

SAMHSA State Opioid Response Funding Opportunity Announcement FY2020

Overview and Considerations for Addressing HIV/Infectious Diseases, Harm Reduction, and Stimulant Use

This document provides an overview of the SAMHSA State Opioid Response (SOR) Funding Opportunity Announcement (FOA) TI-20-012 for fiscal year (FY) 2020, with a specific focus on incorporating strategies to address HIV/infectious diseases, harm reduction, and stimulant use. State Ryan White HIV/AIDS Program (RWHAP) Part B recipients may find this information helpful as they collaborate with behavioral health/substance use agencies/departments and develop their SOR applications.

OVERVIEW

- Announcement: <https://www.samhsa.gov/grants/grant-announcements/ti-20-012>
- Application deadline: May 19, 2020
- Anticipated project start date: September 1, 2020
- Length of project period: Up to 2 years
- Funding: See Appendix K page 80 of the [FOA](#) for a listing of annual award amounts by state
- Description: SOR grants aim to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).
- SOR grants also support evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine. [New for FY2020; was not part of previous FY2018 SOR two-year FOA]

CONSIDERATIONS FOR ADDRESSING HIV AND INFECTIOUS DISEASES, HARM REDUCTION, AND STIMULANT USE WITH SOR FUNDING

- Pages 7-11 of the FOA cover required activities, allowable activities, and other expectations. The FOA presents multiple opportunities to collaborate and coordinate efforts to address HIV, other infectious diseases, harm reduction, and stimulant use. Specific points for consideration are included below. Please note this is not an exhaustive list and the FOA, along with local efforts, should guide your decisions.
- Required Activities
 - **HIV and viral hepatitis testing** must be performed as clinically indicated and referral to appropriate treatment provided to those testing positive. Vaccination for hepatitis A and B should be provided or a referral made for [those individuals for whom testing is] clinically indicated (FOA p. 9). [In November 2019, SAMHSA sent a [Dear Colleague Letter](#) urging HIV testing in substance use programs.]
- Allowable Activities
 - Develop and implement evidence-based prevention, treatment, and recovery support services to address **stimulant misuse and use disorders**. Clinical treatment may include outpatient, intensive outpatient, day treatment, partial hospitalization, or inpatient hospitalization (FOA p. 9).
 - Support innovative **telehealth strategies** in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery (FOA p. 9).
- Other Expectations
 - The RWHAP provides a comprehensive system of care that includes primary medical care and essential support services for people living with HIV who are uninsured or underinsured. Recipients are encouraged to **collaborate and coordinate with RWHAP recipients** for the provision of HIV care and treatment services, including hepatitis screening, testing, and vaccination for people living with HIV (FOA p. 9).
 - Recipients must utilize third party and other revenue realized from the provision of services to the extent possible and use SAMHSA grant 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. Recipients are also expected to facilitate the health insurance application and enrollment process for eligible uninsured clients (FOA p. 10).

ADDITIONAL POINTS FOR CONSIDERATION

- Page 18 of the FOA describes requirements for Section A: Population of Focus and Statement of Need. Include relevant data in this section to **justify supporting harm reduction programs and care/service provision** for people with HIV and OUD. This section provides an opportunity to document data related to HIV, hepatitis, sexually transmitted diseases (STDs), and stimulant use. This section is limited to one page, so unless other opportunities exist in the narrative, there is limited space for this information.
 - Identify the population(s) of focus and the geographic catchment area where services will be delivered. Describe how funding streams will be coordinated to address the need. Discuss whether funding will also be used to address stimulant misuse.
 - Describe the extent of the problem in the catchment area, including service gaps, and 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 A.1. Identify the source of the data.
- Page 43 (Appendix E) of the FOA provides information on developing goals and measurable examples. One of the examples is: “Increase the capacity of the local school district to reduce high-risk behaviors of students that may contribute to substance abuse and/or HIV/AIDS.”
- Page 44 of the FOA provides information on making objectives specific. Include the “who” and “what” of program activities and use only one action verb to avoid issues with measuring success. The example provided is: “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus,” which is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”
- Page 45 of the FOA provides the following as an example of a SMART objective: “By the end of the 2018 school year, district health educators will have conducted classes on assertive communication skills for 90% of youth in the middle school receiving the substance abuse and HIV prevention curriculum.”
- Page 52 of the FOA includes language about funding **SSPs**: “Consolidated Appropriations Action, 2017 (Public Law 115-31) Division H, Section 520, notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with state and local law.”

DISCUSSION QUESTIONS RELATED TO FY2020 SAMHSA SOR FOA

The following prompts may serve to facilitate discussions and identify opportunities for collaboration across infectious disease and substance use disorder (SUD) systems in response to the FOA.

- *What existing SOR funded initiatives and programs related to OUD will be continued with the FY2020 funding? What new initiatives are being considered?*
- *How can SOR activities be implemented in settings that offer HIV and hepatitis prevention, testing, care, and treatment, including RWHAP clinics, health department clinics, STD clinics, and harm reduction programs?*
- *What opportunities exist within proposed SOR initiatives to create or strengthen referrals/linkages to RWHAP programs for services?*
- *What evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders are already in place in the state that this funding could build upon?*
- *What harm reduction strategies could be incorporated (or expanded upon) that would serve those with OUD, stimulant use disorder, and/or HIV?*
- *How are RWHAP agencies/providers currently addressing viral hepatitis testing and treatment? How can RWHAP agencies/providers assist in following up with people identified as at risk for or needing treatment for viral hepatitis?*
- *What telehealth strategies for OUD/stimulant use could be proposed through the funding application to promote infectious disease harm reduction and/or treatment?*
- *How can training and educational opportunities for both OUD and HIV frontline staff be incorporated into the proposal in order to increase understanding and cultural humility related to HIV, HCV, infectious diseases, and OUD/SUD?*