

CALIFORNIA NATIVE MEDICATIONS FOR ADDICTION TREATMENT NETWORK FOR HEALING AND RECOVERY

**REQUEST FOR APPLICATIONS
FEBRUARY 2023**



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES



THE CENTER
at Sierra Health Foundation

This funding opportunity is provided by The Department of Health Care Services
in partnership with 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.

Table of Contents

California Native Medications for Addiction Treatment (MAT) Network for Healing and Recovery Background	3
Native MAT Network Request for Applications.....	4
RFA Glossary of Terms	4
Program Summary	5
Application Timeline	6
Eligibility Criteria	6
Native MAT Network Scope of Work	7
Native MAT Network Program Expectations.....	7
Peer Knowledge Exchange (PKE).....	8
Funding Information	8
Application Selection Criteria	9
Application Denial Appeal Process	10
Federal Compliance	10
Data and Reporting Requirements.....	11
Informational Webinar and Office Hours for Potential Applicants	11
Application Checklist.....	12
Appendix A – Standard Funding Restrictions	13
Appendix B – Insurance Requirements.....	15
Appendix C – Reporting Requirements.....	16
Appendix D – USC Evaluation Project	17
Appendix E – Scope of Services.....	17
Appendix F – MAT Access Points Sub-Contractor Application	18

READ ALL INSTRUCTIONS AND CRITERIA CAREFULLY

California Native Medications for Addiction Treatment (MAT) Network for Healing and Recovery Background

This project is funded by the Department of Health Care Services (DHCS) State Opioid Response III federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The SAMHSA SOR III grant program addresses the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders (SUDs). The SOR III grant program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

With federal SAMHSA SOR grant funding, DHCS and tribal and urban Indian leadership created the California Tribal Medications for Addiction Treatment Program (TMAT) under DHCS' broader MAT Expansion program. Described by its lead entities as "a unified response to the opioid crisis in California Indian Country," the TMAT Project is designed to meet the opioid and substance use disorder prevention, education, stigma reduction, harm reduction, treatment and recovery needs of California's tribal and urban Indian communities. The TMAT partners include the California Consortium of Urban Indian Health (CCUIH), California Rural Indian Health Board (CRIHB), Kauffman & Associates, Inc. (KAI), The Center at Sierra Health Foundation (The Center), UCLA Integrated Substance Abuse Program (UCLA-ISAP), and the University of Southern California Keck School of Medicine (USC).

Through this **California Native Medications for Addiction Treatment (MAT) Network for Healing and Recovery**, hereafter referred to as Native MAT Network, and formerly titled *Learning Community: Tribal and Urban Indian Medication-Assisted Treatment (MAT) for Opioid Use Disorder and Psychoactive Stimulant Use Disorder*, DHCS continues to support increasing culturally competent OUD treatment services in California tribal and urban Indian communities.

Please note: Contingency management for stimulant use disorder *treatment* is not part of the California Native MAT Network. All California contingency management for stimulant use disorder treatment will be funded through California Advancing and Innovating Medi-Cal (Cal AIM).

Sierra Health Foundation: Center for Health Program Management (The Center) pursues the promise of health and racial equity in communities across California. Leveraging leadership, operational and funding support from Sierra Health Foundation and its partners, The Center establishes investment partnerships with public and private funders; community members; community organizations; national, state and local government agencies; nonprofits; and businesses to advance health equity. The Center is the administrative entity for the Native MAT Network and will incorporate the applicable federal and state rules and regulations into the terms and conditions of the contract agreements, notably [2 CFR 200](#) and [45 CFR Part 75](#). See additional compliance components in this RFA.

Kauffman and Associates, Inc. (KAI) is a tribal training and technical assistance organization and provides program leadership on this funding opportunity. KAI will lead the training and technical assistance delivery to funded partners of the California Native MAT Network for Healing and Recovery. KAI

supports local California partnerships to improve the health and wellness of Native communities and to enhance Native access to essential non-Native social sectors. CCUIH and CRIHB will serve as collaborative thought partners for the Native MAT program and its connection to the broader TMAP work across California.

