

INCREASING MAT SERVICES WITHIN DHCS-LICENSED SUD FACILITIES

REQUEST FOR APPLICATIONS
FEBRUARY 2023



CALIFORNIA DEPARTMENT OF
DHEALTH CARE SERVICES



THE CENTER
at Sierra Health Foundation

This funding opportunity is provided by the State of California's Department of Health Care Services and is administered by The Center at Sierra Health Foundation.

The Center at Sierra Health Foundation is an independent 501(c)(3) nonprofit organization bringing people, ideas and infrastructure together to create a collective impact that reduces health disparities and improves community health for the underserved living in California.

For information about The Center, visit www.shfcenter.org.

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

ORGANIZATION AND GRANT BACKGROUND

The **Increasing Medication Assisted Treatment (MAT) Services within Department of Health Care Services (DHCS) Licensed Substance Use Disorder (SUD) Facilities** project is funded by the California Department of Health Care Services' MAT Expansion Project. The MAT Expansion Project utilizes various funding sources, including state and federal, to support organizations throughout California in addressing the opioid 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 other SUD.

Sierra Health Foundation: Center for Health Program Management (The Center) is DHCS' administrative entity for this project and will incorporate the applicable state rules and regulations into the terms and conditions of the contract agreements. Please see additional compliance components further in the 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=bwZcPwIRRcc&feature=youtu.be>

Bridge Funding: Short-term, temporary financing to cover costs associated with MAT implementation before ongoing and/or permanent income or financing is expected.

DHCS-Licensed Residential SUD Facility: Residential SUD facility, licensed by DHCS to provide SUD treatment services.

Direct Service Staff: Staff that provide direct support to the prescribers' MAT activities specific to this project.

Incidental Medical Services (IMS): Optional services provided at a facility by a health care practitioner, or staff under the supervision of a health care practitioner, to address medical issues associated with detoxification, treatment or recovery services. Facilities licensed by DHCS may apply for approval to provide IMS in their facilities.

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.

Drug Enforcement Agency (DEA) Schedule III Prescriber: Practitioners who have a current Drug Enforcement Agency (DEA) registration that includes Schedule III authority to prescribe and dispense controlled substances including buprenorphine for OUD.

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 (ADD/ADHD), such as amphetamine, methylphenidate and dextroamphetamine. [Access SAMHSA’s Treatment of Stimulant Use Disorders guide for information on the treatment of stimulant use disorder \(.pdf\)](#).

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

Since the passage of Senate Bill (SB) 992 in 2019 and SB 184 in 2022¹, residential SUD facilities licensed by DHCS are required to either offer MAT onsite or have a referral process in place for patients in need of MAT. DHCS-licensed residential SUD facilities intending to provide MAT services onsite must receive approval to provide incidental medical services (IMS). Despite having IMS approval, many licensed residential SUD facilities do not offer MAT within the facility.

The primary objective of this funding opportunity is to improve access to MAT in nonprofit DHCS-licensed residential SUD facilities. This will be done by supporting costs associated with recruitment, mentorship, training and other associated costs to increase provider knowledge and comfort with providing MAT through a collaborative learning opportunity for facilities to implement best practices.

Eligibility Criteria

Eligible organizations must meet all the following minimum requirements:

- Be a residential SUD facility licensed by DHCS and be located in the state of California
- Be a nonprofit, DHCS-licensed, adult or youth residential SUD facility

¹ [Bill Text - SB-184 Health. \(ca.gov\)](#)

- Have received IMS approval or commitment to receive the IMS approval within six months of award

Entities with multiple locations may apply for each eligible DHCS-licensed residential SUD facility separately.

SCOPE OF WORK

Eligible applicants may choose between one of three tracks. This funding opportunity will provide support for recruitment, mentorship, training and learning collaboration regardless of which track is selected.

Track One: *Initiating MAT Services*

This track is for DHCS-licensed residential SUD facilities that have IMS certification or will receive IMS certification within six months of the project start date, but do not currently have a MAT prescriber onsite or do not offer MAT services onsite. This funding is intended to be used for bridge and startup costs to allow for growth, scalability and sustainability of MAT services provided within the facilities.

