# LOW-BARRIER OPIOID TREATMENT AT SYRINGE SERVICES PROGRAMS

## REQUEST FOR APPLICATIONS

## NOVEMBER 2022

## ORGANIZATION AND GRANT BACKGROUND

The **Low-Barrier Opioid Treatment at Syringe Services Programs** is an opportunity through the Department of Health Care Services' Medication Assisted Treatment (MAT) Expansion Project. The MAT Expansion Project is funding multiple projects throughout California to address the opioid and stimulant use crisis by supporting and expanding prevention, education, stigma reduction, harm reduction, treatment, and recovery services for people with opioid use disorder (OUD), stimulant use disorder, and substance use disorder (SUD). This project is funded by DHCS' State Opioid Response III grant from the Substance Abuse and Mental Health Services Administration (SAMSHA). Accordingly, contract agreements will include standard federal rules and regulations, notably 2 CFR 200, 45 CFR Part 75, and applicable rules and regulations from the State of California.

This funding opportunity will provide resources to implement projects offering low-barrier access to treatment of OUD through Syringe Services Programs (SSPs), as well as related supportive services such as case management and peer support.

Sierra Health Foundation: Center for Health Program Management (The Center) is DHCS' administrative entity for this project and will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements. Please see additional compliance components in this RFA.

## GLOSSARY AND RESOURCES

**Addiction**: The chronic neurobiological disorder centered on a dysregulation of the natural reward system. See video on rethinking addiction: https://www.youtube.com/watch?v=bwZcPwlRRcc&feature=youtu.be

**Low-Barrier Opioid Treatment:** Addresses barriers to care and seeks to engage out-of-treatment people living with opioid use disorder and prioritizes reductions in morbidity and mortality over abstinence from illicit drug use or consistent engagement in treatment. Barriers to treatment include location, cost, stigma, homelessness, rigid attendance requirements, discharging patients for ongoing illicit drug use or other factors.

**Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD):** MAT/MOUD uses Food and Drug Administration approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders. It is the gold standard of care for opioid use disorder treatment.

**Naloxone Distribution Project**: Eligible entities may receive free naloxone through the Naloxone Distribution Project. This DHCS project aims to address the opioid crisis by reducing overdose deaths through the provision of free naloxone in both nasal spray and injectable formulations.

**Opioid Use Disorder (OUD)**: A pattern of behavior characterized by craving, increased tolerance, and withdrawal when opioid use stops, and persistent use of opioids despite adverse consequences.

**Recovery Coaching and/or Peer Support Services:** Recovery coaches and/or peers walk side by side with individuals seeking recovery from SUD. They help people create their own recovery plans and develop their own recovery pathways. Recovery coaches provide many different types of support, including emotional (empathy and concern), informational (connections to information and referrals to community resources that support health and wellness), instrumental (concrete supports such as housing or employment) and affiliated (connections to recovery, community supports, activities and events). Recovery plans and other supports are customized and build on each individual's strengths, needs and recovery goals. Peer recovery support focuses on long-term recovery and is rooted in a culture of hope, health, and wellness. The focus of long-term peer recovery support goes beyond the reduction or elimination of symptoms to encompass self-actualization, community and civic engagement, and overall wellness.

**Stimulants**: Stimulant drugs encompass amphetamine-type stimulants as well as the various forms of cocaine-derived products (e.g., powder cocaine, crack). Amphetamine-type stimulants include methamphetamine (crystal, crank, speed, ice) as well as prescription medications primarily used for the treatment of attention-deficit/hyperactivity disorder (ADHD), such as amphetamine, methylphenidate, and dextroamphetamine. See the following for information on the treatment of stimulant use disorder: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-001_508.pdf

**Substance Use Disorder (SUD)**: Problematic use of alcohol and/or substances causing significant problems, including health problems, disability, and failure to meet major responsibilities at work, school, or home.


## FUNDING OPPORTUNITY AND BACKGROUND

California's more than 60 syringe services programs (SSPs) support the health and safety of more than 150,000 people who use drugs each year. Recent surveys among people who participate in SSPs have consistently found that access to medication and other supportive services for opioid use disorder (OUD) is the most often cited service that is not currently available in most SSPs. SSP participants also frequently cite barriers to treatment access such as rigid appointment schedules, transportation challenges and stigmatized treatment and denial of services by health care professionals that may be compounded by unmet needs related to mental illness, homelessness, or criminal justice involvement.

Low-barrier treatment actively seeks to identify and reduce or eliminate hurdles to people with OUD and co-occurring conditions from being able to access, initiate and continue OUD treatment. A key feature of this approach is the co-location of treatment services, including patient assessment and prescribing with syringe access and other harm reduction services that prospective patients are already utilizing. Service locations should include any place where SSPs operate, including offices or drop-in centers and mobile or street-based locations. This funding opportunity primarily envisions projects aimed at increasing on-site buprenorphine prescribing at SSPs given the current regulatory environment related to medications for opioid treatment. Innovative proposals incorporating other medications approved by the Food and Drug Administration for this purpose also will be considered.

The overall goals of this funding opportunity include implementing low-barrier opioid treatment to:

- Integrate opioid treatment services into existing sites and other harm-reduction services to increase the number of SSP sites where OUD treatment services are available and the number of SSP participants engaged in treatment.
- Reduce the risk of fatal and nonfatal opioid overdose.
- Support people who wish to reduce, modify, or eliminate their injection drug use or their illicit drug use in general.
- Integrate harm reduction concepts and strategies with opioid treatment programs or providers to increase trust and treatment retention, including for people who have experienced stigma and discrimination in health care settings.