The University of Southern California (USC) team will conduct evaluation under this funding opportunity to understand best practices, strengths, challenges and key takeaways regarding grantee approaches, processes and protocols, as well as to understand successes and improvements for the overall grant. The USC team will provide TA specific to data collection and analysis, which could include literature reviews to understand existing knowledge, assistance designing or implementing focus groups or surveys, assistance with analysis of data that the TA recipients gathered (e.g., through focus groups or surveys) or analysis of existing data.

Native MAT Network Request for Applications

The Request for Applications is specifically for California tribal and urban Indian health entities interested in joining the California Native MAT Network for Healing and Recovery. This funding opportunity is intended for California tribal and urban Indian health entities that reflect the racial, ethnic and cultural community they intend to serve, and have the capacity to develop culturally responsive MAT services that are tailored to their population of focus. The Native MAT Network is an opportunity for tribal and urban Indian health programs to develop, operationalize, enhance and sustain MAT services that emphasize the healing role of culture in engagement, treatment and recovery.

This funding is particularly focused on tribal and urban Indian communities in California because of the racial and health disparities impacting substance use, prevention and treatment services. According to the 2019 statewide needs assessment, *Addressing the Opioid Crisis in American Indian & Alaska Native Communities: A Statewide Needs Assessment*, a need for culturally centered activities and treatments to prevent and treat OUD/SUD was identified.¹ The report highlighted that such services maintain the resilience of an individual through an emphasis of cultural connectedness, cultural services, positive role models, and availability of supportive services and programs.

Awarded funds will support the planning and implementation of culturally responsive MAT services for opioid use disorder for tribal and urban Indian communities throughout the state.

RFA Glossary of Terms

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>

¹ Soto C, West A, Unger J, et al. (2019). Addressing the Opioid Crisis in American Indian & Alaska Native Communities in California: A Statewide Needs Assessment. Retrieved from https://iipr.usc.edu/wp-content/uploads/2019/11/USC_AI_Report.pdf.

Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD): The use of 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.

Native MAT Network Technical Assistance: Guidance and resources provided at no cost to the grantee to support achievement of grantee program goals. Technical assistance (TA) providers have advanced knowledge in operationalizing MAT and substance use treatment and recovery services for Native people and can suggest MAT clinical practice guidelines, templates, training, implementation resources and resources for other related topics. Technical assistance can take the form of phone and web-based calls, e-mail communication, teleconferences, on-site or virtual training and peer support.

Opioid Use Disorder (OUD):² A pattern of behavior characterized by craving, increased tolerance, withdrawal when use stops, and persistent use of opioids despite adverse consequences. Opioids include prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone and buprenorphine, as well as illegal drugs such as heroin and illicit potent opioids such as fentanyl.

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

Program Summary

California Native MAT Network for Healing and Recovery	
Description	This funding provides an opportunity for up to fourteen (14) California tribal and urban Indian health entities to deepen their previous involvement or to join the California Native MAT Network for Healing and Recovery to initiate a MAT program or strengthen an established MAT program, incorporating cultural practices for substance use disorders.
Amount to be Awarded	Up to \$150,000 for program activities. Applicants should only request what is needed and will be used.
Contract Timeline	A 13-month period from 5/1/2023-5/31/2024 . Due to federal restrictions, there will be no carry-over funds . Any funds not used by May 31, 2024, will be forfeited. <i>NOTE: All funding will be backdated to May 1, 2023, even if contracts are signed after May 1, 2023.</i>
Additional Support	<ul style="list-style-type: none"> Funded grantee partners will receive no-cost training and TA. TA staff will facilitate an individualized Peer Knowledge Exchange (PKE) experience for funded grantee partners. The PKE will enable the grantee to develop a relationship with a peer organization from a tribal or urban Indian MAT program with advanced experience.
Program Expectations	Program expectations and activities are outlined beginning on page 7.

² <https://store.samhsa.gov/sites/default/files/d7/priv/opioid-use-disorder-facts.pdf>

Application Timeline

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

APPLICATION DEADLINE:

Monday, **March 6, 2023**, at 5 p.m. (Pacific Time)

REVIEW OF APPLICATIONS:

March 2023

CONTRACTS ISSUED:

May 2023

IMPORTANT: To be considered, your proposal must be submitted by 5 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. E-mail questions to mataccesspoints@shfcenter.org with the subject line: Native MAT Network Application Help.

