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GRANT GUIDELINES

ENABLING HEALTH: ENHANCING HARM REDUCTION SERVICES IN MASSACHUSETTS

Background

RIZE Massachusetts (RIZE) is an independent nonprofit committed to achieving zero stigma and zero deaths related to opioid use disorder by investing in the best solutions and brightest minds to save lives, reduce harm, and end the opioid epidemic in Massachusetts. RIZE is building a \$50 million fund that will focus on efforts to address the opioid epidemic through a full continuum of programs from prevention to long-term sustainable recovery and invest in the specific areas where more resources are immediately necessary.

Overview: Enhancing Harm Reduction Services

Drug overdose is the leading cause of death for Americans under age 50. In 2016, an estimated 2,107 people died from [opioid overdose in Massachusetts](#), and between 2011 and 2015 there were more than 65,000 non-fatal overdoses. It is estimated that over [4% of Massachusetts residents](#) have an opioid use disorder. Certain populations are particularly vulnerable to opioid overdose and death; opioid-related overdose death is 30 times higher among people who have experienced homelessness, 120 times higher for those released from prisons and jails, and 321 times higher among mothers with opioid use disorder than among mothers without it. These populations may also be less likely to access care in medical or behavioral health settings given barriers and significant stigma. In addition, certain areas of the state experience higher rates of incidence and death, coupled with greater resource needs, geographic isolation, limited treatment facilities, and lack of certified providers.

Despite the existence of effective treatment for opioid use disorder, a minority of affected individuals receive care each year. This is due to a range of issues including stigma, disparities in access to care, a history of criminalizing behaviors associated with addiction, and the design of some treatment programs which may be unwelcoming to certain patient populations. Ironically, individuals at highest risk of harm and death may be least able to access care.

Fentanyl, a synthetic opioid that is 50 to 100 times more potent than morphine, is the primary cause of the rapid increase in overdose deaths. Fentanyl and its associated analogues (including carfentanyl, furanyl fentanyl, and acetyl fentanyl) have been found mixed with heroin, cocaine and pressed into counterfeit prescription drugs.

In Massachusetts, the standard toxicology screen ordered by the Office of the Chief Medical Examiner includes a test for the presence of fentanyl. Among the 1,775 individuals whose deaths were opioid-related in 2017 where a toxicology screen was also available, 85% percent of them had a positive screen result for fentanyl.

A recent [study](#) by Johns Hopkins found that 70% of respondents reported that knowing that their drugs contained fentanyl would lead them to modify their behavior. This could include not using the drugs, using the drugs more slowly, or using the drugs with others who have naloxone. It could also include changing their purchasing behaviors.

Approach

Harm reduction is an approach that focuses on reducing the negative consequences of drug use and supporting individuals in embracing any positive change in their lives and health. This approach is congruent to the principles of general medical care and treatment and can include a range of services such as syringe exchange, overdose education, and naloxone distribution.

Some pilot studies have demonstrated that harm reduction agencies are ideal sites to offer treatment initiation with buprenorphine. A [study](#) in New York found that buprenorphine treatment provided in a syringe exchange program had similar retention rates to standard treatment models. More recently, the [city of San Francisco](#), began deploying harm reduction outreach workers to offer street initiation of medication for opioid use disorder.

The current approach to opioid use disorder treatment is heterogeneous and often not based on science. Stigma, lack of funding structures and reimbursement, and lack of integration of evidence-based treatment into general medical settings severely limits access and coordination. As a result, individuals face tremendous challenges in seeking care and weaving different systems together to meet their needs. This task is daunting, particularly for our most vulnerable populations who face many challenges and need care the most. In addition, the lives of people who use drugs have value and expanded access to programs to keep these individuals and their communities safe are desperately needed.

Grant Opportunity

This grant opportunity will provide funding for pilot programs or existing collaborations among local community organizations to enhance harm reduction services to improve access, increase the range of lifesaving services offered, and create linkages with low threshold treatment.

The goals are to 1) expand existing harm reduction services with novel interventions, such as fentanyl test strips or other drug checking measures, and 2) develop immediate access to low

threshold addiction treatment through clinical partnerships. Low threshold means programs that focus on access and engagement rather than strict rules or barriers to treatment. Examples would include providing, but not requiring, counseling as a component of medication for opioid use disorder (OUD) treatment and not terminating patients from treatment for ongoing substance use.

RIZE is particularly interested in models for expanded harm reduction services coupled with immediate access to effective opioid use disorder treatment. Tools and processes must be developed to offer novel harm reduction methods. In all cases, care must recognize the dignity of the individual.