Track One funding may be utilized to:

1. Recruit qualified practitioner(s) to offer MAT and cover initial bridge funding costs of the MAT prescriber salary specific to the funded project.
2. Remove any barriers to prescribing MAT onsite. This could include minimal renovations for prescribing space, MAT equipment or other MAT prescribing needs.
3. Bridge funding for MAT medications and funding for uninsured or under-insured MAT medications.
4. Provide trainings critical to increasing provider knowledge and comfort with MAT. Funds can be used to pay the cost of a provider's engagement in training and collaborative learning activities. Such activities can include:
 - a. Being connected to an addiction specialist mentor to oversee and provide technical assistance in MAT inductions.
 - b. Connection to Centers of Excellence that work to collaborate and refine addiction and substance use treatment in the state.
 - c. Attending California Society of Addiction Medicine (CSAM)-sponsored trainings.
5. Promote staff-wide knowledge related to treating and addressing substance use with MAT, including knowledge around the effectiveness of MAT, non-stigmatizing language, and other key aspects important to the patient maintaining adequate access to MAT. Funds may support staff trainings to improve the knowledge and skills of other staff involved in patient MAT training. Funds may only be used for staff-wide training if a provider onsite participates in education or mentorship activities related to actively prescribing MAT.
6. Train staff and patients on utilizing naloxone, and for the distribution of naloxone to staff and patients.

Track Two: *Expanding Existing MAT Services*

This track is for DHCS-licensed residential SUD facilities with IMS certification that already have DEA Schedule III Prescriber(s) onsite and want to increase the expertise of the current MAT prescribers and expand services.

Track Two funding may be utilized to:

1. Cover all allowable expenses and activities in Track One.
2. Stay up-to-date on recent trends in prescribing and understanding complex cases, including training and funding to cover prescriber time to attend trainings.
3. Undertake activities that will increase the facilities' number of board-certified addiction medicine specialists, including any training and funding for the prescribers' time to attend the training, along with other related costs.

Track Three: *Centers of Excellence*

This track is for DHCS-licensed residential SUD facilities with IMS certification that already have DEA Schedule III prescriber(s) onsite and can act as a Center of Excellence by offering technical assistance and mentorship to other DHCS-licensed residential SUD facilities participating in Track One or Track Two. To be eligible for this funding, facilities must have a minimum of one (1) year of experience providing MAT onsite, experience providing technical assistance, experience in data collection and reporting, and staff available to assist with administrative activities associated with providing mentorship and support. This requirement is evidenced by having IMS certification for at least one (1) year, and application responses attesting to the required experience. Facilities may apply to be a Center of Excellence at more than one DHCS-licensed residential SUD facility.

Mentorship and technical assistance activities may include*:

1. Being on call to answer questions from learning facilities that are learning how to implement a MAT program at their site
2. Onsite and/or virtual mentorship visits to help support first time MAT inductions
3. Onsite and/or virtual shadowing of residential facilities to provide direct clinical insight into MAT inductions
4. Onsite and/or virtual technical assistance for prescribers and prescribers' direct service staff
5. Site-wide discussions and trainings to provide hands-on technical assistance
6. Peer-to-peer phone calls with other providers, such as social workers, physicians and navigators
7. Regular (monthly or bi-monthly) virtual meetings to share support, guidance and feedback related to MAT services with other providers and mentors
8. Supporting site data collection efforts related to the provisions of MAT

*This list does not represent all mentorship possibilities but provides a sample of eligible activities. If you have questions about eligible activities, contact centergrants@shfcenter.org with the subject line: MAT at DHCS-Licensed Facilities RFA Question.

Track Three funding may be utilized for**:

1. Compensating provider and direct service staff, including Physicians, Nurse Practitioners and Physician Assistants, such as:
 - a. Paying for providers' time
 - b. Paying for travel expenses related to visiting sites
 - c. Paying for accompanying direct service staff time to sites (as needed)
2. Staff and administrative support to provide the following activities:
 - a. Setting up site visits
 - b. Facilitating mentorship and technical assistance calls
 - c. Payment for staff and administrative support related to onsite visits and training(s)

** Funding utilized in this section shall be specific to this project and relative to the percentage of time activities under this specific project are performed.

FUNDING INFORMATION

Applicants are required to adhere to the budget guidelines included in the Budget Template. 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.

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.

Payment schedule: Payments will be issued based on the completion of a set of agreed-upon deliverables as defined in the contract and as outlined below.

Track One Payment Schedule:

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).

*Facilities without IMS will not receive the first payment until proof of approval of IMS services by DHCS has been obtained.

