or incidence data) for the population(s) of focus identified in your response to question A.1. To the extent available, use local data to describe need and service gaps, supplemented with state and/or national data. Identify the source of the data.

# V.1. Section B: Proposed Implementation Approach

1. Describe the purpose of the proposed project, including its goals and measureable objectives.
2. If applicable, describe other state and Federal resources, such as CDC resources, that address the objectives of the proposed projects and how Opioid STR funds will work synergistically with these activities to enhance and not duplicate existing efforts.
3. Provide a chart or graph depicting a realistic time line for the two (2) years of the project period showing dates, key activities, and responsible staff.
4. Describe clearly your administrative and infrastructure costs (up to 5 percent of the award) and how these will lead to your program's success.
5. Describe the prevention activities that will be implemented as part of your comprehensive approach to address the opioid crisis.

# V.1 Section B: Proposed Implementation Approach – Cont'd.

5. Describe the treatment/recovery support services (not less than 80 percent of award after administrative costs) that will be implemented as part of your comprehensive plan to address the opioid crisis.
6. Describe how you will identify, recruit, and retain the population(s) of focus, and how this approach will take into consideration the language, beliefs, norms, values, and socioeconomic factors of this/these population(s).
7. State the unduplicated number of individuals to which you propose to provide treatment and recovery support services (annually and over the entire project period) with grant funds. Include the types and numbers of other services to be provided and anticipated outcomes. Explain how you arrived at this number and that it is reasonable given your budget request.

# V.1 Section C: Proposed Evidence-Based Service/Practice

1. Describe the system design and implementation models that you will use to increase availability of services to prevent and treat OUD.
2. Describe the Opioid Use Prevention and Treatment EBP(s) that will be used. Document how each EBP chosen is appropriate for the outcomes you want to achieve. Justify the use of each EBP for your population of focus. Explain how the chosen EBP(s) meet SAMHSA's goals for this program. If an EBP does not exist/apply for your program, fully describe the practice you plan to implement, explain why it is appropriate for the population of focus, and justify its use compared to an appropriate existing EBP.
3. Explain how your choice of an EBP or practice will help you address disparities in service access, use, and outcomes for your population(s) of focus.
4. Describe any modifications that will be made to the EBP or practice and the reasons the modifications are necessary. If you are not proposing any modifications, indicate so in your response.
5. Explain how you will monitor the delivery of the EBPs to ensure that they are implemented according to the EBP guidelines.

## V.1 Section D: Staff and Organizational Experience

1. Discuss the capability and experience of the applicant organization with similar projects and populations. Demonstrate that the applicant organization has linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.
2. Discuss the capability and experience of other partnering organizations with similar projects and populations. Demonstrate that other partnering organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus
3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Demonstrate successful project implementation for the level of effort budgeted for the Project Director and key staff.
4. Discuss how key staff members have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s). If key staff members are to be hired, discuss the credentials and experience the new staff must possess to work effectively with the population of focus.
5. Describe how your staff will ensure the input gathered from consumers, clients, and families in assessing, planning and implementing your project.

# V.1 Section E: Data Collection and Performance Measurement

- Document your ability to collect and report on the required performance measures.
- Describe your specific plan for data collection, management, analysis, and reporting.
- The data collection plan must specify the staff person(s) responsible for tracking the measurable objectives that are identified in your response to question B1.
- Describe the quality improvement process that will be used to track whether your performance measures and objectives are being met, & how these data will inform the ongoing implementation of the project.

# Resources

- <https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2350>
- <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm655051e1.pdf>
- <http://www.pewtrusts.org/en/research-and-analysis/analysis/2016/02/11/improvements-to-prescription-drug-monitoring-programs-can-help-stop-overdose-deaths>
- <https://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/2016awards/index.html>
- <https://addiction.surgeongeneral.gov/>
- <https://www.samhsa.gov/medication-assisted-treatment>
- <https://www.samhsa.gov/capt/about-capt>

# Questions?

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