Eligibility Criteria

The California Native MAT Network is an opportunity for tribal and urban Indian health organizations to develop, operationalize or enhance, and sustain MAT for OUD. The Native MAT Network emphasizes the healing role of culture in engagement, treatment and recovery.

Eligible tribal and urban Indian health care entities must meet the following minimum requirements:

- Must be a Native-serving or tribal or urban Indian health program, entity or organization that is currently providing, or is capable of providing, a MAT program
- Have a primary location in the state of California

Applicants should demonstrate the following:

- Have leadership, staff and board membership that reflects the racial, ethnic and cultural communities they intend to serve.
- Have urban Indian or tribal health entity leadership agree to support the Native MAT Network with leadership participation, designation of key points of contact, allocation of staff time for planning activities, and commitment to incorporating tribal culture into treatment and recovery for tribal or urban Indian community members.
- Demonstrate deep investment in and history of working with the tribal and urban Indian communities they serve.
- Recognize and actively seek to reduce or eliminate the multitude of various and varying hurdles people with OUD and co-occurring conditions face before being able to access, initiate and continue OUD treatment, possibly including, but not limited to, treatment wait-lists, treatment costs, unstable or inconsistent housing, transportation challenges, lack of internet and computer access, challenge of recruiting and retaining qualified staff, policies and conditions that have

been built into medical/SUD treatment/care systems that undermine people's ability to access and retain care, SUD help-seeking stigma, societal stigma and individual cultural barriers.

- Demonstrate awareness and actively work to address historical and ongoing trauma, systemic racism, and criminalization that low-income and communities of color experience, and the relationship of discrimination to self-medicating behavior and other social factors that may contribute to the need for access to MAT services.
- Have eligible providers interested in prescribing FDA-approved MOUD treatment.
- Have staff capacity to participate in the Native MAT Network and engage with technical assistance providers to develop culturally responsive, healing centered and trauma-informed approaches to MAT and OUD recovery.

Native MAT Network Scope of Work

The California Native MAT Network for Healing and Recovery program provides an opportunity to develop or enhance culturally responsive MAT services for OUD in tribal and urban Indian communities. In addition to FDA-approved medications to help with cravings and withdrawal symptoms, outpatient counseling helps people understand addiction, their triggers and their reasons for using drugs. Integrating cultural beliefs and cultural healing practices into the MAT service approach is also critical. When Native people realize that their local MAT program understands the importance of culture and consistently integrates Native context into the service approach, they may be more likely to reach out for help. For example, they may be more likely to become engaged in the treatment, stay longer in treatment, and welcome the transition to culturally meaningful supports to maintain their recovery. Ongoing care management can help people regain a healthy and stable life through attention to nutrition, education, vocational training, employment, childcare, parenting and family relationships, self-esteem and positive life connections.

Native MAT Network Program Expectations

The California Native MAT Network for Healing and Recovery funded partners are required to focus on developing, implementing and/or enhancing culturally responsive MAT services, and grant activities will include, but are not limited to, the following:

- Establish a regular meeting schedule with TA staff to maximize access to technical assistance resources
- Participate in an initial Listening Session, facilitated by the TA staff
- Allocate staff time to participate in grant planning meetings
- Complete the Culture Centered MAT Readiness Assessment (CCMRA), facilitated by the TA staff
- Participate in the Peer Knowledge Exchange (PKE) activities
- Develop a MAT Multi-Disciplinary Team (MDT) to include health care decision makers, behavioral health leadership and cultural leader(s)
- Create or enhance patient flow for MAT services
- Review MAT service spectrum to identify points for cultural integration
- Identify community and staff training needed to support or enhance culturally responsive MAT
- Collaborate with TA staff to develop Strategic Pathway plan for grant implementation and sustainability

- Complete all USC evaluation activities (e.g., completing surveys, collecting data related to MAT program goals, attending evaluation meetings)

Peer Knowledge Exchange (PKE)

As part of the overarching goal of developing a vibrant community of tribal and urban Indian culture-driven MAT providers across the state, the Native MAT Network also supports peer-to-peer learning opportunities. The Peer Knowledge Exchange (PKE) component of the Native MAT Network was created to provide opportunities for grantee sites to gain practical knowledge of initiating and maintaining MAT services from experienced tribal and urban Indian MAT service providers.