Building an infrastructure to offer clinical addiction services within a non-clinical setting will take time and resources. The grant funds will support the development or strengthening of community-based collaborations to develop new or enhance existing models of treatment-on-demand for individuals with opioid use disorder within a harm reduction agency. For example, funds can be used to hire onsite behavioral health staff in addition to clinical providers to initiate medications for addiction treatment. A portion of the funds can be used to build the applicant's surveillance, data collection, and evaluation capabilities. Funds can also be used for IT upgrades or new platforms to support intake, case management, and data collection.

The following elements are likely to be key success factors:

- Participation by a harm reduction agency and a clinical partner at a minimum;
- Active engagement with people who use drugs;
- Immediate access to buprenorphine treatment and direct linkage to methadone or naltrexone with medication treatment plan determined based on clinical appropriateness and patient preference;
- Treatment offered onsite by the clinical partner except for methadone, which would be provided at an opioid treatment program;
- Systems for outreach and a plan to promote retention in care;
- Integration of novel harm reduction services;
- Demonstrated commitment to cultural competence;
- Collection of data that will allow tracking of high-level trends
- Understanding of the laws and regulations related to harm reduction activities

For the purposes of this grant, a harm reduction agency is defined as a program which delivers non-judgmental and non-coercive services aimed at reducing the adverse health, social and economic consequences of drug use without necessarily reducing drug consumption. Services delivered by a harm reduction agency must affirm the dignity of people who use drugs and seek to empower and benefit people who use drugs, their families, and the community. Safe injection facilities will not be considered.

Two-year grants will be awarded to programs for collaborations that meet the criteria described below and demonstrate the greatest potential for fulfilling the goals of the program.

Who Can Apply

Proposals are invited from collaborations of harm reduction agencies *and* community-based providers. Partnerships must include a harm reduction agency as the lead and a clinical partner that may be a:

- Primary care clinic/practice
- Community health center
- Emergency department/hospital
- Community mental health organization

The lead harm reduction organization will be responsible for project reports and grant accountability. Please note that the clinical partner must have the capacity to refer individuals to treatment for co-occurring medical and psychiatric disorders as needed. Outcome measures will be tracked, and the program will be evaluated.

Applicants must be a nonprofit organization based in Massachusetts and tax exempt under section 501c3 of the IRS code. If an organization does not have its own tax-exempt designation, it must provide proof of tax-exempt designation for a fiscal agent.

Award Criteria

RIZE plans to award a limited number of grants of up to \$150,000 per year for the next two (2) years through this grant. Eligible applicants must complete a RIZE application and project budget sheet.

Only proposals that include a harm reduction agency as the lead with a clinical partner as outlined above will be considered. Safe injection facilities will not be considered.

Other factors for consideration include:

- Demonstrated experience providing harm reduction services;
- Evidence of a strong clinical partner with the ability to offer immediate access to medication for OUD;
- Indication of population in need. Proposals must focus on individuals with opioid use disorder at greatest risk for overdose and eligible for immediate treatment;

- History of serving vulnerable patient populations, such as those experiencing incarceration, homelessness or pregnant or parenting woman, those who experience barriers to health care;
- Evidence of commitment to collaborative planning and problem solving by individuals with decision-making authority within participating organizations;
- Evidence of commitment to involving people who use drugs in program planning and implementation;
- Evidence of delivering culturally competent care and services;
- Demonstrated capacity for fiscal accountability and programmatic achievement;
- Demonstrated capacity for conducting substantive program evaluation, including a description of how outcomes will be measured;
- Commitment to sustainability and opportunities for replication;
- Willingness to participate in RIZE Massachusetts activities to share ideas and best practices among grantees and other interested parties.

How to Apply

RIZE will review the requirements of this program with prospective applicants and provide an opportunity for questions and answers. Please submit questions by 5:00 pm on **Wednesday, August 15, 2018** to info@rizema.org. The conference call will take place on **Monday, August 20, 2018, 9:30-10:30 am: Applicant Q&A conference call:**

- Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/930240306>
- Join by telephone: 1-646-558-8656; Meeting ID: 930 240 306

Proposals due: Thursday, August 23, 2018, 12:00 pm. Please submit application and budget sheet via email to info@rizema.org.

Funding decisions are expected to be announced Wednesday, September 19, 2018 and funding is expected to be released in October 2018.

Any additional questions regarding the application process should be directed to Julie Burns, executive director, at julie.burns@rizema.org or 857-991-1195.