Track Two Payment Schedule:

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).

Track Three Funding Schedule:

1. 50% will be paid up front for year 1 of the project, and
2. 50% will be paid up front for year 2.

Funding Amounts and Contract Period

Contracts will cover activities for the period May 1, 2023, through April 30, 2025. Individual contract awards will be made dependent upon facility size for the 24-month contract period. Please note, there will be no carry-over funds; any funds not used by contract end will be forfeited.

Track One Funding Amounts:

- Facilities 16 beds and under may apply for up to \$250,000.
- Facilities 50 beds and under may apply for up to \$350,000.
- Facilities 51 beds and over may apply for up to \$550,000.

A majority of project funding should be dedicated to increasing the infrastructure and staffing capacity of facilities to provide opioid treatment services. This funding may be allocated, for example, to the one-time purchase of applicable equipment and material supports, as well as training and expanded capacity for direct treatment providers.

Track Two Funding Amounts:

- Facilities 16 beds and under may apply for up to \$250,000.
- Facilities 50 beds and under may apply for up to \$350,000.
- Facilities 51 beds and over may apply for up to \$550,000.

Track Three Funding Amount:

Up to \$850,000

FUNDING RESTRICTIONS

The following will not be funded:

- Fees associated with DHCS licensing and/or IMS Certification
- Debt retirement
- Operational deficits
- Partisan activities
- Religious organizations for explicit religious activities
- Activities that exclusively benefit the members of sectarian or religious organizations
- High-cost naloxone. Please refer to DHCS' [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone. Or limit to lower-cost generics.
- Fentanyl or fentanyl analogs
- Purchase of properties and/or vehicles
- 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
- DHCS will not fund contingency management (CM) interventions through this project, as these interventions are currently being implemented and evaluated through a statewide pilot project effort funded by California's Medicaid program as a benefit through the 1115 waiver. This Medicaid benefit provides up to \$599 in CM incentives for beneficiaries. More information on this program can be found on the [DHCS website](#).
- 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 provided on the [CalHR website](#).)
- 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.
- Indirect costs under this opportunity are limited to 10% of the total award.

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.

Providers must use third-party reimbursements and other revenue realized from the provision of services to the extent possible, and use these 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.

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, strength of project team and proposal.

The most competitive applications will:

- Provide a detailed description of exactly what will be done and how it will be implemented – who will be involved and what they will do, a clear and realistic timeline of activities and concrete, measurable objectives.
- Include sufficiently detailed budgets that closely align with proposed activities.
- Propose projects that have organizational buy-in and are ready for immediate implementation.
- Have a concrete plan for incorporating proposed activities into the organizations' current workflow.
- Propose a treatment services model that promotes the meaningful involvement of participants, works in alliance with MAT patients, and focuses on stigma and racial, gender and other institutionalized discrimination in order 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, as well as jurisdiction rates of opioid overdose mortality, rates of buprenorphine prescribing, etc.

At DHCS and 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 DHCS, California law does not provide a protest or appeal process against award decisions made through this funding opportunity. 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.

COMPLIANCE

If awarded, contractors will need to complete pre-award requirements before funding is disbursed. This includes the following:

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 you will be able to meet the insurance requirements, please reach out to centergrants@shfcenter.org, subject “MAT at DHCS-Licensed Facilities Insurance Requirements”. The Center, in partnership with CalNonProfits, hosted an educational webinar on securing insurance coverage required for obtaining federal and state funds. [You may view this recording on YouTube](#). Refer to Appendix A for more information on insurance requirements.

PROJECT TIMELINE

Contracts will cover activities for the following time period: May 1, 2023 – April 30, 2025. Please note, **carry-over of funds is not allowable**. Any funds not used by April 30, 2025, will be forfeited and must be returned.

DATA AND REPORTING REQUIREMENTS

Awardees will be required to submit quarterly quantitative reports responding to performance measures, including financial reports describing actual expenditures of contract funding. Awardees will be required to complete and submit direct services data to a data collection portal managed by University of California Los Angeles (UCLA) and in collaboration with The Center.

Reports will follow the timeline below.

