

Office of Massachusetts Attorney General Maura Healey



Request for Proposal (RFP)

Promoting Cultural Humility in Opioid Use Disorder Treatment Grant

Release Date: September 10, 2020

Response Due Date: October 23, 2020

Project Start Date: January 1, 2021

Project End Date: December 31, 2023

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The Massachusetts Attorney General’s Office (AGO) is pleased to offer a funding opportunity to strengthen cultural humility¹ and culturally and linguistically appropriate services (CLAS)² in opioid use disorder (OUD) treatment to better serve racially, ethnically, and socioeconomically diverse communities. The Promoting Cultural Humility in Opioid Use Disorder Treatment Grant will fund innovative solutions to improve the ability of OUD treatment providers to address the complex and specific needs of their patients.

The grant will be funded with up to \$1.5 million from a recent [settlement](#) that resolved allegations that a Massachusetts mail order pharmacy failed to implement adequate safeguards against unlawful and dangerous dispensing of controlled substances, resulting in the shipment of thousands of potentially illegitimate prescriptions across the country.

Background

Systemic issues including health care provider biases, limited public health research, and inadequate news coverage have mischaracterized the opioid epidemic as chiefly impacting white suburban and rural communities. Studies show that many white people, include medical students and residents, harbor harmfully false beliefs about biological differences between black people and white people, and that doctors are less likely to prescribe opioids to Black and Latinx patients seeking pain management compared to white patients.³ However, communities of color⁴ are increasingly affected by OUD. The evidence also shows that doctors undertreat

¹ Cultural humility is grounded in the principle that patients are the experts when it comes to their own bodies and healthy living. A health care provider can practice cultural humility by centering and being guided by their patients' knowledge of their own health; being willing to ask and be asked questions in order to bridge gaps in cultural perspectives; and by providing care directly in the diverse communities where their patients live. See Melanie Tervalon and Jann Murray-Garcia. "Cultural Humility versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education." *Journal of Health Care for the Poor and Underserved* 9, 2. May 1998. Accessed September 1, 2020. https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf.

² "National CLAS Standards." U.S. Department of Health and Human Services Office of Minority Health. Accessed April 13, 2020. <https://thinkculturalhealth.hhs.gov/clas>.

See also "HHS Plan to Reduce Racial and Ethnic Health Disparities." U.S. Department of Health and Human Services. 2011. https://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf.

³ Kelly M. Hoffman et al. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences Between Blacks and Whites." *Proceedings of the National Academy of Sciences of the United States of America* vol. 113,16 (2016): 4296-301. doi:10.1073/pnas.1516047113.

J.M. Mossey. "Defining Racial and Ethnic Disparities in Pain Management." *Clinical Orthopaedics and Related Research* 469, 1859–1870 (2011). <https://doi.org/10.1007/s11999-011-1770-9>.

⁴ We define communities of color to include Black, Hispanic, Asian American and Pacific Islander (AAPI), Indigenous and other non-white communities.

patients with OUD, including under-prescribing addiction recovery drugs to Black patients.⁵ According to data from the Massachusetts Department of Public Health (DPH), opioid-related overdose deaths increased for Hispanic and Black non-Hispanic communities between 2018 and 2019, while they decreased for white and other racial and ethnic groups.⁶ The coronavirus pandemic has further exacerbated health disparities that adversely impact communities of color.⁷ The pandemic has also placed those in recovery from OUD more in need for treatment than ever.

Nationally, between 2015 and 2017, opioid-related overdose deaths increased for minorities including Black and Hispanic populations across the country. The largest such increase of opioid-related deaths was a 100% increase for Black populations.⁸ Because of treatment inequities and devastatingly high mortality rates among communities of color, recovery is not “one size fits all.”

Through this grant, the AGO will invest in OUD treatment programs committed to cultural humility and/or CLAS standards and which serve racially, ethnically, and socioeconomically diverse communities. Some examples of eligible services are peer recovery coaching, abstinence, substance use counselling, and include but are not limited to medication-assisted treatment (MAT). The grant program will prioritize applications from treatment programs that demonstrate an understanding of providers’ biases and the barriers to care for diverse patients.

The AGO specifically seeks innovative solutions to the problem of disparities in health outcomes for underserved communities experiencing OUD. This grant may be used to create new programming or expand current programming related to CLAS for OUD treatment. By encouraging providers to invest in a range of treatment practices that center diverse patient needs, this grant seeks to remove traditional barriers to treatment which disproportionately harm communities of color.

⁵Martha Bebinger. “Opioid Addiction Drug Going Mostly To Whites, Even As Black Death Rate Rises.” WBUR. May 8, 2019. <https://www.wbur.org/npr/721447601/addiction-medicine-mostly-prescribed-to-whites-even-as-opioid-deaths-rose-in-bla>.

⁶“Opioid-Related Overdose Deaths, All Intents, MA Residents – Demographic Data Highlights.” Massachusetts Department of Public Health. June 2020. <https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2020/download>.

“Opioid-Related Overdose Deaths, All Intents, MA Residents – Demographic Data Highlights.” Massachusetts Department of Public Health. February 2019. <https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-february-2019/download>.