## SCOPE OF WORK

Contracted organizations must use this funding to build new low-barrier opioid treatment services based at SSPs or expand such existing services with the goal of increasing the number of patients with OUD treated with medication, care, and support.

Examples of strategies used in low-barrier OUD treatment that may be supported by this funding opportunity include, but are not limited to:

- Establishing patient assessment and prescribing of buprenorphine or other OUD medication at SSP sites, including at street-based outreach locations. Successful applicants will be expected to work with appropriate clinicians on-site at harm reduction locations and/or to make use of telemedicine services, e.g., through video conferencing and other means at any place where people may need services.
- Building relationships with pharmacists and pharmacy staff to increase the ease with which prescriptions are filled and to reduce stigmatizing encounters with patients, and supporting patients to fill prescriptions and store medication safely.
- Creating warm referral systems with [Narcotic Treatment Programs](#) in order to improve the ease of access and ongoing supports for people who want treatment with methadone.
- Providing case management services to support medication management and overall recovery, or other services such as supporting patients to enroll in health insurance, acquire identification documents, access shelter or housing, nutrition/food services, etc.
- Creating peer-support positions that draw on expertise derived from lived experience to identify and educate potential patients and support health and social needs during OUD treatment.
- Offering nursing or other health care services to complement the work of OUD medication prescribers in patient assessment and other health care needs.
- Providing transportation assistance to better allow patients to attend appointments when necessary.
- Minimizing or eliminating unnecessary appointments, diagnostics, or other conditions of treatment.
- Creating patient advisory groups and leadership opportunities to gain feedback on the design of services.

Providers must use third-party reimbursements and other revenue realized from the provision of services to the extent possible and use these SAMHSA grant funds only to pay 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. Providers must help facilitate the health insurance application and enrollment process for eligible uninsured clients.

---

**Telemedicine for Buprenorphine Prescribing**

Federal rules for buprenorphine prescribing have significantly changed since the beginning of the COVID-19 pandemic, with the express goal of increasing prescribing flexibility. Currently, practitioners qualified to prescribe buprenorphine include:

- Physicians (medical doctors and doctors of osteopathic medicine)
- Nurse practitioners
- Physician assistants
- Clinical nurse specialists
- Certified registered nurse anesthetist
- Certified nurse-midwifes

Practitioners may now treat up to 30 patients without undergoing additional "X-waiver" training. Completing additional required training allows practitioners to treat up to 100 patients, and subsequently up to 275 patients after completing one year under the initial patient limit.

For more background, visit the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) site here; practitioners apply for a buprenorphine waiver here.

---

## Health Equity

Organizations awarded contracts through this funding opportunity will be required to demonstrate specific ways in which they will promote equitable access to services offered by the project, including but not limited to, approaches designed to ensure that Black/African-American, Indigenous and people of color are able to access services safely and free of discrimination. Required approaches should be further elaborated in the funding application and include:

- **Racial justice and equity**: activities to provide culturally and linguistically appropriate services and to eliminate racialized barriers to access.
- **Trauma-informed care**: approaches that acknowledge and address that people receiving care may have experienced trauma that manifests physically, mentally, or behaviorally, and that encounters with medical and social service personnel may be traumatizing for program participants.
- **Intersectionality**: approaches to care that acknowledge and address that race, gender, sexual identity, class, disability, and other social identities overlap and may be involved in people's experience of discrimination or trauma.
- **Social determinants of health**: strategies designed to address institutional or public policies and practices that contribute to stigma, medical mistrust, or institutional oppression.

- **Meaningful involvement**: activities that enable people served by the project to provide meaningful input and leadership related to services and institutional policies.

## FUNDING INFORMATION

Applicants are required to adhere to the budget guidelines included in the Budget Template that is linked through the online application. Applicants must submit their proposed budgets in the template format. Applications that do not conform to this template will not be considered. All items budgeted must be inclusive of all costs, including taxes and fees in U.S. dollars. Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final fixed price amount awarded to the site. This funding opportunity encourages working in collaboration with other groups and allows for subcontracting by the lead organization.

The contracts will be deliverable-based, meaning contractors need to demonstrate progress on process measures (e.g., number of outreach activities, number of referrals) and fulfill set deliverables.

Consistent with a fixed price, deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each negotiated deliverable, rather than payment for actual time and material costs incurred during the agreement period.

Applicants must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A.

Payment schedule: Payments will be issued based on the completion of a set of agreed-upon deliverables as defined in the contract. Each contract will be divided into three payments:

(1) 50% upon execution of contract and the completion of all compliance components

(2) 40% based on achievement of initial report deliverables, and

(3) 10% based on receipt and approval of final cumulative report, demonstrating completion of all deliverables.

If a contractor achieves all required deliverables by the end of the contract, the entire contract amount will be paid (i.e., "make up" payments are allowed).

## Eligibility Criteria

This opportunity will fund approximately 30 organizations to operate low-barrier OUD treatment projects. Eligible organizations must meet all of the following minimum requirements:

- Be located in California.
- Operate an SSP through one of the following three circumstances: (a) authorized to provide syringe services by a local government or the California Department of Public Health pursuant to California Health and Safety Code 121349;or- (b) dispenses syringes under the direction of a physician or pharmacist under the authority of Business and Professions Code 4145.5; or (c) otherwise demonstrate that syringe services are delivered through a contract with the California Department of Public Health or a local health department.