Report	Report Period	Due Date to The Center
Quarter 1	5/1/23 – 6/30/23	7/31/23
Quarter 2	7/1/23 – 9/30/23	10/31/23
Quarter 3	10/1/23 – 12/31/23	1/31/24
Quarter 4 with financial report	1/1/24 – 3/31/24	4/30/24
Quarter 5	4/1/24 – 6/30/24	7/31/24
Quarter 6	7/1/24 – 9/30/24	10/31/24
Quarter 7	10/1/24 – 12/31/24	1/31/25
Quarter 8	1/1/25 – 4/30/25	5/31/25
Final Narrative and Financial Report	05/1/23 – 04/30/25	5/31/25

APPLICATION TIMELINE

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

APPLICATION DEADLINE:

March 15, 2023, at 1 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:

March - April 2023

APPROXIMATE AWARD ANNOUNCEMENT:

April 30, 2023

NOTE: All funding will be backdated to May 1, 2023, even if contracts are signed after May 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, February 14, 2023, from 1 p.m. to 2 p.m.** (Pacific Time). [Register for the webinar on Zoom.](#)

This webinar will be recorded and posted on the [MAT Access Points website](#) along with application materials for review prior to the live webinar. Webinar attendance, or review of the recording, 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 March 15, 2023.
- [Submit the application via our online portal.](#)
- 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 e-mail 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 centergrants@shfcenter.org with the subject line: MAT at DHCS-Licensed Facilities Application Online Help.

**Send questions and inquiries related to this funding opportunity
to centergrants@shfcenter.org with the subject line:
MAT at DHCS-Licensed Facilities RFA Question**

APPLICATION CHECKLIST

□ [Initiate the funding application on The Center's online portal](#). 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
- Applicant organization's W-9
- DHCS-issued facility license
- Proof of IMS Certification (or confirmation of intent to receive IMS Certification within six months)
- 501(c)(3) letter or proof of nonprofit status

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

Appendix A – 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 insurance documents 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 Advertising Injury must be present
- Primary and Non-Contributory Endorsement must be present
- Additional Insured Endorsement must be present

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

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
- 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 #22-20443** must be present.

Appendix B – Scope of Services

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

MAT at DHCS-Licensed Facilities Project Purpose: To provide resources for nonprofit DHCS-licensed residential SUD facilities to incorporate MAT into their treatment services.

Required	Task	Deliverable	Timeframe
✓	Complete 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.	<ol style="list-style-type: none"> 1. Quarterly data reports 2. Intermittent financial report 3. Final report (narrative and financial) 	See schedule below
✓	Increase MAT services and partnerships for opioid use disorder as indicated in the application and budget.	Quantitative data on number of individuals served (shared through quarterly and final reports)	May 1, 2023 – April 30, 2025

Report	Report Period	Due Date to The Center
Quarter 1	5/1/23 – 6/30/23	7/31/23
Quarter 2	7/1/23 – 9/30/23	10/31/23
Quarter 3	10/1/23 – 12/31/23	1/31/24
Quarter 4 with financial report	1/1/24 – 3/31/24	4/30/24
Quarter 5	4/1/24 – 6/30/24	7/31/24
Quarter 6	7/1/24 – 9/30/24	10/31/24
Quarter 7	10/1/24 – 12/31/24	1/31/25
Quarter 8	1/1/25 – 4/30/25	5/31/25
Final Narrative and Financial Report	05/1/23 – 04/30/25	5/31/25

FOR REFERENCE ONLY
SUBMIT YOUR APPLICATION USING THE ONLINE PORTAL

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 centergrants@shfcenter.org with the subject line: MAT at DHCS-Licensed Facilities 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.

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 is the congressional district 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: May 1, 2023

Project End Date: April 30, 2025

Total Amount Requested: * \$ _____

Tracks 1 & 2: Up to \$550,000 for each application, dependent on facility size

Track 3: Up to \$850,000

What Track are you applying for?*:

- Track One
- Track Two
- Track Three: Centers of Excellence

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 MAT within your DHCS-licensed facility. (200 word maximum)

Current Capacity *

Please describe your organization's current capacity, including treatment capacity and 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. (200 words maximum)

Proposed Activities *

Please describe the specific activities needed to carry out your proposed work, and the associated timing for each activity. 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 MAT treatment. (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. Download The Center's budget form from the application. Fill it in and upload it in Excel format.
- Applicant organization's W-9*
- DHCS-issued facility license*
- Proof of IMS Certification (or confirmation of intent to receive IMS Certification within 6 months) *
- 501(c)(3) letter or proof of non-profit status*