

Frequently Asked Questions

Can grant funds be used to purchase a vehicle?

No, grant funds cannot be used to purchase a vehicle. However, leasing or renting a vehicle is allowable.

Can grant funds be used to purchase meals?

No, the use of grant funds to purchase meals for activities such as meetings is not allowable. However, meals can be purchased, with approval, in accordance with a training that fulfills grant objectives.

Can you buy any medication for medication assisted treatment or pay for people to receive medication assisted treatment?

No, the purchase of medication is not allowable. Additionally, paying for the provision of medication assisted treatment is considered direct clinical services and thus not allowable.

Can the funds be used to address substances other than opioids?

We fully recognize that opioid use often occurs in a poly-substance use environment. Therefore, projects could incorporate activities that address co-occurring poly-substance use where one of the substances is opioids.

Can funds be used for direct clinical services?

No, the use of funds for the provision of any direct clinical or medical services is not allowable. Examples of direct clinical services include, but are not limited to, payment for detox services or sober provision for a client, medication assisted treatment, etc.

Can the funds be used to purchase Naloxone/Narcan?

No, grant funds cannot be used to purchase any medication, including Naloxone.

Can grant funds be used to buy fentanyl test strips?

Yes, you may purchase fentanyl test strips if the associated activity falls under an approved strategy indicated by the Centers for Disease Control and Prevention:

- Strategy 5: Distribution of fentanyl test strips (FTS) through partnerships with local community organizations, coalitions, or other harm-reduction organizations.
 - Example activities:
 - Inclusion of FTS with other resources or services provided by partners.
 - Creation of education material on FTS that be displayed or promoted along with test strip samples by partnering agencies (e.g., behavioral health, social services, etc.)
 - Contracts to create or revise harm reduction materials, resources, or interventions to support altering substance use behavior in connection with FTS use.
- Strategy 6: Linkage to care-related activities
 - Example activities:
 - Purchasing FTS for dissemination to individuals at risk of overdose and their family/friends by peer navigators, syringe services staff, case managers, first responders, medical staff, community health workers, etc.
 - Using FTS to engage hard-to-reach populations.
 - Training individuals who provide linkage to care (or those at risk of an overdose and their family/friends) in the use, value, and limitations of FTS and how to address common concerns.
 - Developing and dissemination educational materials and messages around FTS use as an overdose prevention strategy.
 - Dissemination information on how to access treatment and support services along with FTS.

What are linkage to care activities?

Linkage to care refers to the means by which one system meaningfully coordinates with another; assisting individuals with accessing care or services related to problematic opioid use; or referrals (process of providing information but not assistance in accessing the service; individual is left to make their own contact).

Linkage to care activities with respect to the opioid crisis come largely in the form of peer navigators and warm hand-offs in emergency settings upon the event of an overdose.

Activities allowed may include:

Enhancing programs and policies

- Establishing protocols and policies in emergency departments (EDs)
- Development of coordinated treatment access plans.
- Outreach and corollary services that are attached with syringe services programs.
- Outreach and corollary services in school settings, for students and for their families and loved ones.

Increasing and improving coordination

- Staffing EDs with peer navigators.
- Peer recovery coaches/peer navigators and case management systems to help individuals navigate the processes.
- Public safety diversion programs that include an explicit system to deliver individuals into systems of care.
- Venue-based programs (e.g., fire stations) that provide linkages to care on-site.
- Transporting individuals from an EDs or other location to a program as part of a “warm handoff”

Integrating technology

- Using technology to facilitate connections to care (for example, a “reservations” system that allows referring clinicians to see what treatment options are available and to reserve a spot for a patient in need of fast connection to care).
- Development, distribution, and training on mobile applications that are utilized by emergency medical services, public safety, community health workers to link individuals with treatment facilities.