- *Organizations that are pursuing state or local SSP authorization at the time of the RFA deadline may apply but must (a) demonstrate they have an application for SSP authorization under review and (b) receive such authorization to receive funding under this opportunity. Reach out via e-mail to matacesspoints@shfcenter.org if you feel this scenario applies.*

- Be able to provide health care services in California, directly or in collaboration with one or more health care organizations, sufficient to provide assessment, prescription, and management of medication for the treatment of OUD.

We encourage partnerships between organizations and the submission of joint applications where appropriate. The lead organization in any application must currently be authorized to operate an SSP.

**Renewal Applications**

Applicants currently funded under the SOR II SSP project are encouraged to apply for renewal funding. We request that renewal applicants complete the same application requirements as new applicants and build off of their current work.

**Funding Amounts and Contract Period**

Contracts will cover activities for the period March 1, 2023, through June 30, 2024. New applicants may apply for a minimum of $200,000 and a maximum of $352,000 for the 16-month contract period. Partners with continuation contracts through March 31, 2023, may apply for a minimum of $200,000 and a maximum of $330,000 for their projects. Due to federal restrictions, there will be no carry-over funds; any funds not used by contract end will be forfeited.

At least 80% of the total requested funding amount must be used to provide direct low-barrier opioid treatment and related support services, and up to 20% of the total requested funding amount can be used to support other organizational costs such as data collection, equipment, marketing and other office costs (supplies, postage, printing, information/materials), travel etc. 10% of other costs may be allocated for indirect costs.

A majority of project funding should be dedicated to increasing the human resources capacity of SSPs to provide opioid treatment services. This funding may be allocated, for example, to support full- or part-time salaries for clinicians providing direct treatment and related services, as well as for non-medical staff who support patients through case management, care coordination or similar care.

## FUNDING RESTRICTIONS

The following will **not** be funded:

- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.

- Naloxone forms that cost more than $75 per unit *(See Naloxone Distribution Project information under glossary).*

- Harm reduction supplies including syringes and other safer injection equipment, naloxone, fentanyl test strips, or other materials that authorized SSPs may obtain through the CDPH Harm Reduction Supplies Clearinghouse or the DHCS Naloxone Distribution Project.

- Fentanyl or fentanyl analogs.

- Purchase of properties or vehicles.

- Allocations to purchase telehealth equipment for patients or loaning equipment to patients off site for the purpose of providing telehealth services.

- Personal protective equipment (PPE) for use by clients.

- Hand sanitizer or cleaning products.

- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.

- Program Participation Incentives: non-cash incentives for program participants greater than $30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).

- Contingency Management activities for stimulant use disorder will not be funded under SOR III as these activities will be covered under CalAIM.

- GPRA Data Collection Incentives: Incentives of up to $30 are only permitted for completion of a six-month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program, or a client has dropped out of a program.

- Promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.

- Out-of-state travel (organizations requesting funds for travel must abide by DHCS travel guidance and partners will be subject to the same travel guidelines as employees).

- Funds may not be used, directly or indirectly, to purchase, prescribe or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to "ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements."); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

- Funds shall not be utilized to provide incentives to any health care professional for receipt of a DATA waiver or any type of professional development training. Procurement of DATA waiver training is not an allowable use of SOR funds as this training is offered free of charge from SAMHSA at pcssnow.org (these restrictions apply to recipients and subrecipients of SOR funding).

- DHCS has also released a list of allowable activities and expenditures under SOR III which can be found at this link.

Funds shall not be utilized for services that can be supported through other accessible sources of funding, such as other federal discretionary and formula grant funds, (e.g., HHS, CDC, CMS, HRSA and SAMHSA), DOJ (OJP/BJA) and non-federal funds, third-party insurance and sliding scale self-pay, among others.

## SELECTION AND EVALUATION CRITERIA

The Center will select applicants who present the most complete and responsive applications demonstrating a mix of experience, capacity, and potential. Applications will be reviewed on how well proposed activities match the intent of the funding opportunity, anticipated overall impact and strength of project team and proposal.

**The most competitive applications will:**

- Provide a detailed description of exactly what will be done to address the problem and how it will be implemented – who will be involved, what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Include sufficiently detailed budgets that tightly align with proposed activities.
- Propose projects that have organizational and community buy-in and are ready for immediate implementation.
- Have a demonstrated track record with proposed project activities, including having a concrete plan for incorporating proposed activities into the organization's current workflow.
- Propose a treatment services model that promotes the meaningful involvement of harm reduction participants, works in alliance with MOUD patients and focuses on anti-drug use stigma and racial, gender and other institutionalized discrimination to improve care outcomes.
- Affirm the applicant's ability to submit regular data and financial progress reports.

Applications must adhere to the funding guidelines and present a budget clearly linked to the proposed activities. If application requests exceed available funding, the review committee will consider factors such as geographic diversity.

At The Center's discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funding requirements.

## APPLICATION DENIAL APPEAL PROCESS

Per the Department of Health Care Services, California law does not provide a protest or appeal process against award decisions made through this funding opportunity and applicants submitting responses to these types of RFAs are not able to protest or appeal the award. All decisions are reviewed and approved by DHCS and will be final.