PKE will provide peer learning opportunities with other tribal communities that have experience in MAT programming and cultural-clinical practice integration. The peer-to-peer knowledge exchange supports discussion in topic areas that include, but are not limited to:

- Overcoming MAT start-up challenges
- Understanding MAT clinical treatment pathways
- Cultural integration approaches across the clinical treatment pathways
- MAT billing and documentation strategies
- Mapping of patient flow through clinic services
- Tools to monitor patient progress
- Ideas for keeping patients engaged in treatment
- Relapse prevention strategies

Funding Information

Available funds will be awarded to approximately 14 organizations or entities with a maximum of \$150,000 awarded per organization or entity. Funds awarded to organizations and entities participating in the 2023-2024 Native MAT Network are required to adhere to the program expectations and budget guidelines and will receive payments from The Center at Sierra Health Foundation.

Contracts will be deliverable-based, meaning grantees need to demonstrate progress on process measures (e.g., increase in MAT providers, integration of culture and strength-based assessments, number of patients assessed for treatment, etc.), as identified in collaboration with the TA staff.

Native MAT Network 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 must abide by standard funding restrictions as determined by SAMHSA and as described in Appendix A. Applicants are required to submit a detailed cost budget to assist The Center in establishing cost reasonableness of the final amount awarded, and the appropriate amounts for each deliverable payment made to the site. Consistent with a deliverable-based agreement, applicants will receive fixed price amounts established for the successful completion of each negotiated deliverable, rather than payment for actual costs incurred during the agreement period.

Fifty percent (50%) of the total award will be received at the start of the Native MAT Network opportunity upon delivery of the executed contract agreement and completion of compliance components. Remaining payments will be issued based on the achievement of agreed-upon deliverables, as defined in the awarded contract. Each awarded contract will be divided into three payments:

1. 50% of total award upon execution of contract;
2. 30% of total award based on achievement of interim report and evaluation deliverables;
3. 20% of total award based on receipt and approval of all interim reports, evaluation deliverables and a final cumulative report, demonstrating the completion of all agreed-upon deliverables.

Application Selection Criteria

The Center will select applicants who present the most complete and responsive applications demonstrating knowledge of the need for tribal or urban Indian MAT services, capacity for MAT service development and implementation, partnership with behavioral health and other key treatment and recovery resources, and resources for cultural integration. Applications will be assessed on the alignment of the proposed program goals with the intent of the funding opportunity. In addition, your proposal will be assessed on the strengths of your project team and organizational capacity to achieve stated goals.

To be favorably considered for funding, applications should:

<ul style="list-style-type: none"> ● Describe your history of working with the local American Indian and Alaska Native community.
<ul style="list-style-type: none"> ● Describe your vision and overall goal(s) for your MAT program. What do you want this initiative funding to accomplish?
<ul style="list-style-type: none"> ● Provide a detailed description of your capacity for MAT service development, who will be involved, what they will do and desired outcome(s) for the MAT services.
<ul style="list-style-type: none"> ● Describe how the organization will actively identify and reduce or eliminate institutional, societal and individual barriers to MAT access and care.
<ul style="list-style-type: none"> ● Tell us how you will engage community partners and discuss locally meaningful cultural practices that can enhance your MAT services.
<ul style="list-style-type: none"> ● Describe what would be needed, and how you would work with behavioral health and clinic service staff, to integrate cultural practices into MAT services.
<ul style="list-style-type: none"> ● Include your proposed plan for patient recruitment, including how you will address stigma reduction and any harm reduction efforts.

Applications also must adhere to funding guidelines and present a budget clearly linked to the proposed activities. If the number of application requests exceed available funding, the review committee will consider factors such as geographic diversity, underserved patient population and service area.