⁷ Massachusetts General Hospital Emergency Services residents Dr. Jossie Carreras Tartak and Dr. Hazar Khidir write, “At Massachusetts General Hospital, where we practice, an estimated 35% to 40% of patients admitted to the hospital with the coronavirus are Latino — that’s a 400% increase over the percentage of patients admitted before the outbreak who were Latino.” Jossie Carreras Tartak and Hazar Khidir. “Opinion: U.S. Must Avoid Building Racial Bias Into COVID-19 Emergency Guidance.” WBUR. April 21, 2020. <https://www.wbur.org/npr/838763690/opinion-u-s-must-avoid-building-racial-bias-into-covid-19-emergency-guidance>.

⁸ KM Lippold, CM Jones, EO Olsen, BP Giroir. “Racial/Ethnic and Age Group Differences in Opioid and Synthetic Opioid-Involved Overdose Deaths Among Adults Aged ≥18 Years in Metropolitan Areas — United States, 2015–2017.” *MMWR Morb Mortal Wkly Rep* 2019;68:967–973. DOI: <http://dx.doi.org/10.15585/mmwr.mm6843a3>.

Eligibility

The following entities are invited to apply:

- Municipalities;
- Nonprofit organizations within Massachusetts; and
- Quasi-public entities.

Preference will be given to applicants that work with underserved communities and have experience with cultural humility frameworks and/or CLAS standards.

Nonprofit organizations must be in full compliance with all annual reporting requirements of both the AGO and the Internal Revenue Service, as applicable, in order to be eligible for funding.

Funding, Duration, and Anticipated Timeline

Grant awards will be issued in varying amounts up to \$100,000. Indirect rates are allowed; however, we encourage applicants to be cost effective. Applicant budgets may or may not be funded in their entirety. All funding decisions will be at the discretion of the AGO.

Grant funds will be awarded with an anticipated start date of January 1, 2021. The maximum grant period will be 2 years. The AGO will not allow program extensions except for good cause shown.

Cash flow and Disbursement of Grant Funds

Grant disbursement is expected to be sent to the selected organization by Electronic Funds Transfer, provided that all necessary contract and periodic reporting documents are received by the established deadline. The first disbursement will be sent at the start of the grant program.

Submission instructions

- Proposals must be delivered electronically through the AGO's online grant application process by 7:00 p.m. on October 23, 2020.
- Interested applicants may access the application here: <https://www.mass.gov/grant-opportunities>.
- New applicants will be asked to create a free online account. Any applicant that has applied for any grant using the online grant management system may log into its existing account.
- Confirmation of Receipt: Applicants typically receive an email confirmation within 48 business hours; if one is not received, please call Nathan Gardner at 617-963-2150 for further instructions and assistance.

Evaluation

Criteria utilized in the selection process include:

- Commitment to advancing public health equity in Massachusetts;
- Commitment to fighting the opioid epidemic;

- Demonstrated success in managing and implementing programs of similar size and scope;
- Experience working with racially and socioeconomically diverse communities;
- Must currently use cultural humility framework and/or CLAS standards; or seek to use grant funds to implement these approaches;
- Proposal/vision for continued development and implementation of the cultural humility and/or CLAS initiatives; and
- Priority will be given to organizations based in the communities they serve, and prior funding sources will be considered .

Questions

Questions regarding this RFP may be submitted to AGOgrants@mass.gov, only until 5:00 p.m. on October 16, 2020. When submitting your question(s), please include “Promoting Cultural Humility in Opioid Use Disorder Treatment” in the email subject line. Questions received and answers provided regarding this RFP will be posted on the AGO’s website here:

<https://www.mass.gov/service-details/current-grant-opportunities>.

Reasonable accommodation

Applicants with disabilities who seek reasonable accommodation, which may include the receipt of the RFP information in an alternative format, must communicate such requests in writing to AGOgrants@mass.gov no later than October 16, 2020.

Expectations and requirements for successful applicants

- Award is contingent upon the applicant satisfactorily completing all necessary documents (see below) by the deadlines established during the contract period.
- Any changes to a grant program or budget, at any time during the grant period, must be requested in writing by the grantee and must be approved, in advance, by the AGO.
- All funds must be used in a manner consistent with the Response to this RFP, which shall become part of the Scope of Services Agreement.
- The implementation partner will be informed of all reporting requirements, including completion of a satisfactory financial and programmatic summary at the conclusion of the grant by the deadline established and in a format to be provided by the AGO.

Required Commonwealth contract documents for successful grantees

These documents are listed for informational purposes and should not be submitted with the grant application unless specifically requested in the application portal. Successful applicants will be required to complete these documents within the deadline established at the time of the notification of grant award. No money will be disbursed unless the necessary documents are submitted by the deadlines established.

- Standard Contract Form
- Scope and Services Agreement
- Contractor Authorized Signatory Listing
- Request for Taxpayer Identification Number and Certification (W-9)

- Electronic Funds Transfer Form*⁹

Public records

All submitted responses and information are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G.L. c. 4, § 7, cl. 26. Applicants should not submit any personal, medical, or other sensitive information.

Updates to this RFP

Any changes/corrections to any part to this RFP will be posted on <https://www.mass.gov/grant-opportunities>. It is the applicant's responsibility to check this web page frequently for any updates.

⁹ It is the responsibility of the applicant/grantee to ensure that an electronic transfer of funds may be received by the grantee. No paper checks will be issued.