# FEDERAL COMPLIANCE

The SSP project is funded by DHCS' State Opioid Response III grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

**Pre-award Assessment:** In compliance with federal regulations (2 CFR 200.331(b)), The Center is required to assess subrecipients prior to the execution of contracts to identify potential risks. While this pre-award risk assessment is a required component of the contracting process and ensures organizations have the financial capacity to complete the work, responses to the assessment will not affect eligibility or funding recommendations. The decision to accept the receipt of federal funds requires an attention to submit detailed documentation and to meet compliance considerations when receiving this type of funding. If you would like to complete the pre-award assessment prior to award announcements, please use this link. Please select "Low-Barrier OUD Treatment at SSPs" for the RFA/Project.

**Unique Entity ID (SAM):** An organization must register for a Unique Entity ID before it can accept any funds through this project. Organizations are required to register for a Unique Entity ID (SAM) on SAM.gov instead of a DUNS. Organizations that already have a DUNS should automatically have been assigned a Unique Entity ID. Please see this Quick Start Guide for Getting a Unique Entity ID.

**Insurance Requirements:** There will be insurance requirements under these contracts. Once funds have been awarded, communication will be sent to awarded organizations to upload the insurance documents and demonstrate compliance with all insurance requirements. Payment will not be released until insurance compliance requirements are met. The Center recognizes that the terms and coverage conditions for insurance requirements are technical in nature. If you need additional support to answer insurance questions or if you do not feel that you will be able to meet the insurance requirements, please reach out to mataccesspoints@shfcenter.org, subject "SSP Insurance Requirements."

Additionally, The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. To view this recording, use this YouTube link. Refer to Appendix B for more information on insurance requirements.

**FATA Data Collection:** Organizations funded under the MAT Access Point Project will need to share additional information in accordance with the Federal Financial Accountability and Transparency Act (FFATA). Organizations that do not meet any of the following criteria will be asked to submit executive compensation data.
- No executive in our organization has a gross income of $300,000 or more
- Our organization receives 80% OR LESS of our annual gross revenues from Federal government sources
- Our organizational revenue is less than $25 million annually
- Our organization currently reports executive compensation to the Securities and Exchange Commission (SEC)

## PROJECT TIMELINE

Contracts will cover activities for the following time period: March 1, 2023 through June 30, 2024. Due to federal restrictions, **carry-over of funds is not allowable**. Any funds not used by June 30, 2024, will be forfeited, or must be returned.

## DATA AND REPORTING REQUIREMENTS

Subcontractors will be required to submit monthly quantitative as well as bi-annual progress reports responding to performance measures and including financial reports describing actual expenditures of contract funding. See Appendix C for information on the Scope of Services.
Potential performance measures include:

**Monthly Reports – submitted monthly via the online survey instrument**

- Total number of new patients initiating each medication below during the month:
    - Buprenorphine
    - Extended-release naltrexone
    - Methadone
- Of the patients that started treatment with MAT during the month, number of patients whose medication costs were funded by the grant
- Of the patients that started treatment with MAT during the month, number of patients who also received counseling or other OUD recovery services
- Total number of new patients receiving any treatment for stimulant use (includes amphetamines, cocaine, prescription stimulants) during the month
- Total number of new patients receiving contingency management for stimulant use (includes amphetamines, cocaine, prescription stimulants) during the month
- Of patients who started treatment for stimulant use during the month, number whose treatment costs were funded by the grant

**Progress Report Components (during reporting period) – submitted via the online survey instrument**

- Quantitative Data
    - Total number of unique patients in treatment for opioid or stimulant use (regardless of funding source) who were:
        - Tested for HIV and/or Hepatitis C
        - Provided Hepatitis A & B vaccines
        - Screened for SUDs
        - Screened for mental health
        - Received case management services
        - Provided with counseling services (i.e., provided by certified counselor)
        - Provided with recovery and/or peer support services (i.e., provided by peer support/recovery specialist)
        - Provided with employment support
        - Provided with recovery housing

- Provided with harm reduction services (e.g., syringe exchange, wound prevention, fentanyl testing. Do NOT count naloxone here)
- Provided services via telehealth
- Referred to SUD treatment services
- Referred to SUD recovery support services
- Referred to housing support services
- Number of naloxone units distributed
- Number of naloxone prescriptions written
- Number of overdose reversals reported
- Number and percentage of your SSP service sites where low-barrier OUD treatment services are available
- Demographic data:
    - Number of all current patients in treatment for opioid or stimulant use who are aged (17 and under/18-24/25-44/45-64/65 and over/unknown)
    - Number of all current patients in treatment for opioid or stimulant use who are (male/female/transgender/non-binary or gender queer/unknown)
    - Number of all current patients in treatment for opioid or stimulant use who are (American Indian or Alaska Native/Asian American/ Black or African American/ Native Hawaiian or Pacific Islander/More than one race/White/Unknown)
    - Number of all current patients in treatment for opioid or stimulant use who are (Latinx or Chicanx or Hispanic/Not Latinx or Chicanx or Hispanic/Unknown)
    - Number of all current patients in treatment for opioid or stimulant use who are pregnant
- Providers
    - Total number of providers currently working in your reporting location who are MAT prescribers (MDs/NPs/Pas with a waiver to prescribe buprenorphine, methadone prescribers)
    - Total number of providers currently working in your reporting location who are MAT prescribers that are ACTIVELY prescribing (have at least one patient on their caseload)
    - Total number of providers currently working in your reporting location who are nurses (RNs/FNPs) providing opioid or stimulant treatment services
    - Total number of providers currently working in your reporting location who are certified counselors providing opioid or stimulant treatment related services
    - Total number of providers currently working in your reporting location who are peer specialists assisting patients in recovery for opioid or stimulant use
    - Total number of providers currently working in your reporting location who are Substance Use Navigators (SUNs)
    - Total number of providers currently working in your reporting location who are social workers providing opioid or stimulant treatment services
    - Total number of providers currently working in your reporting location who are other staff (clinical or non-clinical)
    - Total number of FTEs currently funded by the grant for MAT prescribers
    - Total number of FTEs currently funded by the grant for nurses
    - Total number of FTEs currently funded by the grant for counselors
    - Total number of FTEs currently funded by the grant for peer specialists
    - Total number of FTEs currently funded by the grant for SUNs