At The Center’s discretion, the above application criteria are subject to change to best meet programmatic needs and funder 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 MAT Access Points Project is a component of the MAT Expansion Project, which is funded by the 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 \(MossAdams.com\)](https://www.mossadams.com). Please select “California Native MAT Network for Healing and Recovery” 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](https://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 \(SHFCenter.org\)](https://www.shfcenter.org/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 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 “California Native MAT Network for Healing and Recovery 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.

FFATA Data Collection: Organizations funded under the MAT Access Points 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).

Data and Reporting Requirements

Only if applicable, if your organization is using this funding for direct patient treatment services, in order to ensure that subcontractors are maintaining appropriate data protocols, the contractor shall comply with the regulations set forth in 42 CFR Part 2, including the responsibility for assuring the security and confidentiality of all electronically transmitted patient material, including the HIPAA privacy and SAMHSA confidentiality rules, and a commitment to operating in compliance with the regulations. If the subcontractor is using contract funds to cover individual direct patient services, the subcontractor will comply with any SAMHSA GPRA (Government Performance and Results Act of 1993) reporting requirements.

GPRA Data Collection Incentives: For certain types of 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 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.

Subcontractors will be required to submit regular data reports as well as complete evaluation activities responding to performance measures and including financial reports describing actual expenditures of contract funding. Funded Native MAT Network partners will receive additional information regarding reporting and evaluation requirements as well as technical assistance to support the completion of all contract deliverables.

Informational Webinar and Office Hours for Potential Applicants

A webinar for interested applicants will be held on **Monday, February 13, 2023, at 1 p.m.** (Pacific Time). The webinar will review the funding opportunity and the application process as well as answer questions. Attendance is strongly recommended. [Please register to attend the webinar on Zoom.](#) The webinar will be recorded and posted on the [MAT Access Points Project website](#). Application materials are posted on The Center's [MAT Access Points website](#) for review prior to the webinar.

TMAT Partners are committed to assisting potential applicants who are interested in applying for funding. Listed below are several scheduled technical assistance office hours. Each session is designed to provide essential application support and helpful tips and suggestions in a clear, user-friendly manner. Office hour attendance is optional but recommended.

[Please use this Zoom link to join any of the office hours.](#) If a passcode is requested, use: 278833.

Thursday, February 16, from 1 p.m. – 2 p.m. PT

Tuesday, February 21, from 1 p.m. – 2 p.m. PT

Thursday, February 23, from 1 p.m. – 2 p.m. PT

Monday, February 27, from 1 p.m. – 2 p.m. PT

Wednesday, March 1, from 1 p.m. – 2 p.m. PT

Friday, March 3, from 1 p.m. – 2 p.m. PT

Monday, March 6, from 1 p.m. – 2 p.m. PT

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 5 p.m. (Pacific Time) on **March 6, 2023**.
- [Submit the application via our online portal through this link.](#) You may save your progress and resume the application later by entering an e-mail 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 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 mataccesspoints@shfcenter.org with the subject line: Native MAT Network Application Online Help.

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

Application Checklist

- [Initiate the funding application via our online portal.](#) The link is also posted on The Center’s [MAT Access Points Project website](#).
- **Required Application Attachments**
 - Proposed project budget completed in The Center’s Proposed Budget Template
 - Applicant organization’s W-9
 - Letter of support (from organizational leadership)

Incomplete applications will not be reviewed. Applications received after the above deadline may 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: Native MAT Network 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 [enter 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 \$212,100.
- 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 generally 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.*

In addition to the funding restrictions determined by SAMHSA, the following will not be funded:

- Contingency Management activities for stimulant use disorder will not be funded under SOR III as these activities will be covered under CalAIM.
- Debt retirement.
- Operational deficits.
- Partisan activities.
- Religious organizations for explicit religious activities.
- Activities that exclusively benefit the members of sectarian or religious organizations.
- Naloxone. Please refer to DHCS’ [Naloxone Distribution Project](#) where eligible organizations may receive free nasal spray and injectable formulations of naloxone.
- Purchase of Fentanyl or fentanyl analogs.
- Purchase of properties or vehicles.
- Media and advertisement costs must be directly related to contracted services. Any large costs pertaining to media would need approval from DHCS.
- 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.
- Cost related to medical procedures such as suturing or removal of sutures, abscess management etc. are not allowable. However, non-procedural medical items such as bandages, ice packs, and non-procedural first aid supplies that can be administered by participants are allowable.
- Patient supplies and materials that support directly support access to programming and build trust, such as cold weather gear (gloves/hand warmers) or critical hygiene supplies are allowable. However, clothing for participants, orthopedic and mobility devices, and document fees are unallowable under this funding. Staff time and costs related to case management, referrals to services, and support around accessing resources and completing applications as part of wrap-around care are allowable (just not the fees and direct items themselves).
- Supplies critical to the daily function of the program such as paper towels, toilet paper are allowed. Items such as plates and utensils are not critical to daily program operations and are unallowable.
- Direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Non-cash incentives for program participants greater than \$30 (incentives should be the minimum amount necessary to meet the program and evaluation goals).
- Promotional items including, but not limited to, any 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).
- Applicants may cover minor renovation costs directly related to MAT as direct costs. All renovation requests must be approved by SAMHSA and applicants should provide details on the planned renovations, costs (including any and all estimates/quotes for the work being performed), and confirmation that no permanent

structures (load bearing walls, roof, floor, etc.) are being altered. Minor renovations include examples such as installing a dispensing window or putting up temporary walls/creating an extra cubicle or private room situations within a larger space where treatment would occur.

- 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 a de minimis rate of 10% of modified total direct costs (MTDC), as defined in 45 CFR Part 75. We will accept federally negotiated indirect cost rates for organizations. Please be prepared to share documentation on the negotiated ICR.

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.

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 required insurance documents. 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. The below list is an example of the type of insurance that may be required.

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
 - 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 # 22-20411** must be present.

Appendix C – Reporting Requirements

Subcontractors will be required to submit quarterly data reports responding to performance measures and including financial reports describing actual expenditures of contract funding.

Performance measures are currently being finalized by DHCS, UCLA and the program team. However, quarterly data reports will be submitted through the UCLA portal and data questions, instructions and links will be shared with all funded partners prior to report due dates.

All financial reports (progress and final) will be submitted through the Grant Compliance Services (GCS) portal, and links, instructions and templates will be shared with all funded partners prior to report due dates.

The final cumulative data and narrative report will be submitted through SurveyMonkey with links and instructions to be shared with all funded partners prior to report due date.

Progress Report Components (during reporting period)

- Quantitative Data – Submitted via the UCLA online portal
 - *Specific UCLA report questions and items will be shared once finalized*
- Financial – submitted via the GCS portal
 - Financial report via the financial online portal. Required attachments include a detailed expenditure listing.
 - Report actual expenditures compared to the approved budget. Explain all budget variances.

Cumulative Final Report Components (submitted at contract end)

- Narrative – submitted via SurveyMonkey
 - Summary of the project and activities over the contract period
 - Major accomplishments over the contract period
 - Major barriers over the contract period
- Financial – submitted via the GCS portal

- Financial report via the financial online portal. Required attachments include a detailed expenditure listing.
- Report actual expenditures compared to the approved budget. Explain all budget variances.

Reports will follow the timeline below:

Report	Report Period	Due Date to UCLA/The Center
Quarter 1 Quantitative Data Report	May 1, 2023 – June 30, 2023	July 15, 2023
Quarter 2 Quantitative Data Report	July 1, 2023 – September 30, 2023	October 15, 2023
Quarter 3 Quantitative Data Report and Financial Report	October 1, 2023 – December 31, 2023	January 31, 2024
Quarter 4 Quantitative Data Report	January 1, 2024 – March 31, 2024	April 15, 2024
Quarter 5 Quantitative Data Report	April 1, 2024 – May 31, 2024	June 15, 2024
Cumulative Final Narrative and Financial Report	May 1, 2023 – May 31, 2024	June 30, 2024

Appendix D – USC Evaluation Project

Funded partners will be asked to participate in the USC Evaluation Project. Participation will include the completion of an evaluation questionnaire two times during the contract period. One will be completed approximately mid-way through the grant, and one will be completed at the end of the grant. The evaluation will ask questions about your program’s best practices, strengths, challenges and key takeaways regarding approaches, processes and protocols. It will also ask questions about what worked well and what could be improved about the grant itself. Each questionnaire will take no more than 30 minutes to complete. Participation may also include attending a focus group during the grant period that will last no more than 90 minutes. Evaluation will be conducted by a team at the University of Southern California, and the work will be shared with the Department of Health Care Services and in a public community report.