- - - Total number of FTEs currently funded by the grant for social workers
    - Total number of FTEs currently funded by the grant for other staff
  - Outreach
    - Total number of meetings/presentations to external stakeholders (number of events/total number of attendees amongst all events)
    - Total number of webinars held (number of events/total number of attendees amongst all events)
    - Total number of trainings provided (number of events/total number of attendees amongst all events)
    - Total number of other meetings/conventions held (number of events/total number of attendees amongst all events)
    - Total number of outreach materials developed
    - Total number of outreach materials distributed
    - Total number of ads developed
    - Total number of impressions from media sources
    - Total number of website views
    - Target audience for outreach/education activities (potential patients/general public/treatment providers/health care clinics/specialty substance use treatment programs/criminal justice professionals/pharmacies or pharmacists/youth or community/community organization/harm reduction organization/opioid coalitions/other)
- Qualitative Data
  - Describe activities or strategies used to reduce barriers to (a) OUD treatment initiation and (b) treatment retention.
  - Describe what has been your experience in trying to connect clients with treatment and any strategies your program has implemented to address barriers to treatment during the reporting period.
  - What activities or approaches you have used during the reporting period that have increased the meaningful involvement of people who use drugs in the design, execution, and leadership of your project?
  - What is your program planning or doing to promote new and creative ways to increase access to MOUD (new locations, new partnerships, new groups, new supports offered for linkage, new forms of communication with MOUD providers, new services offered onsite)?
  - What activities or approaches have you used during the reporting period that support and improve racial equity practices within the project?
- Financial
  - Financial report with detailed expenditure listing via the financial online portal.
  - Report actual expenditures compared to the approved budget. Explain all budget variances.

**Final Report Components (submitted at contract end) – submitted via the online survey instrument**

- Narrative
  - What are the key highlights or stories from your work about including people who use drugs more meaningfully in planning, executing, and evaluating services?
  - What are the key highlights or stories from your work about including racial equity practices in your project?

- o In what ways do you feel that your project has created innovation for the people you serve, inside your organization and/or in relation to other services for people who use drugs in your area?
- o If time and capacity were not barriers, what would you do differently to increase access to your services for people who use drugs?
- Financial
  - o Financial report with detailed expenditure listing via the financial online portal
  - o Report actual expenditures compared to the approved budget. Explain all budget variances.

*Performance measures may be revised as needed to address current situations and high-priority challenges.*

**Reports will follow the timeline below.**

| Report | Report Period | Due Date to The Center |
|---|---|---|
| Monthly report 1 | March 2023 | 04/12/2023 |
| Monthly report 2 | April 2023 | 05/12/2023 |
| Monthly report 3 | May 2023 | 06/12/2023 |
| Monthly report 4 | June 2023 | 07/12/2023 |
| **Progress Report 1 with financial report** | **03/1/2023-06/30/2023** | **07/30/2023** |
| Monthly report 5 | July 2023 | 08/12/2023 |
| Monthly report 6 | August 2023 | 09/12/2023 |
| Monthly report 7 | September 2023 | 10/12/2023 |
| Monthly report 8 | October 2023 | 11/12/2023 |
| **Progress Report 2 with financial report** | **07/1/2023-10/31/2023** | **11/30/2023** |
| Monthly report 9 | November 2023 | 12/12/2023 |
| Monthly report 10 | December 2023 | 01/12/2024 |
| Monthly report 11 | January 2024 | 02/12/2024 |
| Monthly report 12 | February 2024 | 03/12/2024 |
| **Progress Report 3 with financial report** | **11/1/2023-02/28/2024** | **03/30/2024** |
| Monthly report 13 | March 2024 | 04/12/2024 |
| Monthly report 14 | April 2024 | 05/12/2024 |
| Monthly report 15 | May 2024 | 06/12/2024 |
| Monthly report 15 | June 2024 | 06/30/2024 |
| **Progress Report 4** | **03/1/2024-6/30/2024** | **06/30/2024** |
| **Cumulative Final Narrative and Financial Report** | **03/1/2023-06/30/2024** | **06/30/2024** |

## DIRECT TREATMENT SERVICES – DATA PROTOCOL AND GPRA COLLECTION

**Only if applicable**, if the subcontractor is using contract funds for direct treatment or recovery support services, the subcontractor will need to comply with all SAMHSA Government Performance and Results

Act (GPRA) of 1993 reporting requirements. Additional information and technical assistance will be provided to organizations required to submit GPRA data.

GPRA Data Collection Incentives: For certain interviews, a maximum cash value of $30 per interview is allowable. The incentives can include items such as food vouchers, transportation vouchers or phone cards. Incentives are only permitted for completion of a six-month GPRA follow-up interview. For GPRA discharge interviews, the incentive cannot be used for routine discharge interviews; they can only be used when program staff must search for a client who has left the program, or a client has dropped out of a program. GPRA incentives are separate from other program/participation incentives.

## APPLICATION TIMELINE

At The Center's discretion, the timeline below is subject to change to best meet programmatic needs and funding requirements.

**APPLICATION DEADLINE:**
December 19, 2022, at 1 p.m. (Pacific Time)

**REVIEW OF APPLICATIONS:**
January 2023

**APPROXIMATE AWARD ANNOUNCEMENT:**
March 2023

**NOTE: All funding will be backdated to March 1, 2023, even if contracts are signed after March 1.**

To be considered, your proposal must be submitted by 1 p.m. (Pacific Time) on the deadline date. Proposals received after the due date/time will not be reviewed. Submission before the deadline date is advised in case you experience technical difficulties with submitting your application through the portal. We may not be able to respond to your requests for help on the deadline date.

## PROPOSERS' WEBINAR

We have scheduled a proposers' webinar to review the funding opportunity and the application process, and to answer questions on **Tuesday, November 29, 2022, from 12 p.m. to 1 p.m.** (Pacific Time). Registration to attend the live RFA webinar is available online at https://us06web.zoom.us/webinar/register/WN_GwLG9CogQ0KgU1oHc3oI0Q.

This webinar will be recorded and posted on the MAT Access Points Project website. Application materials are posted on the MAT Access Points Project website to review prior to the live webinar. Review of the recording or webinar attendance is strongly recommended.

**Important Application Guidelines**

**To help us process your application, please follow these submission guidelines:**

▪ We encourage you to submit your application before the deadline date in case you need help with any of the RFA components.

▪ Applications are due no later than 1 p.m. (Pacific Time) on December 19, 2022.

▪ Submit the application via our online portal through this link. You may save your progress and resume the application later by entering an email and determining a password.

▪ Respond to all required fields (marked with an *).

▪ Upload all attachments listed under "Application Checklist" below.

▪ On the portal, you may click "Save my progress and resume later." Enter your email and determine a password to return to the saved application through the same link at a later date. To return use the same link and click on "Resume a previously saved form."

▪ You may submit your application only once. Be sure your application is complete and accurate, including required documents, before submitting it. Revised applications will not be accepted.

▪ If you are unable to submit your application online or need help, please contact us at mataccesspoints@shfcenter.org with the subject line: SSP Application Online Help.

---

**Send questions and inquiries related to this funding opportunity
to mataccesspoints@shfcenter.org with the subject line: SSP RFA Question**

---

## APPLICATION CHECKLIST

□ Initiate the funding application online. The link is also posted on the MAT Access Points Project website.

□ **Required Application Attachments**
   ▪ Proposed project budget completed in The Center's Proposed Budget Template (template is available in the online portal for download)
   ▪ Applicant organization's W-9
   ▪ Letters of support from partner organizations (optional)

Incomplete applications will not be reviewed. Applications received after the above deadline will not be considered. If you are unable to submit your application online or need technical assistance, please contact us at mataccesspoints@shfcenter.org with the subject line: SSP Application Online Help.

**RFA/Funding Opportunity Feedback**
We are continuously working to improve our funding opportunities. Please provide the following feedback via this SurveyMonkey link.
• Funding Opportunity Name: [name of RFA/funding opportunity]
• Will you be applying to this funding opportunity [yes/no]
• If no, why not? [Comment box]
• Suggestions, feedback, challenges as related to the RFA or application process [comment box]

## Appendix A – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. All components of 45 CFR Part 75 are applicable to all sub-recipients. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=df3c54728d090168d3b2e780a6f6ca7c&ty=HTML&h=L&mc=true&n=pt45.1.75&r=PART. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

SAMHSA funds must be used for purposes supported by the program and may not be used to:

- **Exceed Salary Limitation**: The Consolidated Appropriations Act, 2016 (Pub. L.113-76) signed into law on January 10, 2016, limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to sub awards/subcontracts under a SAMHSA grant or cooperative agreement. The Federal Executive Level II Salary Cap is currently $203,700.
- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to $75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- Provide detoxification services unless it is part of the transition to MAT with extended-release naltrexone.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
  > **Note**: A recipient or treatment or prevention provider *may* provide up to $30 non-cash incentive to individuals to participate in required data collection follow up. This amount may be paid for participation in each required follow-up interview.
- Meals are unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Funds may be used for light snacks, not to exceed $3.00 per person.
- Support non-evidence-based treatment approaches, such as short-term methadone or buprenorphine use ("detox" with initial treatment less than one year).
- No out-of-state travel is permitted with these funds.

*\*SAMHSA funds were granted to the State and all funding restrictions are applicable to this funding opportunity and all sub-contracts.*

## Appendix B – Insurance Requirements

All evidence of required insurance coverage must be submitted to The Center prior to the release of payment. Awarded organizations will receive an e-mail from "The Center@Sierra Health Foundation" via TrustLayer requesting the same insurance documents as indicated below. A link will be provided for organizations to review and upload the required insurance documents. Please pay special attention to the "Additional Requirements" section for exact instructions and specific language that must be included.