Appendix E – Scope of Services

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

California Native MAT Network for Healing and Recovery: To develop, operationalize, enhance and sustain culturally responsive MAT services for California Native populations.

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	1. Quarterly UCLA data reports 2. Intermittent financial report	See schedule below

	meeting desired outcomes indicated in the grant application.	3. USC Evaluation activities 4. Final report (narrative and financial)	
✓	Increase culturally responsive MAT treatment services and partnerships for opioid use disorder as indicated in the application and budget.	Quantitative data collected through UCLA and USC	May 1, 2023 – May 31, 2024

Report	Report Period	Due Date to UCLA/The Center
Quarter 1 Quantitative Data Report	May 1, 2023 – June 30, 2023	July 15, 2023
Quarter 2 Quantitative Data Report	July 1, 2023 – September 30, 2023	October 15, 2023
Quarter 3 Quantitative Data Report and Financial Report	October 1, 2023 – December 31, 2023	January 31, 2024
Quarter 4 Quantitative Data Report	January 1, 2024 – March 31, 2024	April 15, 2024
Quarter 5 Quantitative Data Report	April 1, 2024 – May 31, 2024	June 15, 2024
Cumulative Final Narrative and Financial Report	May 1, 2023 – May 31, 2024	June 30, 2024

Appendix F - MAT Access Points Sub-Contractor Application

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 *.

APPLICANT ORGANIZATION INFO

Applicant Organization Information

Organization Name and Address*

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 that will be implementing the project, otherwise known as the fiscally sponsored organization.

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 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

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 Name* (10 words maximum):

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

Project Start Date: Monday, May 1, 2023

Project End Date: Friday, May 31, 2024

Total Amount Requested: * \$ _____

Up to \$150,000 for each application

Opportunity Applying For*

Please indicate which opportunity you are applying under:

- Renewal California Native MAT Network Application (formerly called the “Learning Community”)
- First time applicant for California Native MAT Network

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.)

Focus Populations to be Served (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 to Mexico (e.g., Mixteco, Purepecha, etc.)
- Latino/Hispanic: %
- Middle Eastern or North African
- Pacific Islander
- White: %
- Other: % [please specify]

NARRATIVE QUESTIONS

Organization Description*

Provide a brief overview of your organization, a) when it was established, b) your organization's mission, c) whom you serve, d) geographic area your organization covers, and e) the types of programs you operate. (200 words maximum)

Need*

Provide a description of the need for MAT services for OUD at your organization. (300 words maximum)

Track Record*

Describe your organization's history with providing substance use disorder services with tribal and/or urban Indian communities in California. (200 words maximum)

Use of Funds*

Describe in detail your plan for using these funds to either identify or implement culturally responsive MAT services in the county(s) you propose to work, including your 1) overall goal(s), 2) activities to achieve goals, and 3) timeline for activities. (300 words maximum)

Expected Outcomes*

List 2-5 expected direct outcomes of the proposed activities. (200 words maximum)

Evaluation Process*

Describe how you will document or evaluate progress toward the outcomes. (200 words maximum)

Organizational Capacity*

Describe 1) your organization's capacity to complete the proposed project, and 2) how this project may further build your organization's capacity and support better health among the community. (250 words maximum)

Sustainability*

We recognize this funding is limited; how can your project utilize this funding to support sustainability for your work after funding ends? (100 words maximum)

Technical Assistance

To help us plan a technical assistance strategy, please tell us what technical assistance supports 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 through the online application
 - b. Fill it in and upload it in Excel format
- Applicant organization's W-9*
- Letter of support (from organizational leadership) *