**Commercial General Liability**
- Each Occurrence must be greater or equal to $1,000,000
  - Coverage Trigger: Occurrence must be present
  - Insurance is written on an occurrence basis using ISO form CG 0001 or equivalent
- General Aggregate must be greater or equal to $2,000,000
- Products/Completed Operations Aggregate must be greater or equal to $2,000,000
- Personal and Advertisting Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present
  - With Completed Operations language
  - Using a combination of ISO forms CG2010 10/04 and CG 2037 10/04 or equivalent

**Automobile Liability**
- Combined Single Limit (each accident) must be greater or equal to $1,000,000
- Coverage Applies to: Owned Autos Only must be present
- Coverage Applies to: Hired Autos Only must be present
- Coverage Applies to: Non-Owned Autos Only must be present
- Additional Insured Endorsement must be present
  - Using ISO form CA 2048 or equivalent

**Worker's Compensation and Employer's Liability**
- Statutory Limits must be present
- Employer's Liability Each Accident must be greater or equal to $1,000,000
- Employer's Liability Disease – each employee must be greater or equal to $1,000,000
- Employer's Liability Disease – policy limit must be greater or equal to $1,000,000
- Waiver of Subrogation Endorsement must be present

**Professional Liability**
- Each Claim must be greater or equal to $1,000,000
- Aggregate must be greater or equal to $2,000,000

**Improper Sexual Contact and Physical Abuse Insurance**
- Coverage must be greater or equal to $1,000,000

**Cyber Liability**
- Claims made Coverage must be greater or equal to $1,000,000

**Additional Requirements**

- Certificate Holder must read: Sierra Health Foundation 1321 Garden Highway Sacramento, CA 95833
- A.M. Best rating of at least A-:VI
- 10 or more Passengers being transported in any one vehicle will require
  - State of California Class B driver's license
  - Auto liability in the amount of $5,000,000 per occurrence for bodily injury and property damage combined.
- Description of Operations must read: The Center, Sierra Health Foundation, The State of California, their respective officers, directors, agents, representatives, constituent entities, affiliates, volunteers, officials, parents, subsidiaries, and employees shall be added as Insureds ("additional Insureds") under each commercial general liability and automobile insurance policy. **Agreement # 22-00000** must be present *[this number is a place holder and will be verified once the contract is issue]*

## Appendix C – Scope of Services

Each contract agreement will include the scope of services as outlined below.

Low-Barrier Opioid Treatment at Syringe Service Programs Project Purpose: To support low-barrier access to treatment of opioid use disorder through Syringe Service Programs.

| Required | Task | Deliverable | Timeframe |
|---|---|---|---|
| ✓ | Complete subrecipient grant program onboarding | Webinar attendance | First quarter of the contract |
| ✓ | Administrative Requirements including submission of narrative and budget reports that address progress toward meeting desired outcomes indicated in the grant application. | 1. Monthly data reports<br>2. Bi-annual progress reports<br>3. Intermittent financial report<br>4. Final report (narrative and financial) | See schedule below |
| ✓ | Increase **treatment services** and partnerships for opioid use disorder as indicated in the application and budget. | Quantitative data on number of individuals served (shared through monthly and bi-annual data reports) | March 1, 2023 – June 30, 2024 |

| Report | Report Period | Due Date to The Center |
|---|---|---|
| Monthly report 1 | March 2023 | 04/12/2023 |
| Monthly report 2 | April 2023 | 05/12/2023 |
| Monthly report 3 | May 2023 | 06/12/2023 |
| Monthly report 4 | June 2023 | 07/12/2023 |
| **Progress Report 1 with financial report** | **03/1/2023-06/30/2023** | **07/30/2023** |
| Monthly report 5 | July 2023 | 08/12/2023 |
| Monthly report 6 | August 2023 | 09/12/2023 |

| Monthly report 7 | September 2023 | 10/12/2023 |
|---|---|---|
| Monthly report 8 | October 2023 | 11/12/2023 |
| **Progress Report 2 with financial report** | **07/1/2023-10/31/2023** | **11/30/2023** |
| Monthly report 9 | November 2023 | 12/12/2023 |
| Monthly report 10 | December 2023 | 01/12/2024 |
| Monthly report 11 | January 2024 | 02/12/2024 |
| Monthly report 12 | February 2024 | 03/12/2024 |
| **Progress Report 3 with financial report** | **11/1/2023-02/28/2024** | **03/30/2024** |
| Monthly report 13 | March 2024 | 04/12/2024 |
| Monthly report 14 | April 2024 | 05/12/2024 |
| Monthly report 15 | May 2024 | 06/12/2024 |
| Monthly report 15 | June 2024 | 06/30/2024 |
| **Progress Report 4** | **03/1/2024-6/30/2024** | **06/30/2024** |
| **Cumulative Final Narrative and Financial Report** | **03/1/2023-06/30/2024** | **06/30/2024** |

# FOR REFERENCE ONLY
# SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

# MAT Access Points Sub-Contractor Application

## INSTRUCTIONS
Be sure to read the request for applications carefully before beginning your application. Required fields and attachment uploads are marked with *.

You may save your in-progress application at any time and return to it later using the link you will receive in an automated e-mail.

If you have questions, send an e-mail to mataccesspoints@shfcenter.org with the subject line: SSP Application Online Help.

## APPLICANT INFORMATION

### Applicant Organization Information
**Organization Name***
*Enter the organization's legal name.*

**Is the applicant organization a fiscal sponsor for this proposal?** *
*A fiscal sponsor is an organization that applies on behalf of an entity or group that does not have legal standing with the IRS. Select Yes or No.*

**Name of fiscally sponsored organization, if applicable.**

*Enter the name of the organization who will be implementing the project, otherwise known as the fiscally sponsored organization.*

Applicant Organization Address*

City*            State*                Zip Code*              County*

Phone*

**Website URL (optional)**

**Tax Exempt ID # or Employer ID #***
*Enter the applicant organization's Tax-ID or the Employer ID if the organization is an individual.*

**Unique Entity Identifier**
*Enter the organization's Unique Entity ID (formerly DUNS/SAM). If the organization does not have Unique Entity ID, we highly recommend that the organization completes registration as soon as possible as it is a requirement before funds can be disbursed.*

**Congressional District of applicant organization's primary location***
*What is the applicant entity's congressional district?*

**Congressional District(s) where organization's beneficiaries live***
*What are the congressional districts of the organization's beneficiaries?*

**Organizational Status***
*Organization has 501(c)(3) nonprofit status with the IRS. Select Yes, No, or Unsure.*

**Annual Budget***
*What is the applicant organization's annual budget amount?*

**Proposal Contact Information (for questions related only to this proposal)**
First Name*            Last Name*

Title*

E-mail Address*

Office Phone*          Extension

**Applicant Organization CEO/Director Information**
First Name*            Last Name*

Title*

E-mail Address*

Office Phone*          Extension

**Program Contact Information**

First Name*           Last Name*

Title*

E-mail Address*

Office Phone*        Extension

**Additional Program Contact Information – optional**

First Name*           Last Name*

Title*

E-mail Address*

Office Phone*        Extension

**Data Contact Information – optional**

First Name*           Last Name*

Title*

E-mail Address*

Office Phone*        Extension

**Financial Contact Information – optional**

First Name*           Last Name*

Title*

E-mail Address*

Office Phone*        Extension


**PROJECT INFORMATION**

**Project Information**
**Project Name*** (10 words maximum):

**Brief Summary and Purpose of Project*** (100 words maximum):

Project Start Date:      March 1, 2023
Project End Date:       June 30, 2024

**Total Amount Requested: *** $_____
*Up to $352,000 for each new application, up to $330,000 for continuation applicants.*

**Individuals Served** *

Please provide the total number of unique individuals served by your SSP.

**Project Geography**

**Geography (County-level)** *

*Please indicate what percentage of activity will be spent in which California counties. Total must add up to 100.* (A list of all 58 California counties is in the online application.)

**Population to be Served**

**Focus Populations (Race/Ethnicity)** *

For the racial and ethnic populations that will be affected, provide your best estimate of the percentage of the total people of each population (Total must add up to 100.)
☐ African American/Black: **%**
☐ American Indian/Alaska Native: %
☐ Asian-American: %
☐ Indigenous (e.g., Mixteco, Purepecha, etc.)
☐ Latino/Hispanic: %
☐ Middle Eastern or North African
☐ Mixed race: %
☐ Pacific Islander
☐ White: %
☐ Other: % [please specify]

**Focus Populations (Age Groups)** *

For the age groups that will be impacted, provide your best estimate of the percentage in each age group. (Total must add up to 100.) *There are no age restrictions/limits for individuals served with these funds.*
☐ Under 5: %
☐ 5 - 9: %
☐ 10 - 14: %
☐ 15 - 19: %
☐ 20 - 24: %
☐ 25 - 54: %
☐ 55+: %

**NARRATIVE QUESTIONS**

**Need** *

Please briefly describe the need to implement and integrate low-barrier opioid treatment within your syringe services program. (200 word maximum)

**Current Capacity** *

Please describe your organization's current capacity, including the composition of paid part-time or full-time staff and volunteers, finance and administrative roles/support, and any existing structures you have in place to manage grants and activities. Please include information on how your staffing composition mirrors populations with health disparities in your region, including racial/ethnic demographic information. (200 words maximum)

**Proposed Activities** *

Please describe the specific activities needed to carry out your proposed work, and the associated timing for each activity. If you have partner sites or organizations in place for this work, name them and

describe the roles of the different partners. Please describe the roles of any new staff to be hired to carry out the work, and the new capacity or scope of services that this funding would create. (600 word maximum)

**Project Goal** *
Please describe your project's overall goal of implementing and integrating low-barrier opioid treatment. (200 word maximum)

**Health Equity** *
Please describe how your proposed project will promote the health equity goals described in the RFA, including racial equity and trauma-informed, intersectional, and social determinants-grounded approaches to care. (200 word maximum)

**Meaningful Involvement of People Who Use Drugs** *
Please describe how people who use drugs are included in the development, implementation, and evaluation of your project. (200 word maximum)

**Technical Assistance**
To help us plan a technical assistance strategy, please tell us what technical assistance your organization would benefit from in implementing this project? (Your response to this question is not considered in decisions about funding.)  (150 words maximum)


## ATTACHMENTS

- Proposed Project Budget*
    a. Budget template is available in the online application portal for download. Fill it in and upload it in Excel format.
- Applicant organization's W-9*
- Letters of support from partner organizations (*optional*)